

Modification B to Contract #16-66

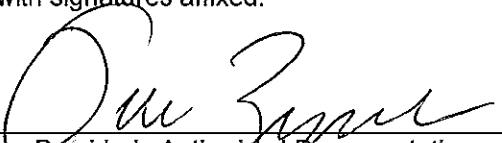




This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider SAINT A, INC., whose principal business address is 8901 W. Capitol Drive, Milwaukee, Wisconsin 53222.

The modification to this agreement will be in effect from January 1, 2016 to December 31, 2016. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2016 through December 31, 2016 with addition of the following:

**Add 1556990 Trauma Informed Care Trainings, \$11,000**

Any modifications to the total amount allocated for provision of the services outlined in this contract are indicated on the attached Budget Sheet (Attachment A).

In accordance with the Contract Administration Manual of Racine County, (Section III. A.1. Contract Modification and Extension), the approval for this change is executed by the Human Services Department Director, Finance Director, Corporation Counsel and County Board Chairperson with signatures affixed.

(signed) 	<u>1-30-17</u> Date
(signed) 	<u>2/10/17</u> Date
(signed) 	<u>2/16/17</u> Date
(signed) 	<u>2/14/17</u> Date
(signed)  JONATHAN DELAGRAVE RACINE COUNTY EXECUTIVE	<u>2-16-17</u> Date

  
Wendy M. Christensen  
Racine County Clerk 4-17

**XII. COST AND SERVICES TO BE PROVIDED**

A. Provider and Purchaser understand and agree that the eligibility of individuals to receive the services purchased under this agreement will be determined by the Purchaser.

B. Purchaser agrees to pay Provider for the actual services rendered by Provider and authorized by Purchaser at the contracted amount.

C. The total amount to be paid to Provider by Purchaser for programs and services as specified in this section will not exceed the total contracted dollar amount.

Account #	RESIDENTIAL Programs	Total	Units	Unit Rate	Method of Payment
1531504	Residential Treatment	As Authorized	As Authorized	337/day	Unit
1531504	Residential Respite	As Authorized	As Authorized	\$152.00/day	Unit
1531507	Counseling/Aftercare	As Authorized	As Authorized	\$84/hour	Unit
1532507					
1531507	Pre-Placement Visits	As Authorized	As Authorized	\$75.00/day	Unit
1532507					
ST. AEMILIAN TREATMENT FOSTER CARE					
Account #	Program	Total	Units	Daily Rate	Method of Payment
1531203	Level of Care				
1533203	Treatment Foster Care Administration Rates for Level 2-4	As Authorized	As Authorized	\$63.95	Unit
RACINE CO. TREATMENT FOSTER CARE					
Account #	Program	Total	Units	Unit Rate	Method of Payment
1533203	Level 3 Foster Home Treatment Service	\$ 165,000		Actuals	Actuals
1533203	Treatment Foster Home Training (Group and Indiv.)	\$ 40,000	N/A	Actuals	Actuals
1556990	Trauma Informed Care Trainings	\$ 11,000	N/A	Actuals	Actuals
Approved by HSD Fiscal Manager 