BAF # 26191
Acct: M. Jacobson
Mgr: E. Fujikawa
Budget Y/N: n

Dane County Contract Addendum Cover Sheet

Revised 03/2025

Res 093

Contract # Admin will assign	16242A/88064A

Dept./Division	Human Services / BH	**Vendor Name**	WisHope Inc.
Brief Addendum Title/Description	Increasing room and board program. Creating new wrap program.	**Vendor MUNIS #**	34345
		Addendum Term	1/1/26-12/31/26
		Amount ($)	$ 165,000.00

Department Contact Information		Vendor Contact Information	
Contact	Contract Coordination Assistant	**Contact**	Alyssa Stoehr
Phone #	608-242-6200	**Phone #**	(262) 290-3651
Email	dcdhscontracts@danecounty.gov	**Email**	alyssa@wishoperecovery.com
Purchasing Officer			

Purchase Order – Maintenance or New PO

☑	**PO Maintenance Needed**	**Org:** 98470	**Obj:** 36506	**Proj:**	
	PO# 20261691	**Org:** 98461	**Obj:** 35993	**Proj:** HSSOR	
☐	**No PO Maintenance Needed –** *this addendum does not change the dollar amount of the contract.*				
☐	**New PO / Req. Submitted**	**Org:**	**Obj:**	**Proj:**	
	Req#	**Org:**	**Obj:**	**Proj:**	

Budget Amendment

☐ A Budget Amendment has been requested via a Funds Transfer or Resolution. Upon addendum approval and budget amendment completion, the department shall update the requisition in MUNIS accordingly.

Total Contracted Amount – List the Original contract info, then subsequent addenda including this new addendum

A resolution is required when the total contracted amount first exceeds $100,000.

Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) $100,000

Addendum #	Term	Amount	Resolution	
Original	2/1/26 -12/31/26	$ 100,000.00	☐ None	Res# 2025 RES-408
1	1/1/26 -12/31/26	$ 165,000.00	☑ None	Res# 2026 RES-093
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
Total Contracted Amount		$ 265,000.00		

Contract Language Pre-Approval – prior to internal routing, this contract has been reviewed/approved by:

☐ Corporation Counsel: ☐ Risk Management: ☐ No Pre-Approval

APPROVAL	
Dept. Head / Authorized Designee	
[signature]	

APPROVAL – Contracts Exceeding $100,000	
Director of Administration	**Corporation Counsel**
Slaven, Shelby Digitally signed by Slaven, Shelby Date: 2026.07.27 13:20:44 -05'00'	SHR 7.16.26

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached

DOA:	Date In: _____ Date Out: _____	☐ Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Monday, July 20, 2026 2:26 PM
To: Hicklin, Charles; Cotillier, Joshua; Schuster, Hazel
Cc: Oby, Joe
Subject: Contract #16242A
Attachments: 16242A.pdf

Tracking:

Recipient	Read	Response
Hicklin, Charles	Read: 7/20/2026 3:42 PM	Approve: 7/20/2026 3:42 PM
Cotillier, Joshua	Read: 7/20/2026 2:47 PM	Approve: 7/20/2026 2:48 PM
Schuster, Hazel		Approve: 7/20/2026 3:29 PM
Oby, Joe		

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #16242A
Department: Human Services
Vendor: WisHope LLC
Contract Description: Addendum to increase Room and Board program for those in residential treatment (Res 093)
Contract Term: 1/1/26 – 12/31/26
Contract Amount: $165,000.00

Michelle Goldade
Administrative Manager
Dane County Department of Administration
Room 425, City-County Building
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
PH: 608/266-4941
Fax: 608/266-4425
TDD: Call WI Relay 711

Please Note: I currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays.

2026 RES-093

AMENDING POS CONTRACT WITH WISHOPE INC. FOR ROOM AND BOARD EXPENSES DCDHS – BEHAVIORAL HEALTH DIVISION

Dane County Department of Human Services entered into a contract with WisHope Inc. earlier this year when 2025 RES-408 was approved. This contract funds room and board expenses for Dane County residents who are Medicaid members and are receiving residential treatment for a substance use disorder at WisHope Inc. This contract is in need of additional funds based on the current rate of treatment utilization. This amendment will also add funds to pay for recovery hosing for individuals in need of that support following their discharge from treatment. This amendment increases the total maximum cost of this contract to $265,000.

Wisconsin Medicaid funds residential treatment for substance use disorder for its members, however, the benefit only extends to the treatment activities. The room and board costs associated with residential treatment are not Medicaid reimbursable. Federal policy governing Medicaid does not allow for the reimbursement of anything other than what are classified as treatment expenses. The cost of the room and board at these providers is often a barrier to treatment for Medicaid members. Therefore, Dane County Department of Human Services has a number of contracts in place with Medicaid-approved residential treatment providers to pay for the room and board costs for Medicaid members who are Dane County residents.

NOW, THEREFORE, BE IT RESOLVED that the following contract be amended and that the County Executive and County Clerk are hereby authorized and directed to sign the agreement on behalf of Dane County, and that the Controller is authorized to issue payments related to the execution of the amendment.

Vendor	Amendment Amount
WisHope, Inc.	$165,000

APPROVED
CORPORATION COUNSEL
SHR 7.16.26

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and WisHope Inc. (hereinafter "PROVIDER") as of the date representatives of both parties have affixed their respective signatures.

WHEREAS the COUNTY and PROVIDER have previously entered into a Purchase of Service Agreement No. 88064 (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter by this addendum, except as specifically set forth herein. This addendum shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum. This addendum consists of seven (7) pages.

Current Cost for 2026	Addendum Amount	Revised Maximum Cost for 2026
$ $ 100,000	$ $ 165,000	$ $ 265,000

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this addendum and its attachments, if any, to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

FOR PROVIDER:

Date Signed: 7/16/26

Signature
Peter Bruzzaic, President
Print Name and Title of Signer

Date Signed: 7.16.26

Signature
ANN CATALDO, ADMINISTRATOR
Print Name and Title of Signer

FOR COUNTY:

Date Signed: 07/17/2026

JOHN SCHLUETER, Director,
Department of Human Services

Date Signed: _____

MELISSA AGARD, County Executive
(when applicable)

Date Signed: _____

SCOTT MCDONELL, County Clerk
(when applicable)

Program Summary Form

Created:	2/20/2026	Contract #:	88064	Provider:	WisHope Inc.
Revised:	6/3/2026	Division:	Behavioral Health	Funding Period:	February 1, 2026 to December 31, 2026

Contract Maximum Service Costs: Subject to the provisions specified elsewhere in this contract, the following summarizes and sets forth the rates and maximum payments available for services under this contract.

	Program Number	Program Group	Org.	Obj.	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a.	14714	14714	98470	36506	WisHope Room and Board	205.00	93	N/A	90.00	2,778	$ 250,000		$ 250,000	600/610
b.	9453	9453	98461	35993 HSSOR	Wrap-around funds	604.00	N/A	N/A	N/A	N/A	$ 15,000		$ 15,000	Specific
c.														
d.														
e.														
f.														
g.														
h.														
										Total	$ 265,000	$ -	$ 265,000	

*Other Revenue-Include here the source and related amount for each program:

The section below is to be used to further define the information above.

a.	Unit Quantity based on available funds divided by the approved unit costs; Unit of Service = client day of care. Final Cost, Unit Quantity, Number of Clients, Number of Slots to be determined by actual utilization, paid on a unit by unit rate basis. Number of clients estimated based on 30 day stay. Paid on unit x unit basis. 6/3/2026 Increased contract by 150,000 based on utilization.
b.	Units of service is not applicable. This program is used to provide wrap-around funds for recovery housing. New program funded with supplemental SOR4 grant. KH 6/3/26
c.	
d.	
e.	
f.	
g.	
h.	

Standard Program Category (SPC) Code Description:

a. SPC 205: Shelter Care
b. SPC 604 Case Management
c.
d.
e.
f.
g.
h.
j.
k.

Contract Manager(s)/Programs: Elizabeth Fujikawa

Accountant(s)/Programs: Mary Jacobson

WisHope Inc.
2026 SCHEDULE A PROGRAM REQUIREMENTS
Room and Board
Program Number 14714 – SPC 205
Wrap-around Funds
Program Number 9453 – SPC 604

A. Description of Services to be Purchased

Shelter Care (SPC 205).

The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling. Benefits include food and housing.

Wrap-around Funds (SPC 604)

Funding for the program includes "pass through funds" which PROVIDER will use for up to 2 months of transitional recovery housing arrangements for individuals with an Opioid Use Disorder or Stimulant Use Disorder.

1. **Service Location:** WisHope, Inc. is located at 255 West Broadway, Waukesha, WI 53186. Services will be provided at WoodsCrossing (E401 23rd St, Brodhead, WI 53520) and The Grove (Waukesha).

2. **Persons to be Served.**

   a. **Target Population:** WisHope, Inc. serves adults whose substance use has led to major problems in two or more functional aspects - with the legal system, marital/familial relationships, personal health, and employment/employability.

   b. **Eligibility Requirements:** COUNTY-funded treatment available from the PROVIDER must be delivered to those whose clinical needs cannot be met by a lower level of care and for whom the COUNTY is the payer of last resort. To assure these conditions are met, minimum criteria for admission includes the following:
      i. Dane County resident; and
      ii. Diagnosable Substance Use Disorder; and
      iii. Requires residential substance use disorder treatment level of care as evidenced by review of approved placement criteria instrument and other relevant information; and
      iv. ForwardHealth authorization for payment of treatment services; and
      v. COUNTY authorization for payment of room and board costs.

3. **Funding Source:** PROVIDER shall comply with all federal and state requirements related to the funding source for this program including the Opioid Use Disorder in Residential Substance Use Disorder Treatment Programs grant, the Forward Health Residential Substance Use Disorder treatment benefit, and the State Opioid Response (SOR) grant from the Wisconsin Department of Health Services.

4. **Units of Service:** One day represents one unit of service.

B. Program Specifications.

1. **Service Specifications.** The residential services purchased under this contract are provided in a licensed residential substance use disorder (RSUD) treatment facility. Services offered in addition to food and housing are service plan development, AODA counseling, job counseling, peer support, MAT coordination (if applicable), and introduction to and encouragement for involvement with self-help groups. Planning for successful discharge shall begin at intake, and must include an aftercare plan actionable within Dane County.

2. **Frequency of Contact.**

   - Clients shall receive a minimum of 20 hours of treatment services per week, including individual and group counseling. Clients shall receive a minimum of one hour of individual counseling per week.

3. **Service Hours/Days.** Residential programs provide custodial service 24 hours per day.

4. **Length of Service.** Length of stay is determined by medical necessity only. COUNTY shall fund room and board for the duration of stay as authorized by ForwardHealth.

5. **Service Termination.** Services are terminated upon successful completion of the program, at the client's request, or by agency action as dictated by agency policy. In the case of termination by agency action, PROVIDER must provide the client and COUNTY two business days' notice to ensure an appropriate plan can be established prior to discharge. If termination by agency must occur immediately as a result of a safety concern, the COUNTY must be notified immediately upon discharge. Service may also be terminated if the COUNTY determines there is insufficient justification for the current level of care.

   PROVIDER shall participate in discharge planning meetings with COUNTY as requested.

6. **Transportation.** Client needs for transportation are addressed on a case-by-case basis. While participating in treatment services, PROVIDER shall supply or facilitate transportation to clients without other resources to enable clients to meet service plan goals (i.e., attend medical appointments). Transportation may be provided through the provision of bus tickets or cab fare, as appropriate and available. Transportation to the facility will be provided as necessary, Monday through Friday between 8am and 5pm.

7. **Referral/Application Process.** Clients shall be referred to PROVIDER by COUNTY, their treatment teams, or they may self-refer. PROVIDER is responsible for determining eligibility, including confirming ForwardHealth authorization. PROVIDER shall coordinate warm-hand off with referring party, if not the client themselves, in the presence of the client, at the time of admission. This may be completed via telehealth if necessary.

8. **Capacity/Waiting List.** Program capacity is identified in the contract Program Summary Form. PROVIDER shall notify COUNTY in the event of changes to the programs' capacity. A waiting list may be required if the program's capacity has been exceeded. Any wait list shall be maintained by the PROGRAM as needed. Persons are generally served on first come, first serve basis. Priority for program admission shall be granted to individuals in the following order:
   a. pregnant women who are intravenous drug users (if applicable)
   b. pregnant women, (if applicable)
   c. intravenous drug users,
   d. women with dependent children, and (if applicable)

e. homeless persons with co-occurring disorders (substance use disorder and mental illness)
f. individuals with a case active to the COUNTY and/or are institutionalized.

9. **PROVIDER Responsibilities.**

a. **Utilization Reviews.** PROVIDER shall participate in utilization review meetings with COUNTY for the purposes of discharge planning.

b. **Clients to be Reported.** Clients to be reported under the terms of this contract are those individuals admitted to this residential program and for whom a COUNTY participant number is assigned. All information regarding program participants shall be available to the COUNTY upon request. PROVIDER shall report participant referrals, date of referral and admission decision, reason for admission delay placement doesn't occur within 24 hours, program participation, program completion, and client satisfactions surveys to the COUNTY.

c. **Collaboration with COUNTY.** Provider shall meet with COUNTY contract manager on a quarterly basis, at minimum.

d. **Quarterly Reports.** Provider shall submit quarterly reports to include the following information:
   i. Total number of clients served.
   ii. Demographics of clients served
   iii. Reasons for non-admissions
   iv. Waitlist information
   v. Discharge Information
   vi. Updates on program goals and objectives, including barriers to service provision.

e. **General Features.** PROVIDER shall comply with COUNTY on all "General Features For Adult Behavioral Health System – 2026," attached to the General Agreement as Exhibit 1.

C. Program Evaluation

1. **Goals.**
   a. To provide support and structure in a sober, drug free environment.
   b. To provide support and direction with attaining and maintaining sobriety.
   c. To promote use of self help groups as an adjunct to treatment and as an ongoing source of support for maintaining sobriety upon completion of treatment.
   d. To provide counseling and advocacy in the areas of employment, education, and family relationships.
   e. To refer to primary treatment programs as appropriate, monitor participation and coordinate service delivery.
   f. To increase the probability of positive treatment outcomes.
   g. Offer rapid access to residential treatment when such treatment is clinically indicated

2. **Performance Indicators.**
   a. 60% of all clients discharged from PROVIDER's program will be discharged successfully
   b. 100% of all clients with an Opioid Use Disorder or Alcohol Use Disorder will be offered Medication Assisted Treatment (MAT)
   c. 90% of clients who successfully complete the program will discharge to a stable residence and/or will be connected to stable housing services and supports.

d. 100% of all clients successfully discharged from PROVIDER's program will have an aftercare plan which includes outpatient services in Dane County
e. 80% of participants clinically appropriate for the program will admit within 24-hours

D. Other Requirements.

1. **Program Certification.** PROVIDER shall acquire and maintain required certification the required certification under State Community Substance Abuse Services Standards established by Administrative Rule DHS 75 for services provided under this contract. PROVIDER shall notify COUNTY immediately of any change in certification status.

SCHEDULE B – FISCAL
WISHOPE INC.

WRAP-AROUND FUNDS
PROGRAM 9453

1. For Program #9453, the method of Payment is Payment Method 1, Monthly Expense Reimbursement.

2. Regarding method of payment, Section C, XXVI. B. 1, Monthly Expense Reimbursement:

   A. Normal payments, which are payments made to providers that are not advance payments and are not settlement payments, will be made in an amount not to exceed actual allowable costs incurred for the monthly expense report period. Under no circumstances will the total contract payment exceed the contract maximum amount.

   B. Provider billing will be supported with required monthly expense reports. Program costs should be managed and incrementally billed in proportion to the full term of the Agreement to ensure PROVIDER revenue received coincides with the Agreement period. Regardless, PROVIDER is required to perform contracted service delivery for the full term of the contract.