

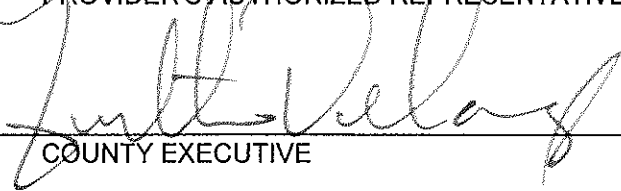
This contract is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403, hereinafter referred to as Purchaser, and CENTRAL RACINE COUNTY HEALTH DEPARTMENT, whose principal business address is 10005 Northwestern Avenue, Suite A, Franksville, Wisconsin 53126, hereinafter referred to as Provider. This contract is to be effective for the period January 1, 2018 through December 31, 2018.

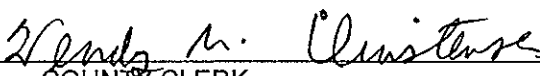
The Provider employee responsible for day-to-day administration of this contract will be Margaret Gesner, whose business address is 10005 Northwestern Avenue, Suite A, Franksville, Wisconsin 53126, telephone number (262)898-4460, e-mail address mgesner@crchd.com. In the event that the administrator is unable to administer this contract, Provider will contact Purchaser and designate a new administrator.

The Purchaser employee responsible for day-to-day administration of this contract will be Krista Kennedy, (262) 638-6671, e-mail Krista.Kennedy@RacineCounty.com, whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403. In the event that the administrator is unable to administer this contract, Purchaser will contact Provider and designate a new administrator.

This contract becomes null and void if the time between the Purchaser's authorized signature and the Provider's authorized signature exceeds sixty days.

(signed)  12/20/17
PROVIDER'S AUTHORIZED REPRESENTATIVE DATE

(signed)  01-18-18
COUNTY EXECUTIVE DATE

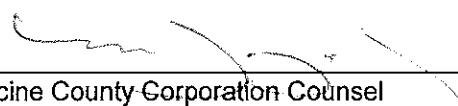
(signed)  1/26/18
COUNTY CLERK DATE

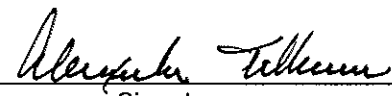
(signed) _____
COUNTY BOARD CHAIRPERSON DATE

(Two Purchasers' signatures required for fully executed agreement.)

CERTIFIED TO BE CORRECT AS TO FORM

REVIEWED BY FINANCE DIRECTOR

By 
Racine County Corporation Counsel
1-23-18
Date


Signature
1-15-18
Date

This agreement (including the Exhibits) constitutes the entire agreement of the parties and supersedes any prior understandings, agreements, or contracts in regard to the subject matter contained herein.

I. CERTIFICATION OF SERVICES

- A. Provider agrees to provide the services detailed in the bid specifications, if any; the request for proposals (RFP) and Provider's response thereto, if any; and on the attached Exhibits, which is fully incorporated herein by reference. In the event of a conflict between or among the bid specifications, the RFP or responses thereto, or the terms of this Agreement or any of them, it is agreed that the terms of this Agreement, to the extent of any conflict, are controlling.
- B. Provider agrees to meet the program standards as expressed by State, Federal and County laws, rules, and regulations applicable to the services covered by this Agreement. If the Provider obtains services for any part of this Agreement from another subcontractor, the Provider remains responsible for fulfillment of the terms and conditions of the contract. Provider shall give prior written notification of such subcontractor to the Purchaser for approval.
- C. Provider agrees to secure at Provider's own expense all personnel necessary to carry out Provider's obligations under this Agreement. Such personnel shall not be deemed to be employees of Purchaser. Provider shall ensure Provider's personnel are instructed that they will not have any direct contractual relationship with Purchaser. Purchaser shall not participate in or have any authority over any aspect of Provider's personnel policies and practices, and shall not be liable for actions arising from such policies and practices.
- D. Purchaser shall have the right to request replacement of personnel. Provider shall comply where such personnel are deemed by County to present a risk to consumers. In other instances, the parties shall cooperate to reach a reasonable resolution of the issue.
- E. Provider shall complete its obligations under this Agreement in a sound, economical and efficient manner and in accordance with this Agreement and all applicable laws. Provider agrees to notify Purchaser immediately whenever it is unable to comply with the applicable State, Federal and County laws, rules and regulations. Non-compliance will result in termination of Purchaser's obligation to purchase those services.
- F. Where required by law, Provider must, at all times, be licensed or certified by either the State or County as a qualified provider of the services purchased hereby. Provider shall fully cooperate with licensing and certification authorities. Provider shall submit copies of the required licenses or certifications upon request by Purchaser. Provider shall promptly notify Purchaser in writing of any citation Provider receives from any licensing or certification authority, including all responses and correction plans.
- G. The authorized official signing for the Provider certifies to the best of his or her knowledge and belief that the Provider defined as the primary participant in accordance with 45 CFR Part 76, and its principles:
 - 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
 - 2. Have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;

3. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
4. Have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be included with the signed contract.

The Provider agrees that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In-eligibility, and Voluntary Exclusion-Lower Tier Covered Transaction." Appendix B to 45 CFR Part 76 in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

- H. Provider agrees to do background checks for all employees having regular contact with children, the elderly or vulnerable adults, including caregiver background checks where required by law. Provider agrees to follow the requirements of Administrative Code DHS 12, and Wisconsin Statute 48.685 and 50.065 regarding Caregiver Background Checks. Provider agrees to cooperate with Purchaser to implement Caregiver Background Checks, if Provider is licensed by, or certified by Purchaser. If Provider is licensed by, or certified by, the State of Wisconsin, and is required by ss 48.685 and 50.685 to perform Caregiver Background Checks, Provider will maintain the appropriate records showing compliance with the law and the Administrative Code HFS 12.
- I. Provider agrees to cooperate in site reviews and to take such action as prescribed by the Purchaser to correct any identified noncompliance with Federal, State and County laws, rules, and regulations.

II. RECORDS

- A. Provider shall maintain records as required by State and Federal laws, rules and regulations.
- B. Provider shall retain any record required to be kept on behalf of Purchaser for a period of not less than seven (7) years unless a shorter period of retention is authorized by applicable law or for a longer period of time if required by law.
- C. It is understood that in the event this Agreement terminates for any reason, Purchaser, at its option may take ownership of all records created for the purpose of providing and facilitating provision of services under the Agreement. If, as the result of the expiration or termination of this Agreement, Provider discontinues services provided under this Agreement to any client who continues to require such service, Purchaser shall have the right to take immediate physical custody of any of the client's records that are necessary to facilitate the transition of services to another provider of such service, including, but not limited to, all documents, electronic data, products and services prepared or produced by Provider under this Agreement.
- D. The use or disclosure by any party of any information concerning eligible clients who receive services from Provider for any purpose not connected with the administration of Provider's and Purchaser's responsibilities under this contract is prohibited except with the informed, written consent of the eligible client or the client's legal guardian.
- E. In the event that the Provider meets the criteria of a qualified service organization as defined in 42 CFR § 2.11, the Provider acknowledges that in receiving, storing, processing, or otherwise dealing with any patient records, it is fully bound by 42 CFR § 2 et. Seq. and if necessary, will resist in judicial proceedings any efforts to obtain access to patient records except as permitted

by 42 CFR § 2 et. Seq. However, the parties further agree that pursuant to 42 CFR § 2.12 (c) (4) that the restrictions on disclosure in 42 CFR § et. Seq. do not apply to communications between the Racine County Section 51.42 board and the Provider regarding information needed by the Provider to provide services to the Racine County 51.42 board.

- F. Provider agrees to assist Purchaser in promptly fulfilling any public records request, in the manner determined by Purchaser, of a record not protected by a law requiring confidentiality that Provider keeps or maintains on behalf of Purchaser.

III. REPORTING

- A. Provider shall submit all required evaluation reports within the time frames identified in this contract. Failure to submit required reports according to identified time frames will result in Purchaser withholding payments until the reports are received by Purchaser. Provider may seek an extension if it is determined the delay is a result of circumstances beyond Provider's control. Additional reporting may be required for programs funded with federal or state grant money, or other designated fund sources.
- B. If notified by Purchaser, Provider will submit a report by the 10th day of the following month showing authorized clients and units provided.

IV. FISCAL RESPONSIBILITIES

- A. Charge no more than 10% for management and general expenses as defined in proposal application. The 10% costs can be computed on program expenses only.
- B. Charge no greater amount than defined in proposal application for profit which will be computed as per the Allowable Cost Policy (private for-profit provider).
- C. Provider agrees to adhere to the guidelines of the DHS or DCF *Allowable Cost Policies Manual*, Office of Management and Budget Circular A122 or A102, and the fiscal requirements of the *Contract Administration Manual*, Racine County Human Services Department.
- D. Maintain a uniform double entry accounting system and a management information system compatible with cost accounting and control systems. (See DHS or DCF *Allowable Costs Policy Manual*.)
- E. Transfer a client from category of care or service to another only with the approval of the Purchaser.
- F. Submit a written request to Racine County to expend any reserve amounts. The request must be submitted no later than 30 days after receipt of the audit. The request for expenditure of reserve amounts must specify the proposed purpose of utilizing the reserve amount. Reserve amounts not approved by HSD will be refunded to Racine County.
- G. Upon completion of the audit review by Purchaser, if Provider received funds in excess of actual allowable costs or actual unit costs, or if Purchaser has identified disallowed costs, Provider shall refund excess monies to Purchaser at the time of audit submission as per Section IV G. If Provider fails to return funds paid in excess and fails to request expenditure of any reserve amount or is denied the request to expend any reserve amount, Purchaser shall recover the money from subsequent payments made to Provider or Purchaser can use any other remedy provided by law.
- H. If the Provider requests an advance payment in excess of \$10,000.00, the Provider agrees to supply a surety bond per s. 46.036(3)(f) Wis. Stats. The surety bond must be an amount equal to the amount of the advance payment Provider has requested.

- I. **Requirement to Have an Audit.** Unless waived by Racine County, the sub-recipient (auditee) shall submit an annual audit to Racine County if the total amount of annual funding provided by Racine County (from any and all of its Divisions taken collectively) for all contracts is \$100,000 or more. In determining the amount of annual funding provided by Racine County the sub-recipient shall consider both: (1) funds provided through direct contracts with Racine County and (2) funds from Racine County passed through another agency which has one or more contracts with the sub-recipient.

- J. **Audit Requirements.** The audit shall be performed in accordance with generally accepted auditing standards, Wisconsin Statutes § 46.036 and § 49.34, Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions specified in this contract. In addition, the sub-recipient is responsible for ensuring that the audit complies with other standards and guidelines that may be applicable depending on the type of services provided and the amount of pass-through dollars received. Please reference the following audit documents for complete audit requirements:
 - 1. 2 Code of Federal Regulations, Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F - Audits. The guidance also includes an Annual Compliance Supplement that details specific federal agency rules for accepting federal sub-awards.
 - 2. The State Single Audit Guidelines (SSAG) expand on the requirements of 2 CFR Part 200 Subpart F by identifying additional conditions that require a state single audit. Section 1.3 lists the required conditions.
 - 3. The DHS Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities that meet the SSAG requirements. It also provides guidance for those entities that are not required to have a Single Audit but need to comply with DHS sub-recipient audit requirements. An audit report is due Racine County if a sub-recipient receives more than \$100,000 in pass-through money from Racine County as determined by Wisconsin Statute § 46.036.
 - 4. The DCF appendix to the SSAG contains additional DCF-specific audit guidance for those entities that meet the SSAG requirements. It also provides guidance for those entities that are not required to have a Single Audit but need to comply with DCF sub-recipient audit requirements. An audit report is due Racine County if a sub-recipient receives more than \$100,000 in pass-through money from Racine County as determined by Wisconsin Statute § 49.34. Audits must be performed in accordance with the SSAG and the DCF appendix unless required by contract to follow the Provider Agency Audit Guide (PAAG).

- K. **Source of Funding.** Funding could be a mixture of state/federal/local funds. Sub-recipients may request confirmation of funding information when it becomes available to Racine County from the state. The information will include the name of the program, the federal agency where the program originated, the CFDA number, and the percentages of federal, state, and local funds constituting the contract.

- L. **Audit Reporting Package.** A sub-recipient that is required to have a Single Audit based on 2 CFR Part 200 Subpart F and the State Single Audit Guide is required to submit to Racine County a reporting package which includes the following:
 - 1. General-Purpose Financial Statements of the overall agency and a Schedule of Expenditures of Federal and State Awards, including the independent auditor's opinion on the statements and schedule.

2. Schedule of Findings and Questioned Costs, Schedule of Prior Audit Findings, Corrective Action Plan and the Management Letter (if issued).
 3. Report on Compliance and on Internal Control over Financial Reporting based on an audit performed in accordance with Government Auditing Standards.
 4. Report on Compliance for each Major Program and a Report on Internal Control over Compliance.
 5. Report on Compliance with Requirements Applicable to the Federal and State Program and on Internal Control over Compliance in Accordance with the Program-Specific Audit Option.
 6. *Settlement of DHS Cost Reimbursement Award. This schedule is required by DHS if the sub-recipient is a non-profit, for-profit, a governmental unit other than a tribe, county Chapter 51 board or school district; if the sub-recipient receives funding directly from DHS; if payment is based on or limited to an actual allowable cost basis; and if the auditee reported expenses or other activity resulting in payments totaling \$100,000 or more for all of its grant(s) or contract(s) with DHS.
 7. *Reserve Supplemental Schedule is only required if the sub-recipient is a non-profit and paid on a prospectively set rate.
 8. *Allowable Profit Supplemental Schedule is only required if the sub-recipient is a for-profit entity.
 9. *Additional Supplemental Schedule(s) Required by Funding Agency may be required. Check with the funding agency.
- *NOTE: These schedules are only required for certain types of entities or specific financial conditions.

For sub-recipients that do not meet the Federal audit requirements of 2 CFR Part 200 and SSAG, the audit reporting package to Racine County shall include all of the above items except items 4 and 5.

- M. **Audit Due Date.** Audits that must comply with 2 CFR Part 200 and the State Single Audit Guidelines are due to the granting agencies nine months from the end of the fiscal period or 30 days from completion of the audit, whichever is sooner. For all other audits, the due date is six months from the end of the fiscal period unless a different date is specified within the contract or grant agreement.
- N. **Submitting the Reporting Package.** The auditee or auditor must send a copy of the audit report to all granting agencies that provided funding to the auditee. Check the contract or contact the other funding agencies for information on where to send the audit report and the proper submission format.

Audit reports should be sent to:

Racine County Human Services
Attn: Accountant Supervisor, Contracts & Audits
1717 Taylor Avenue
Racine, WI 53403

- O. **Access to Auditee's Records.** The auditee must provide the auditor with access to personnel, accounts, books, records, supporting documentation, and other information as needed for the auditor to perform the required audit.

The auditee shall permit appropriate representatives of Racine County to have access to the auditee's records and financial statements as necessary to review the auditee's compliance with federal and state requirements for the use of the funding. Having an independent audit does not limit the authority of Racine County to conduct or arrange for other audits or review of federal or state programs. Racine County shall use information from the audit to conduct their own reviews without duplication of the independent auditor's work.

- P. **Access to Auditor's Work Papers.** The auditor shall make audit workpapers available upon request to the auditee, Racine County or their designee as part of performing a quality review, resolving audit findings, or carrying out oversight responsibilities. Access to working papers includes the right to obtain copies of working papers.
- Q. **Failure to Comply with Audit Requirements.** Racine County may impose sanctions when needed to ensure that auditees have complied with the requirements to provide Racine County with an audit that meets the applicable standards and to administer state and federal programs in accordance with the applicable requirements. Examples of situations when sanctions may be warranted include:
1. The auditee did not have an audit.
 2. The auditee did not send the audit to Racine County or another granting agency within the original or extended audit deadline.
 3. The auditor did not perform the audit in accordance with applicable standards, including the standards described in the SSAG.
 4. The audit reporting package is not complete; for example, the reporting package is missing the corrective action plan or other required elements.
 5. The auditee does not cooperate with Racine County or another granting agency's audit resolution efforts; for example, the auditee does not take corrective action or does not repay disallowed costs to the granting agency.
- R. **Sanctions.** Racine County will choose sanctions that suit the particular circumstances and also promote compliance and/or corrective action. Possible sanctions may include:
1. Requiring modified monitoring and/or reporting provisions;
 2. Delaying payments, withholding a percentage of payments, withholding or disallowing overhead costs, or suspending the award until the auditee is in compliance;
 3. Disallowing the cost of audits that do not meet these standards;
 4. Conducting an audit or arranging for an independent audit of the auditee and charging the cost of completing the audit to the auditee;
 5. Charging the auditee for all loss of federal or state aid or for penalties assessed to Racine County because the auditee did not comply with audit requirements;
 6. Assessing financial sanctions or penalties;
 7. Discontinuing contracting with the auditee; and/or
 8. Taking other action that Racine County determines is necessary to protect federal or state pass-through funding.

- S. **Close-Out Audits.** A contract specific audit of an accounting period of less than 12 months is required when a contract is terminated for cause, when the auditee ceases operations or changes its accounting period (fiscal year). The purpose of the audit is to close-out the short accounting period. The required close-out contract specific audit may be waived by Racine County upon written request from the sub-recipient, except when the contract is terminated for cause. The required close-out audit may not be waived when a contract is terminated for cause.

The auditee shall ensure that its auditor contacts Racine County prior to beginning the audit. Racine County or its representative, shall have the opportunity to review the planned audit program, request additional compliance or internal control testing and attend any conference between the auditee and the auditor. Payment of increased audit costs, as a result of the additional testing requested by Racine County is the responsibility of the auditee.

Racine County may require a close-out audit that meets the audit requirements specified in 2 CFR Part 200 Subpart F. In addition, Racine County may require that the auditor annualize revenues and expenditures for the purposes of applying 2 CFR Part 200 Subpart F and determining major federal financial assistance programs. This information shall be disclosed in a note within the schedule of federal awards. All other provisions in 2 CFR Part 200 Subpart F- Audit Requirements apply to close-out audits unless in conflict with the specific close-out audit requirements.

V. INDEMNITY AND INSURANCE

- A. To the fullest extent permitted by law, the Provider agrees to indemnify and hold harmless the Purchaser, and its officers and its employees, from and against all liability, claims, and demands, on account of any injury, loss, or damage (including costs of investigation and attorney's fees), which arise out of or are connected with the services hereunder, if such injury, loss, or damage, or any portion thereof, is caused by, or claimed to be caused by, the act, omission or other fault of the Provider or any subcontractor of the Provider, or any officer, employee or agent of the subcontractor of the Provider, or any other person for whom Provider is responsible. The Provider shall investigate, handle, respond to, and provide defense for and defend against any such liability, claims, and demands, and to bear all other costs and expenses related thereto, including court costs and attorneys' fees. The Provider's indemnification obligation shall not be construed to extend to any injury, loss, or damage that is caused by the act, omission, or other fault of the Purchaser. Provider shall immediately notify Purchaser of any injury or death of any person or property damage on Purchaser's premises or any legal action taken against Provider as a result of any said injury or damage.
- B. Provider shall at all times during the terms of this Contract keep in force a liability insurance policy issued by a company authorized to do business in Wisconsin and licensed by the State of Wisconsin Office of the Commissioner of Insurance in an amount deemed acceptable by Purchaser. Upon the execution of this Contract and at any other time if requested by Purchaser, Provider shall furnish Purchaser with written verification of the existence of such insurance. In the event of any action, suit, or proceedings against Purchaser upon any matter herein indemnified against, Purchaser shall, within five working days, cause notice in writing thereof to be given to Provider by certified mail, addressed to its post office address.
- C. The Provider shall maintain at its own expense and provide Purchaser with Certificates of Insurance that provide the following coverage:
 - 1. Maintain worker's compensation insurance as required by Wisconsin Statutes, for all employees engaged in the work.
 - 2. Maintain general liability coverage including personal injury and property damage against any claim (s), which might occur in carrying out this contract. Minimum

coverage shall be one million dollars (\$1,000,000) liability for each occurrence for bodily injury and property damage including product liability and completed operations and three million dollars (\$3,000,000) in the aggregate. Provide motor vehicle insurance for all owned, non-owned and hired vehicles that are used in carrying out this contract. Minimum coverage shall be one million dollars (\$1,000,000) for each occurrence combined single limit for automobile liability and property damage and three million dollars (\$3,000,000) in the aggregate.

- D. Racine County, and its officers and employees shall be named as additional insureds on Provider's general liability insurance policy for actions and/or omissions performed pursuant to this contract. All coverage enumerated above must be placed with an insurance carrier with an AM Best Rating of A-VIII or greater. Purchaser shall receive a 30-day notice of cancellation of any policy. A copy of Certificate of Insurance and the referenced policies shall be mailed to Purchaser within 60 days of the beginning of this contract.
- E. Provider is prohibited from waiving Purchaser's right to subrogation. When obtaining required insurance under this Agreement and otherwise, Provider agrees to preserve Purchaser's subrogation rights in all such matters that may arise that are covered by Provider's insurance.

VI. AUTHORIZATION PROCESS

- A. No services will be paid for unless the services are authorized by the Purchaser or the Purchaser's designee. Authorization will be determined solely on the prospective client's need for services as determined by Purchaser. Purchaser shall not be liable for payment of services rendered to potentially eligible clients unless Provider complies with the request for authorization procedures as outlined in this agreement and as may be agreed to from time to time by the parties in writing.
- B. Purchaser designates the case manager as the agent for the Purchaser in all matters regarding the care of the person for whom service is being sought. The authority of the case manager as agent includes but is not limited to the following:
 - 1. To participate in the development of and approve or disapprove the individual care plan for each authorized individual.
 - 2. To approve or disapprove the care provided.
 - 3. In the case of out-of-home placements, to visit the facility and to contact the authorized resident at any time.
 - 4. To review the records of any authorized individual during normal business hours and to monitor the performance of services provided to authorized individuals. The Provider will cooperate with the Purchaser in these efforts and will comply with the requirements of monitoring plans.
 - 5. In the case of out-of-home placements, to be notified by the Provider within one day of any significant change in the condition of any purchaser-supported resident.

VII. PAYMENT FOR SERVICES

- A. Provider shall submit all bills (reflecting net payment due) and the Contract Information for Agencies cover sheet by the 10th day following the close of the month. Billings received by the 10th day shall be reimbursed within 15 business days.
- B. Purchaser shall not be held financially liable for any payment for service received from Provider if the billing for such service is received 90 days or more from the date of the service provided to

the respective client. However, final expenses for 2018 must be received by the Purchaser on or before January 21, 2019. Reimbursement for 2018 expenses received after January 21, 2019, will be denied.

- C. In the case of termination of contract during the contract period, all expenses must be submitted to Purchaser no later than 20 days after the effective date of termination or January 21, 2019, whichever comes first.
- D. HSD shall not assume liability for insurance co-payments, spenddowns, or other forms of joint payments.
- E. Method of payment shall be one of the following, as specified in Section XII:

Unit Rate Billing:

Provider shall bill per client on Purchaser authorization/billing form (Fiscal A-5 or A-6). Such billings will include authorized clients, authorized units per client, units of service provided per client, the unit rate, the gross monthly charge, collections, and net cost per client. Purchaser will pay the net cost for authorized only services.

1/12 Reimbursement:

Provider shall be reimbursed monthly at an amount not to exceed 1/12 of the total contract.

Reimbursement of Actual Expenses

Provider shall bill Purchaser monthly on the appropriate line of the Purchaser's Contract Information for Agencies Form (CIA). Provider shall be reimbursed for actual program expenses reported on the CIA Form. Provider shall maintain financial statements or other documentation of total program expenses submitted for payment. Actual expenses cannot exceed the total amount specified in the contract without renegotiation.

F. Collections

- 1. Provider agrees to use due diligence to ascertain from clients and prospective clients all potential sources of payment and sources of revenue to pay for the services. Specifically, the Provider agrees not to bill for clients covered by Title 19, Medicare, private insurance which covers the charges for the service received; or have the ability to pay for the needed services.
- 2. If Purchaser authorizes services and it is determined that a third party payor is obligated to pay for the services or the patient has the ability to pay, Provider will not request further payment from Purchaser for services, and Provider shall reimburse Purchaser the amount reimbursed by the third party for prior services by crediting Purchaser on the next billing. All payments by the patient or third parties made to Provider for services previously paid for by Purchaser shall be credited to Purchaser on the next billing.
- 3. Provider will charge a uniform schedule of fees as defined in s. 46.031(18), Wis. Stats., unless waived by Purchaser with written approval of the Department of Health and Family Services. In the case of clients authorized and funded under the Community Options Program and the Medicare Waiver programs, the clients and their families may be liable to pay for services under policies and procedures developed under the *Community Options Program Cost Sharing Guidelines* and the *Medicaid Waiver Guidelines*.
- 4. Monies collected on behalf of a client from any source will be treated as an adjustment to the costs and will be deducted from the amount paid under this contract as specified in Section VII F(2).

- 5. The procedures used by the Provider shall comply with the provisions of Wisconsin Administrative Code HSS 1.01-1.06.

- G. Purchaser reserves the right to decrease units of service to meet actual needs. An increase in the units of service to be provided may be negotiated at the discretion of Purchaser.

VIII. NON-DISCRIMINATION

- A. During the term of this agreement, Provider agrees not to discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the national guard, state defense force or any other reserve component of the military forces of the United States, or political beliefs against any person, whether a recipient of services (actual or potential) or an employee or applicant for employment. Such equal opportunity shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, training, rates of pay, and any other form of compensation or level of service(s).

- B. Provider agrees to post in conspicuous places, available to all employees, service recipients and applicants for employment and services, notices setting forth the provisions of this paragraph. The listing of prohibited bases for discrimination shall not be construed to amend in any fashion state or federal law setting forth additional bases, and exceptions shall be permitted only to the extent allowable in state or federal law.

- C. Provider and all subcontractors agree not to discriminate on the basis of disability in accordance with the Americans With Disabilities Act (ADA) of 1990, the Wisconsin Statutes secs. 111.321 and 111.34, and the Racine County Ordinances. Provider agrees to post in conspicuous places, available to employees, service recipients, and applicants for employment and services, notices setting forth the provisions of this paragraph.

- D. Provider shall give priority to those methods that offer programs and activities to disabled persons in the most integrated setting. Where service or program delivery is housed in an inaccessible location, and accessible alterations are not readily achievable, Provider agrees to offer "programmatically accessible" to recipients (real or potential) of said services and programs (e.g., change time/location of service).

- E. Provider agrees that it will employ staff with special translation and sign language skills appropriate to the needs of the client population, or will purchase the services of qualified adult interpreters who are available within a reasonable time to communicate with hearing impaired clients. Provider agrees to train staff in human relations techniques and sensitivity to persons with disabilities. Provider agrees to make programs and facilities accessible, as appropriate, through outstations, authorized representatives, adjusted work hours, ramps, doorways, elevators, or ground floor rooms. Provider agrees to provide, free of charge, all documents necessary to its clients' meaningful participation in Provider's programs and services in alternative formats and languages appropriate to the needs of the client population, including, but not limited to, Braille, large print and verbally transcribed or translated taped information. The Provider agrees that it will train its staff on the content of these policies and will invite its applicants and clients to identify themselves as persons needing additional assistance or accommodations in order to apply for or participate in Provider's programs and services.

- F. Provider agrees to maintain comprehensive policies to ensure compliance with Title VI of the Civil Rights Act of 1964, as updated to address the needs of employees and clients with limited English proficiency. Provider agrees that it will employ staff with bilingual or special foreign language skills appropriate to the needs of the client population, or will purchase the services of qualified adult interpreters who are available within a reasonable time to communicate with clients who have limited English proficiency. Provider will provide, free of charge, all documents

necessary to its clients' meaningful participation in Provider's programs and services in alternative languages appropriate to the needs of the client population. Provider agrees that it will train its staff on the content of these policies and will invite its applicants and clients to identify themselves as persons needing additional assistance or accommodations in order to apply or participate in Provider's programs and services.

- G. Provider shall comply with the requirements of the current Civil Rights Compliance (CRC) Plan, which is available at <https://www.dhs.wisconsin.gov/civil-rights/index.htm>. Providers that have more than fifty (50) employees and receive more than fifty thousand dollars (\$50,000) must develop and attach a Civil Rights Compliance Plan to this Agreement. Provider agrees to develop and attach to this Agreement a Civil Rights Compliance Letter of Assurance regardless of the number of employees and the amount of funding received.
- H. Provider agrees to comply with the Purchaser's civil rights compliance policies and procedures. Provider agrees to comply with civil rights monitoring reviews performed by the Purchaser, including the examination of records and relevant files maintained by the Provider. Provider agrees to furnish all information and reports required by the Purchaser as they relate to affirmative action and non-discrimination. The Provider further agrees to cooperate with the Purchaser in developing, implementing, and monitoring corrective action plans that result from any reviews.
- I. Provider shall post the Equal Opportunity Policy; the name of the Provider's designated Equal Opportunity Coordinator and the discrimination complaint process in conspicuous places available to applicants and clients of services, and applicants for employment and employees. The complaint process will be consistent with Purchaser's policies and procedures and made available in languages and formats understandable to applicants, clients and employees. Provider shall supply to the Purchaser's contract administrator upon request a summary document of all client complaints related to perceived discrimination in service delivery. These documents shall include names of the involved persons, nature of the complaints, and a description of any attempts made to achieve complaint resolution.
- J. In all solicitations for employment placed on Provider's behalf during the term of this Agreement, Provider shall include a statement to the effect that Provider is an "Equal Opportunity Employer."

IX. GENERAL CONDITIONS

- A. Provider shall neither assign nor transfer any interest or obligation in this Agreement without the prior written consent of Purchaser, unless otherwise provided herein. Claims for money due to Provider from Purchaser under this Agreement may be assigned to a bank, trust company or other financial institution without County consent if and only if the instrument of assignment provides that the right of the assignee in and to any amounts due or to become due to Provider shall be subject to prior claims of all persons, firms and corporations for services rendered or materials supplied for the performance of the work called for in this Agreement. Provider shall furnish Purchaser with notice of any assignment or transfer.
- B. CONFIDENTIALITY.
 - 1. Provider agrees to comply with all pertinent federal and state statutes, rules, regulations and county ordinances related to confidentiality. Further, the parties agree that:
 - a. Client specific information, including, but not limited to, information which would identify any of the individuals receiving services under this Agreement, shall at all times remain confidential and shall not be disclosed to any unauthorized person, forum, or agency except as permitted or required by law.
 - b. Provider knows and understands it is not entitled to any client specific

information unless it is released to persons who have a specific need for the information which is directly connected to the delivery of services to the client under the terms of this Agreement and only where such persons require the requested information to carry out official functions and responsibilities.

- c. Upon request from Purchaser, client specific information, including, but not limited to, treatment information, shall be exchanged between the parties consistent with applicable federal and state statutes, for the following purposes:
 - i. Research (names and specific identifying information not to be disclosed);
 - ii. Fiscal and clinical audits and evaluations;
 - iii. Coordination of treatment or services; and
 - iv. Determination of conformance with court-ordered service plans.

2. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Applicability.

- a. The Provider agrees to comply with the federal regulations implementing the HIPAA and all relevant regulations as from time to time amended, to the extent those regulations apply to the services the Provider provides or purchases with funds provided under this Agreement.
- b. In addition, certain functions included in this Agreement may be covered within HIPAA rules. As such, the Purchaser must comply with all provisions of the law. If Purchaser has determined that Provider is a "Business Associate" within the context of the law, Provider will sign and return an approved Business Associate Agreement, which will be included and made part of this Agreement.

C. Provider agrees to cooperate with departments, agencies, employees, and officers of Purchaser in providing the services described herein. Where Provider furnishes counseling, care, case management, service coordination or other client services and Purchaser requests Provider or any of Provider's employees to provide evidence in a court or other evidentiary proceeding regarding the services provided to any named client or regarding the client's progress given services provided, services purchased under this agreement include Provider making itself or its employees available to provide such evidence requested by Purchaser as authorized by law.

D. Notices, bills, invoices and reports required by this Agreement shall be deemed delivered as of the date of postmark if deposited in a United States mailbox, first class postage attached, addressed to a party's address as set forth in this agreement. Any party changing its address shall notify the other party in writing within five (5) business days.

E. In order for Provider and the people Provider serves to be prepared for an emergency such as tornado, flood, blizzard, electrical blackout, pandemic and/or other natural or man-made disaster, Provider shall develop a written plan that at a minimum addresses: (1) the steps Provider has taken or will be taking to prepare for an emergency; (2) which of Provider's services will remain operational during an emergency; (3) the role of staff members during an emergency; (4) Provider's order of succession, evacuation and emergency communications plans, including who will have authority to execute the plans and/or to evacuate the facility; (5) evacuation routes, means of transportation and use of alternate care facilities and service providers (such as pharmacies) with which Provider has emergency care agreements in place; (6) how Provider will assist clients/consumers to individually prepare for an emergency; and (7) how essential care records will be protected, maintained and accessible during an emergency. A copy of the written plan should be kept at each of Provider's office(s). Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs shall assure at-risk clients/consumers are provided for during an emergency.

- F. During the term of this Agreement, Provider shall report to the Purchaser's contract administrator, within ten (10) days, any allegations to, or findings by the National Labor Relations Board (NLRB) or Wisconsin Employment Relations Commission (WERC) that Provider has violated a statute or regulation regarding labor standards or relations. If an investigation by the Purchaser results in a final determination that the matter adversely affects Provider's responsibilities under this Agreement, and which recommends termination, suspension or cancellation of this Agreement, Purchaser may take such action. Provider may appeal any adverse finding as set forth at Article X.
- G. This Contract is contingent upon authorization of Wisconsin and United States Law and any material amendment or repeal of the same affecting relevant funding or authority of the Department shall serve to terminate this Agreement, except as further agreed to by the parties hereto.
- H. Purchaser may investigate any complaint received concerning the operation and services purchased including review of clinical service records and administrative records subject to restrictions by law. This may include contacting clients both past and current as required.
- I. Purchaser shall be notified in writing of all complaints filed in writing against the Provider. Purchaser shall inform the Provider in writing with the understanding of the resolution of the complaint.
- J. Nothing contained in this Agreement shall be construed to supersede the lawful power or duties of either party.
- K. All capital equipment purchased with funds from this contract may at the discretion of Racine County revert to Racine County at the termination of this contract period or subsequent contract periods. Computer equipment authorized within this contract budget will require Purchaser's approval prior to purchase and authorized payment.
- L. Provider shall acknowledge Racine County as a funding source in all manner of communication including letterhead, brochures, pamphlets, and other forms of media exposure. Racine County may at its discretion identify the type of acknowledgment necessary for recognition.
- M. Provider agrees to list all external job vacancies on Job Net.
- N. In no event shall the making of any payment or acceptance of any service or product required by this Agreement constitute or be construed as a waiver by Purchaser of any breach of the covenants of this Agreement or a waiver of any default of Provider. The making of any such payment or acceptance of any such service or product by Purchaser while any such default or breach shall exist shall in no way impair or prejudice the right of Purchaser with respect to recovery of damages or other remedy as a result of such breach or default.
- O. Provider may elect to retain the entire right, title and interest to any invention conceived or first actually reduced to practice in the performance of this Agreement as provided by 37 CFR 401. In the event any invention results from work performed jointly by the parties, the invention(s) shall be jointly owned.
- P. PENALTIES.
 - 1. Provider shall provide immediate notice in the event it will be unable to meet any deadline, including deadlines for filing reports, set by Purchaser. Concurrent with notification, Provider shall submit either a request for an alternative deadline or other course of action or both. Purchaser may grant or deny the request. Purchaser has the prerogative to withhold payment to Provider upon denial of request or until any condition set by Purchaser is met. In the case of contracts that have been renewed or continued

from a previous contractual period, Purchaser may withhold payment in the current period for failures that occurred in a previous period.

2. If Purchaser is liable for damages sustained as a result of breach of this Agreement by Provider, Purchaser may withhold payments to Provider as set off against said damages.
3. If, through any act of or failure of action by Provider, Purchaser is required to refund money to a funding source or granting agency, Provider shall pay to Purchaser within ten (10) working days, any such amount along with any interest and penalties.

Q. This Agreement or any part thereof, may be renegotiated at the option of Purchaser in the case of: (1) increased or decreased volume of services; (2) changes required by Federal or State law or regulations or court action; (3) cancelation, increase or decrease in funding; (4) changes in service needs identified by Purchaser; (5) Provider's failure to provide services purchased; or (6) upon any mutual agreement. Provider agrees to renegotiate in good faith if Purchaser exercises this option. Any agreement reached pursuant to renegotiation shall be acknowledged through a written Agreement addendum signed by both parties. If Provider refuses to renegotiate in good faith as required by this section, Purchaser may either terminate the Agreement or unilaterally adjust payments downward to reflect Purchaser's best estimate of the volume of services actually delivered by Provider under this Agreement.

X. **RESOLUTION OF DISPUTES:** The Provider may appeal decisions of the Purchaser in accordance with the terms and conditions of this Agreement and Chapter 68, Wis. Stats.

- A. **Good Faith Efforts.** In the event of a dispute between the parties involving the interpretation or application of the contents of this Agreement, the parties agree to make good faith efforts to resolve grievances informally.
- B. **Formal Procedure.** In the event informal resolution is not achieved, the parties shall follow the following procedure to resolve all disputes:

Step 1: Provider shall present a description of the dispute and Provider's position, in writing, to Purchaser's Division Manager within fifteen (15) working days of gaining knowledge of the issue. The description shall cite the provision or provisions of this Agreement that are in dispute and shall present all available factual information supporting Provider's position. Failure to timely provide said document constitutes a waiver of Provider's right to dispute the item.

Step 2: Both parties shall designate representatives, who shall attempt to reach a mutually satisfactory resolution within the fifteen (15) working days after mailing of the written notice.

Step 3: If resolution is not reached in Step 2, Purchaser's Division Manager shall provide in writing by mail, an initial decision. Said decision shall be binding until and unless a different decision is reached as outlined below.

Step 4: Provider's Chief Executive Officer or designee may request a review of the initial decision by mailing a written request to Purchaser's Human Services Director within fifteen (15) working days of the receipt of the initial decision. Failure to timely provide said request constitutes a waiver of Provider's right to dispute the item.

Step 5: Purchaser's Human Services Director shall respond to the request for review by mailing a final written decision to Provider within fifteen (15) working days of receipt of the request.

Step 6: Provider's Chief Executive Officer or designee may request a review by the County Executive of the final decision by mailing said request within fifteen (15) working days of the

postmarked date of the final decision. Failure to timely provide said request constitutes a waiver of Provider's right to dispute the item.

Step 7: The County Executive shall provide a final decision by mailing it to Provider within fifteen (15) working days following the postmarked date of the request for a review. The decision of the County Executive is final and binding on the parties.

C. Client Grievance Procedure.

1. Provider shall have a written client grievance procedure approved by Purchaser, posted in its service area, at all times during the term of this Agreement.
2. Where clients may be entitled to an administrative hearing concerning eligibility, Provider will cooperate with County in providing notice of said eligibility to clients.

XI. TERMINATION, SUSPENSION AND/OR MODIFICATION

This Agreement may be terminated and/or its terms may be modified or altered as follows:

- A. Either party may terminate the Agreement, for any reason, at any time upon sixty (60) days written notice.
- B. Failure of Provider to fill any of its obligations under the Agreement in a timely manner or violation by Provider of any covenants or stipulations contained in this Agreement shall constitute grounds for Purchaser to terminate this Agreement upon ten (10) days written notice of the effective date of termination.
- C. The following shall constitute grounds for immediate termination:
 1. Violation by Provider of any state, federal or local law, or failure by Provider to comply with any applicable state and federal service standards, as expressed by applicable statutes, rules and regulations.
 2. Failure by Provider to carry applicable licenses or certifications as required by law.
 3. Failure of Provider to comply with reporting requirements contained herein.
 4. Inability of Provider to perform the work provided for herein.
 5. Exposure of a client to immediate danger when interacting with Provider.
- D. In the event of cancellation or reduction of state, federal or county funding upon which Purchaser relies to fulfill its obligations under this Agreement, Provider agrees and understands that Purchaser may take any of the following actions:
 1. Purchaser may terminate this Agreement, upon thirty (30) days written notice.
 2. Purchaser may suspend this Agreement without notice for purposes of evaluating the impact of changed funding.
 3. Purchaser may reduce funding to Provider upon thirty (30) days written notice. If Purchaser opts to reduce funding under this provision, Purchaser may, after consultation between Provider and Purchaser's contract manager or designee, specify the manner in which Provider accomplishes said reduction, including, but not limited to, directing Provider to reduce expenditures on designated goods, services and/or costs.

- E. Failure of Racine County or the State or Federal governments to appropriate sufficient funds to carry out Purchaser's obligations hereunder or failure of Provider to timely commence the contracted for services, shall result in automatic termination of this Agreement as of the date funds are no longer available, without notice.
- F. Termination or reduction actions taken by Purchaser under this Agreement are not subject to the review process set forth in Article X of this document.

XII. CONTRACT CONSTRUCTION AND LEGAL PROCESS

- A. **Choice of Law.** It is expressly understood and agreed to by the parties hereto that in the event of any disagreement or controversy between the parties, Wisconsin law shall be controlling.
- B. **Construction.** This Agreement shall not be construed against the drafter.
- C. **Counterparts.** The parties may evidence their agreement to the foregoing upon one or several counterparts of this instrument, which together shall constitute a single instrument.
- D. **Entire Agreement.** The entire agreement of the parties is contained herein and this Agreement supersedes any and all oral agreements and negotiations between the parties relating to the subject matter hereof. The parties expressly agree that this Agreement shall not be amended in any fashion except in writing, executed by both parties.
- E. **Execution.** This Agreement has no effect until signed by both parties. The submission of this Agreement to Provider for examination does not constitute an offer. Provider warrants that the persons executing this Agreement on its behalf are authorized to do so.
- F. **Limitation of Agreement.** This Agreement is intended to be an agreement solely between the parties hereto and for their benefit only. No part of this Agreement shall be construed to add to, supplement, amend, abridge or repeal existing duties, rights, benefits or privileges of any third party or parties, including but not limited to employees or subcontractors of either of the parties. Except, where Provider intends to meet its obligations under this or any part of this Agreement through a subcontract with another entity, Provider shall first obtain the written permission of Purchaser; and further, Provider shall ensure that it requires of its subcontractor the same obligations incurred by Provider under this Agreement.
- G. **Severability.** The invalidity or un-enforceability of any particular provision of this Agreement shall not affect the other provisions herein, and this Agreement shall be construed, in all respects, as though all such invalid or unenforceable provisions were omitted.
- H. **Venue.** Venue for any legal proceedings shall be in the Racine County Circuit Court.

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 which are described in Exhibit A and which are 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 #	Program	Total	Units	Rate	Method of Payment
81713.007.200.404500	Home Visiting Program Family Support Worker/Public Health Nurse & Supervisor for period 1/1/18-9/30/18	\$610,290	As Authorized	N/A	Unit
	Total Program	<u>\$610,290</u>			
81712.007.200.404500	Racine Healthy Babies Home Visiting Program 1 FTE Public Health Nurse for period 1/1/18-6/30/18		As Authorized	N/A	Unit
	direct service	\$100,215			
	indirect service/admin fees	\$8,908			
	Total Program	<u>\$109,123</u>			
	Racine County Family Connects Home Visitation Program for period 1/1/18-12/31/18		As Authorized	N/A	Unit
81723.007.200.404500		\$100,000			
81708.005.200.404500		\$100,000			
	Total Program	<u>\$200,000</u>			

Approved by HSD Fiscal Manager 

12/13/17

PROGRAM DESCRIPTION:

Racine Healthy Babies (RHB) Public Health Nurse
For Period January 1, 2018 – June 30, 2018

The recent Wisconsin Home Visiting Needs Assessment revealed that children and families in Racine County are among the highest risk in the State for poor child and family outcomes. The Assessment also revealed that existing resources in Racine County do not meet the need for home visiting services. The Racine Healthy Babies Program is a partnership between Racine County Human Services Department (Lead Agent) and Central Racine County Health Department (Partner Agency). Working together, Racine Healthy Babies and the Racine County Home Visiting Network will: (a) increase access to home visiting services for pregnant women under age 21 and any African American women who are at-risk for poor maternal and birth outcomes, child maltreatment and other factors that impact on child health and development; (b) advance the use of evidence-based home visiting approaches in the community; (c) improve service coordination and linkages between existing providers of home visiting services; and (d) establish a coordinated system of care for pregnant young women, mothers, infants and children who are at-risk for poor maternal and birth outcomes. Achievement of these goals will increase the capacity of Racine County to reduce poor birth outcomes and child abuse and neglect as well as promote child health, safety and development.

Collaborators who will participate in the Racine County Home Visiting Network include but are not limited to:

- United Way of Racine County
- Greater Racine Collaborative for Healthy Birth Outcomes (LIHF)
- Ascension – All Saints

Funding through Racine Healthy Babies will be used to expand the continuum of home visiting services available for at-risk families in Racine County through the implementation of the Healthy Families America (HFA) home visiting model. Provider and project partners will implement the Healthy Families America model of home visitation services in Racine County.

Provider will hire two FTE Racine Healthy Babies Public Health Nurses who will provide skilled public health nursing services under the direction of the Health Officer or designee. Consistent with the Healthy Families of America model, professionals will be sought for the project who have the unique personal characteristics and experience required to conduct in home services, including: a) a strong desire and experience working with at-risk families who face multiple challenges and have complex needs; b) previous experience providing direct care for children ages birth to 5 years; c) an ability to engage in and establish strong and trusting bonds with families who are often suspect of formal systems and providers; d) an appreciation for cultural differences in parenting; e) an ability to work collaboratively with a broad array of public and private providers to ensure that families have access to the services they need to ensure child safety, health and family well-being; and f) appreciation of the need for responsiveness and accountability.

JOB SUMMARY:

The Home Visiting Public Health Nurse positions provide public health nursing services and participates in public health programs that promote and maintain the health of individuals, families, groups and the community. The Public Health Nurse provides public health nursing home visitation programs and services to promote health and prevent adverse birth and childhood outcomes. These staff will attend HFA training; develop and update family plans; conduct home visits; perform data collection and data entry.

In addition to weekly one-to-one supervision, Home Visitors will meet regularly as a team to share information about the program, discuss challenges, share information on resources and conduct group case consultation. Meetings will also provide opportunities to refine and adapt the HFA model to meet the needs of the target population, discuss strategies for caseload management and update each other on outcomes and results achieved across program sites.

SUPERVISION RECEIVED:

The Public Health Nurses will work under the direction of the Health Officer or designee. Close supervision is given at the beginning of work involving an extensive orientation program and a detailed evaluation of overall nursing performance. Once an employee demonstrates proficiency, s/he is expected to perform normal work assignments in accordance with established work procedures and departmental policies with a minimum amount of supervision and is expected to maintain a flexible work schedule. Provider will have one .4 FTE Supervisor who will supervise the Public Health Nurses. The Healthy Families America model places a high emphasis on the role and function of supervision in the delivery of effective, culturally competent home visiting services. Supervisors will be available for staff consultation 24 hours per day, 7 days per week and when Supervisors are away from the office on vacation or training, back up supervision will be assigned.

All project staff will participate in basic, advanced and continuing education and training. All project staff will complete required training in the Healthy Families America model as prescribed by Prevent Child Abuse America as well as all other required trainings. To encourage the widespread application of the model, the project will invite all project partners to participate in local training provided by the HFA in Racine County.

The Racine Healthy Babies partners will meet quarterly to oversee the implementation of the project. Quarterly meetings will provide opportunities for the Lead Agency and partners to discuss training needs, explore opportunities for cross-training on the local level and identify technical assistance needs that can be provided through the Department of Health Services or other sources.

Provider will work in tandem with State and County representatives to establish local service goals and outcomes that address local needs and priorities and DHS requirements. Performance evaluation is viewed as a continuous process that involves a collegial exchange of feedback and problem solving. Provider will work with the Racine County Home Visiting Network and the Department of Health Services to implement an evidence-based matrix to measure benchmark service effectiveness and outcomes for home visiting services provided to the County.

PROGRAM DESCRIPTION:

Family Connects Racine County
For Period January 1, 2018 – December 31, 2018

Family Connects is a nurse-based, short-term, evidence based home visiting model that works to support new parents caring for their newborn, offer physical assessments, address questions regarding newborn care, discuss parental concerns and assist with accessing community services and resources. Central Racine County Health Department (CRCHD), in partnership with Racine County Human Services (RCHSD) and United Way of Racine County (UWRC), will work to implement the Family Connects model as a pilot in Racine County. The program will be named Family Connects Racine County (FCRC). FCRC is complementary to other early childhood programming in Racine and adds to the continuum of home visiting services currently provided through the Racine County Home Visiting Network (RCHVN).

RCHVN collaborators include:

- Racine County Human Services Department
- United Way of Racine County
- Ascension-All Saints
- University of Wisconsin-Milwaukee Helen Bader School of Social Welfare

The addition of short-term home visiting services in Racine County is important as evidence has shown that all families with new babies need some form of support. Research conducted of the original Family Connects (known as Durham Connects at that time) demonstrated that 94% of families assessed had at least one need for specific education, recommendations or community service referrals. However, the majority of those families did not require long-term services. A recent retention analysis found that families participating in RCHVN long term home visiting services had average 6, 12, 24 and 36 month retention rates of 77%, 42%, 15% and 9% respectively. Many of these families terminated services early because they met their goals and/or felt that services were no longer needed. This trend was also observed in recent statewide Family Foundations Home Visiting data analysis. These data should not be interpreted to mean that long-term services are not beneficial nor desired. On the contrary, this suggests that the benefits of home visiting may have occurred early on in the process and only some of the families enrolled needed the longer term intervention. FCRC solves this problem by providing beneficial home visiting services to more families over a shorter duration of time while providing referrals for long-term home visiting services and other community resources for families who demonstrate need. This may work to improve retention rates in the long-term home visiting programs by ensuring that families with the highest need are being served. Finally, increasing the number of families being assessed through FCRC will result in the identification of family needs that would not have otherwise been identified, because they would not have qualified for other home visiting programs that target participants based on key demographics or other risk factors.

The success of the Family Connects model hinges on the premise that it is offered to all parents of newborns in a catchment area and is universal in nature. In addition, the program works best in communities where there are an abundance of community resources and ideally, a long term home visiting program. Racine County is fertile ground for this model to be implemented successfully, namely by having these necessary prerequisites in place, in large part through the work of RCHVN and partner agencies. In this way, FCRC acts as a systematic triage system that ensures families with newborns are provided with referrals tailored to their specific needs resulting in more efficient use of all community assets and resources. Finally, families who require ongoing home visiting services will be referred to the existing long-term home visiting programs based on assessment and need. As a result, the dollars invested in those services will be utilized more efficiently by serving the families with the highest need.

The long term vision for FCRC is that the program will be community-based with community ownership and ultimately seen as a standard of care for newborns/parents. As a result, more families will be connected to appropriate resources and ultimately have more opportunity for stronger families and better overall health and well-being. Finally, there is mounting evidence of the effectiveness of two-generation programs, such as this one, in preventing the deleterious effects of adverse childhood experiences (ACEs). Families in Racine County have

higher levels of early childhood adversity than in other parts of Wisconsin. As a result, the intergenerational effects of ACEs are passed on from caregivers to their children which ultimately work to weaken family structures and results in decreased family health and well-being. These outcomes undermine efforts currently underway to improve educational attainment and build an educated workforce in Racine County. FCRC believes this cycle can be interrupted through programming that works to reduce this transmission by connecting families to the resources and education they need to provide an environment that allows for their children and families to thrive.

PROGRAM ELEMENTS:

The Family Connects model is "manualized" and has pre-developed: policies and procedures; standardized assessments; documentation forms; database; and quality assurance protocols. In addition, all families are assessed with the Family Support Matrix which evaluates family supports in 12 domains across four categories:

1. Healthcare
 - Maternal Health
 - Infant Health
 - Health Care Plans
2. Caring for infant
 - Child Care Plans
 - Parent-Child Relationship
 - Management of Infant Crying
3. Home safety
 - Household safety/material supports
 - Family and Community Safety
 - History with Parenting Difficulties
4. Parent support
 - Parent Well-Being
 - Substance Abuse
 - Parental Emotional Support

In addition to the Family Support Matrix, the home visit consists of additional assessments, education, anticipatory guidance and referrals. For example, the protocol includes screening for postpartum depression using the Edinburg Postpartum Depression Screening (EPDS); substance abuse using the CAGE; and personal safety and domestic violence using the Conflict Tactics Questionnaire.

PROGRAM ACTIVITIES:

The funding allocated in this specification will be used to support Public Health Nurse Home Visitors, a Supervisor, Clerical Support, a Data Specialist/Support, and required management oversight as well as external evaluators to ensure that FCRC provides direct services according to the model and becomes nationally accredited. The provider will engage in ongoing service implementation; work with local providers to ensure an adequate resource network is in place; adapt program policy and procedures to meet local needs; finalize and implement an evaluation plan with academic partners; and, send staff to ongoing training.

The Public Health Nurse Home Visitors will provide skilled public health nursing services under the direction of the Health Officer or designee. Consistent with the Family Connects model, nurses will be sought for the project who have the unique personal characteristics and experience required to conduct in home services, including: a) a strong desire and experience to work in a team environment and support families in the community; b) an ability to communicate effectively with others; c) previous experience in maternal/child health and home visiting; d) an appreciation for cultural differences in parenting; e) an ability to work collaboratively with a broad array of public and private providers to ensure that families have access to the services they need to ensure child safety, health and family well-being; and f) appreciation of the need for responsiveness and accountability.

JOB SUMMARY:

The Public Health Nurse Home Visiting positions provide public health nursing home visiting services and participate in public health programs that promote and maintain the health of individuals, families, groups and the community. These nurses provide public health nursing home visitation programs and services to promote

health and prevent adverse birth and childhood outcomes. These staff will attend Family Connects training; follow the Family Connects home-visiting protocol; keep records of client observations and activities; document information for family assessments; establish a trusting relationship with families during home visits; engage the family to establish a family support plan with goals, objectives and activities that address family strengths and needs; utilize the Family Support Matrix to assess family needs in 12 domains of physical and psychosocial well-being; provide health and physical assessments of mother and baby in the home to determine well-being; facilitate referrals and connections to community agencies to support families; address questions about caring for the newborn(s); identify parents' needs; identify community services or resources to meet those needs; apply working knowledge of parent-child interaction, child-maternal health, child development and child abuse/neglect to help families improve parenting skills; apply effective time-management and organizational skills; perform data collection and entry into the Family Connects database.

The nurses will meet regularly as a team to share information about the program, discuss challenges, share information on resources and conduct group case consultation as needed. Meetings will also provide opportunities to ensure the Family Connects model is being implemented with fidelity and troubleshoot any problems as they arise. Finally, the nurses along with the Family Connects project staff and other key stakeholders will identify gaps in critical community-wide resources with the goal of working toward increasing needed services locally.

SUPERVISION RECEIVED:

The Public Health Nurse Home Visitors will work under the direction of the Health Officer or designee. Close supervision is given at the beginning of work involving an extensive orientation program and a detailed evaluation of overall nursing performance. Once an employee demonstrates proficiency, s/he is expected to perform normal work assignments in accordance with established work procedures and departmental policies with a minimum amount of supervision and is expected to maintain a flexible work schedule. Supervisors will be available for staff consultation during hours of operation and when Supervisors are away from the office on vacation or training, back up supervision will be assigned.

PROGRAM DESCRIPTION:

RCHVN -Central Racine County Health Department
For Period January 1, 2018 – September 30, 2018

The recent Wisconsin Home Visiting Needs Assessment revealed that children and families in Racine County are among the highest risk in the State for poor child and family outcomes. The Assessment also revealed that existing resources in Racine County do not meet the need for home visiting services. The Racine County Home Visiting Network (RCHVN) is a partnership between Racine County Human Services Department (Lead and Fiscal Agent), Central Racine County Health Department (Partner Agency), and Professional Services Group (Partner Agency). Working together, the Racine County Home Visiting Network will: (a) increase access to home visiting services for pregnant women under age 21 and any African American women who are at-risk for poor maternal and birth outcomes, child maltreatment and other factors that impact on child health and development; (b) advance the use of evidence-based home visiting approaches in the community; (c) improve service coordination and linkages between existing providers of home visiting services; and (d) establish a coordinated system of care for pregnant young women, mothers, infants and children who are at-risk for poor maternal and birth outcomes. Achievement of these goals will increase the capacity of Racine County to reduce poor birth outcomes and child abuse and neglect as well as promote child health, safety and development.

Collaborators who will participate in the Racine County Home Visiting Network include but are not limited to:

- United Way of Racine County
- Greater Racine Collaborative for Healthy Birth Outcomes (LIHF)
- Ascension – All Saints

Funding will be used to expand the continuum of home visiting services available for at-risk families in Racine County through the implementation of the Healthy Families America (HFA) home visiting model. Provider and project partners will implement the Healthy Families America model of home visitation services in Racine County.

Provider will hire six FTE Home Visiting Public Health Nurses/Public Health Educators (aka Family Support Workers/Family Assessment Workers) who will provide skilled public health nursing services under the direction of the Health Officer or designee. Provider will hire 1.6 FTE Home Visiting Supervisors, 20 FTE Clerical Support, .45 Data Specialist/Support, and required management oversight. Consistent with HFA, professionals will be sought for the project who have the unique personal characteristics and experience required to conduct in home services, including: a) a strong desire and experience working with at-risk families who face multiple challenges and have complex needs; b) previous experience providing direct care for children ages birth to 5 years; c) an ability to engage in and establish strong and trusting bonds with families who are often suspect of formal systems and providers; d) an appreciation for cultural differences in parenting; e) an ability to work collaboratively with a broad array of public and private providers to ensure that families have access to the services they need to ensure child safety, health and family well-being; and f) appreciation of the need for responsiveness and accountability.

JOB SUMMARY:

The Public Health Nurse and Public Health Educator Home Visitors assess, plan, implement, and evaluate individual, family, community, and population-based programs and services as required of all Wisconsin local public health agencies. These Home Visitor positions provide professional public health home visiting services and participate in public health programs that promote and maintain the health of individuals, families, groups and the community. The Public Health Nurses and Public Health Educators provide public health home visitation programs and services to promote health and prevent adverse birth and childhood outcomes. These individuals will attend HFA training; develop and update family plans; conduct home visits; perform data collection and entry into the DCF-designated data collection system(s).

In addition to weekly one-to-one supervision, Home Visitors will meet regularly as a team to share information about the program, discuss challenges, share information on resources and conduct group case consultation. Meetings will also provide opportunities to refine and adapt the HFA model to meet the needs of the target population, discuss strategies for caseload management and update each other on outcomes and results

achieved across program sites.

SUPERVISION RECEIVED:

The Public Health Nurses and Public Health Educators will work under the direction of the Health Officer or designee. Close supervision is given at the beginning of work involving an extensive orientation program and a detailed evaluation of overall nursing performance. Once an employee demonstrates proficiency, s/he is expected to perform normal work assignments in accordance with established work procedures and departmental policies with a minimum amount of supervision and is expected to maintain a flexible work schedule. Provider will have one 1.6 FTE Supervisors who will supervise the Home Visitors. HFA places a high emphasis on the role and function of supervision in the delivery of effective, culturally competent home visiting services. Supervisors will be available for staff consultation 24 hours per day, 7 days per week and when Supervisors are away from the office on vacation or training, back up supervision will be assigned.

All project staff will participate in basic, advanced and continuing education and training. All project staff will complete required training in the Healthy Families America model as prescribed by Prevent Child Abuse America as well as all other required trainings. To encourage the widespread application of the model, the project will invite all project partners to participate in local training provided by the HFA in Racine County.

The Racine County Home Visiting Network Stakeholder Group will meet quarterly to oversee the ongoing implementation of the project. Quarterly meetings will provide opportunities for the Lead Agency and partners to discuss training needs, explore opportunities for cross-training on the local level and identify technical assistance needs that can be provided through the Department of Children and Families or other sources.

Provider will work in tandem with State and County representatives to establish local service goals and outcomes that address local needs and priorities. Performance evaluation is viewed as a continuous process that involves a collegial exchange of feedback and problem solving. Provider will work with Racine County, the Racine County Home Visiting Network and the Department of Children and Families to implement an evidence-based matrix to measure benchmark service effectiveness and outcomes for home visiting services provided to the County.

PROGRAM EVALUATION

Racine Healthy Babies (RHB) Public Health Nurse
For Period January 1, 2018 – June 30, 2018

EVALUATION OUTCOMES:

1. Provider will initiate services and maintain an ongoing continuous average caseload of 30-40 families, according to the following risk criteria:
 - o **Level 1:** Pregnant African American women who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life).
 - o **Level 2:** African American pregnant or parenting (within the first 60 days of life) women who do not meet the criteria for Level 1.
 - o **Level 3:** Pregnant or parenting (within the first 60 days of life) women of all other racial and ethnic groups who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life) or who have 4 of the 28 risk factors for the Medicaid Prenatal Care Coordination benefit.
5. Vendors will be required to obtain/maintain Healthy Families America (HFA) affiliation.
6. Vendors may be required to obtain and maintain PNCC certification.
7. No staff vacancies will go beyond 90 days.
8. All project staff will be trained in the HFA model.
9. Staff will be trained on data collection procedures and data entry.
10. A Policy and Procedure Manual and standardized forms will be maintained for HFA Home Visiting Services.
11. Provider may bill Medicaid monthly for PNCC services.
12. Vendors will cooperate in assuring the State's outcomes are achieved.
13. Vendor will ensure that administrative/indirect costs do not surpass budgeted amount.

An Annual Outcome Report will be submitted to the Racine County Youth and Family Division Manager and the Coordinator of Contract Services and Evaluation by July 30, 2018.

Family Connects Racine County
For Period January 1, 2018 – December 31, 2018

EVALUATION OUTCOMES:

1. Provider will engage the Family Connects model developers for site certification (accreditation).
2. Provider will pay all required fees for model implantation.
3. Provider will engage in all planning activities as described by the Family Connects model.
4. Provider will implement the necessary policies and procedures required by the Family Connects model.
5. Provider will engage academic partners to finalize and implement an evaluation plan.
6. All project staff will receive the required Family Connects training
7. Provider will serve families according to the Family Connects model.
8. Provider will provide year-end standard Family Connects reports.

An Outcome Report will be submitted to the Racine County Youth and Family Division Manager and the Coordinator of Contract Services and Evaluation by February 15, 2019.

RCHVN -Central Racine County Health Department
For Period January 1, 2018 – September 30, 2018

EVALUATION OUTCOMES:

1. Provider will serve a minimum of 90 families.
2. At least 75% of the participants will be enrolled during pregnancy.
3. A minimum of 60% will have at least three of the risk factors stated in the Request for Proposal at time of enrollment.
4. A maximum of 30% of families will have two risk factors and no more than 10% will have only one risk factor.
5. Vendors will be required to obtain and maintain Healthy Families America (HFA) affiliation.
6. Vendors will be required to obtain and maintain PNCC certification.
7. No staff vacancies will go beyond 90 days.
8. All project staff will be trained in the HFA model.
9. All project staff will have completed DCF sponsored training.
10. Staff will be trained on data collection procedures and designated State data collection system (s).
11. A Policy and Procedure Manual and standardized forms will be maintained for HFA Home Visiting Services.
12. Provider may bill Medicaid monthly for PNCC services and will track monthly the match component of their expenditures for reporting purposes.
13. All data will be entered in the State's designated data collection system(s).
14. Provider will cooperate in assuring the State's outcomes are achieved.

An Annual Outcome Report will be submitted to the Racine County Youth and Family Division Manager and the Coordinator of Contract Services and Evaluation by November 1, 2018.

2018 VENDOR AGENCY AUDIT CHECKLIST

A copy of this document must be completed, signed, and included in the audit submitted by your independent auditor.

Summary of Audit Results

Name of Agency _____

Period of Audit _____

1. The type of opinion issued on the financial statements of the auditee (i.e., unqualified opinion, qualified opinion, adverse opinion, or disclaimer of opinion). _____

2. Does the auditor have substantial doubt about the auditee's ability to continue as a going concern? Yes / No

3. Does the audit report show material non-compliance? Yes / No

4. Does the audit report show material weakness(es) or other reportable conditions? Yes / No

5. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment) related to grants/contracts with funding agencies that require audits to be in accordance with the *Provider Agency Audit Guide*:

- Department of Health and Family Services Yes / No / NA
- Department of Workforce Development Yes / No / NA
- Department of Corrections Yes / No / NA
- Other funding agencies (list) Yes / No

6. Was a Management Letter or other document conveying audit comments issued as a result of this audit? Yes / No

7. Signature of Partner in Charge: _____

Date of report: _____