

Modification A to Contract #18-66




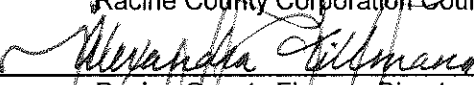
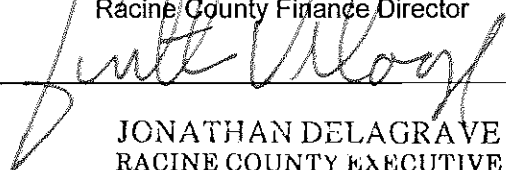
This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and SAINT A, INC., whose principal business address is 8901 W. Capitol Drive, Milwaukee, Wisconsin 53222

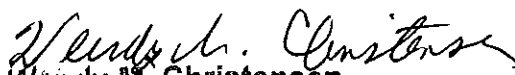
The modification to this agreement will be in effect from January 1, 2018 through December 31, 2018. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2018 through December 31, 2018 with addition of the following:

Add funds to 81715.006.800.404500 for Counseling/Aftercare, continuing as an "as authorized" service.

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></u>	<u>7/20/18</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>9/4/18</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>9-2-18</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>9-7-18</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>09-18-18</u>
JONATHAN DELAGRAVE RACINE COUNTY EXECUTIVE	Date

 9/13/18
Wendy M. Christensen
Racine County Clerk

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 #	Programs	Total	Units	Unit Rate	Method of Payment
81715.006.800.404500	Counseling/Aftercare	As Authorized	As Authorized	\$87.00	Hourly
81708.005.800.404500 81715.006.800.404500	Pre-placement Visits	As Authorized	As Authorized	\$75.00	Daily
ST. AEMILIAN TREATMENT FOSTER CARE					
Account #	Program	Total	Units	Daily Rate	Method of Payment
81708.005.700.404500 81715.006.700.404500	Level of Care Treatment Foster Care Administration Rates for Level 2-4	As Authorized	As Authorized	\$68.85	Daily
RACINE CO. TREATMENT FOSTER CARE					
Account #	Program	Total	Units	Unit Rate	Method of Payment
81715.006.200.404500	Level 3 Foster Home Treatment Service	\$ 163,100		Actuals	Actuals
81726.007.200.404500	Treatment Foster Home Training (Group and Indiv.)	\$ 46,000	N/A	Actuals	Actuals
81715.006.800.404500 81708.005.800.404500	Neurosequential Model of Therapeutics (NMT)	\$64,100 \$64,100	N/A	Actuals	Actuals
		Total Program:			
		\$128,200			
81715.006.800.404500 81708.005.800.404500	Trauma Informed Care Training and Consultation	\$26,400 \$26,400	N/A	Actuals	Actuals
		Total Program:			
		\$52,800			

Approved by HSD Fiscal Manager *[Signature]*

7/6/18