

CONTRACT #19-18

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 PROFESSIONAL SERVICES GROUP, INC., whose principal business address is 800 Gould Street, Racine, WI 53402, hereinafter referred to as Provider. This contract is to be effective for the period January 1, 2019 through December 31, 2019.

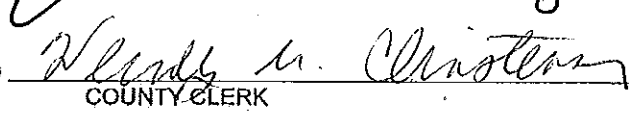
The Provider employee responsible for day-to-day administration of this contract will be Daniel J. Baran, whose business address is 800 Gould Street, Racine, WI 53402, telephone number 262-638-2000, e-mail address dbaran@psgcp.com. In the event that the administrator is unable to administer this contract, 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)  PROVIDER'S AUTHORIZED REPRESENTATIVE 2/18/19 DATE

(signed)  COUNTY EXECUTIVE 02-19-19 DATE


(signed)  COUNTY CLERK 2/19/19 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
2-19-19
Date


Signature
2/19/19
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's right to request replacement of personnel shall not be deemed to constitute the right to make hiring and firing decisions, and Provider shall retain sole decision-making authority regarding discipline and/or termination of its personnel. Provider shall provide its own handbook that covers policies such as timekeeping, complaint processes, conduct standards, injury protocols, and other common employment and benefit policies to its personnel, and shall handle record keeping and/or reporting of hours worked by its personnel.
- E. 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 annual 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.
- J. Provider agrees to abide by the Veteran's Priority Provisions of the Jobs for Veteran's Act (P.L. 107-288) to ensure that a veteran shall be given priority over a non-veteran for the receipt of employment, training and placement services provided under that program, not withstanding any other provision of law.

II. RECORDS

- A. Provider shall maintain records, including, but not limited to employment 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, with the exception of employment records.

- 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.
- F. 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.
- C. Provider is responsible for maintaining accurate client demographics and will submit a quarterly report by the 15th of the month after the quarter closes. Demographics to be tracked include race, ethnicity, gender, and age. Additionally, the report must use the SACWIS individual and family identifiers and include the total served in the program, the referral, start and end dates, census tracking, zip code and the marital status of the head of household. Purchaser will provide a spreadsheet template for Provider to use to track data.
- D. Provider is responsible for obtaining and tracking the data required to complete the outcome reports. Outcome criteria specific to this contract are outlined in Exhibit B.

IV. FISCAL RESPONSIBILITIES

- A. Charge no more than the daily administrative rate established by the State of Wisconsin Department of Children and Families, in accordance with s.s. 49.343.
- B. 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.

- C. 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*.)
- D. Transfer a client from category of care or service to another only with the approval of the Purchaser.
- E. If revenue under a contract for the provision of a rate-based service exceeds allowable costs incurred in the contract period, the Provider may retain up to 5% of the revenue earned under this agreement. The surplus is calculated based on the allowable costs that the Provider incurs in performing the services provided under the agreement. The amount earned under this agreement shall be confirmed through an annual audit. Non-profit Providers, if applicable, shall include a surplus retention supplemental schedule in their audit reports and this schedule shall be by contract or service category. Pursuant to Wis. Stat. § 46.036, the audit surplus retention supplemental schedule serves as notification to the Purchaser of any excess surplus beyond the statutory allowance of 5% revenue earned under the agreement. Purchaser shall claim excess surplus in writing within six (6) months of receipt of audit. Unclaimed excess surplus becomes the property of the Provider.
- F. Requests for advance payments shall be reviewed and awarded at the sole discretion of the Racine County Director of Human Services. No advance payments above \$10,000 will be approved.
- G. **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.
- H. **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).

- I. **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.

- J. **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. *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.

- K. **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.

- L. **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: Contract Compliance Monitor
1717 Taylor Avenue
Racine, WI 53403

- M. **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.

- N. **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.

- O. **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.

- P. **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.

Q. **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. General Liability
 - a. \$1,000,000 each occurrence
 - b. \$1,000,000 personal and advertising injury
 - c. \$1,000,000 general aggregate
 - d. \$1,000,000 products and completed operations
 - e. There shall be no exclusion for abuse or molestation
 - 2. Auto Liability Insurance
 - a. \$1,000,000 Combined Single Limit
 - 3. Umbrella Liability Insurance on a following form basis
 - a. \$4,000,000 each occurrence
 - b. \$4,000,000 aggregate
 - i. Any combination of underlying coverage and umbrella equaling \$5,000,000 shall be acceptable
 - ii. There shall be no exclusion for abuse or molestation
 - 4. Workers Compensation Statutory Limits plus:
 - a. \$100,000 E.L. Each Accident
 - b. \$100,000 E.L. Disease Each Employee
 - c. \$500,000 E.L. Disease Policy Limit
- 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.
- F. Purchaser, acting at its sole option, may waive any and all insurance requirements. Waiver is not effective unless in writing. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by Purchaser's risk manager taking into account the nature of the work and other factors relevant to Purchaser's exposure, if any, under this agreement.

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 2019 must be received by the Purchaser on or before January 21, 2020. Reimbursement for 2019 expenses received after January 21, 2020, 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, 2020, 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 accessibility" 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."
- K. No individual in the United States may, on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in any state or federally funded program to include WIOA Title 1-financially assisted program or activity, be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any state or federally funded program to include WIOA Title 1-funded program or activity. For a WIOA funded program, Provider agrees to comply with the Section 188 of WIOA 2014 and implementing regulations at 29 CFR Part 38.

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 routs, 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. All employees working within the contract are required to have a Caregiver Background check and driver's record check prior to hire and annually thereafter. Reports must be kept on file within Provider's personnel files and made available to Purchaser upon request.
- 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) cancellation, 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.

2019 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: _____

BUSINESS ASSOCIATE AGREEMENT
With Contract

This Business Associate Agreement is incorporated into the Underlying Contract and is made between the Behavioral Health Services of Racine County, ("Covered Entity") and Professional Services Group, Inc. ("Business Associate"), collectively the "Parties."

This Agreement is specific to those services, activities, or functions performed by the Business Associate on behalf of the Covered Entity when such services, activities, or functions are covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including all pertinent regulations (45 CFR Parts 160 and 164) issued by the U.S. Department of Health and Human Services. Services, activities, or functions covered by this Agreement include, but are not limited to:

Services contained within attached agreement, including exhibits.

The Covered Entity and Business Associate agree to modify the Contract to incorporate the terms of this Agreement and to comply with the requirements of HIPAA addressing confidentiality, security, and the transmission of individually identifiable health information created, used, or maintained by the Business Associate during the performance of the Contract and after Contract termination. The parties agree that any conflict between provisions of the Contract and the Agreement will be governed by the terms of the Agreement.

1. DEFINITIONS

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific Definitions:

- a. Business Associate: "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103 and, in reference to the party to this Agreement, shall mean Professional Services Group, Inc.
- b. Covered Entity: "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103 and, in reference to the party in this Agreement, shall mean the Wisconsin Department of Health Services.
- c. HIPAA Rules: "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

2. RESPONSIBILITIES OF BUSINESS ASSOCIATE

- a. Business Associate shall not use or disclose any Protected Health Information except as permitted or required by the Agreement, as permitted or required by law, or as otherwise authorized in writing by the Covered Entity, if done by the Covered Entity. Unless otherwise limited herein, Business Associate may use or disclose Protected Health Information for Business Associate's proper management and administrative services, to carry out legal responsibilities of Business Associate, and to provide data aggregation services relating to health care operations of the Covered Entity if required under the Agreement.
- b. Business Associate shall not request, use, or disclose more than the minimum amount of Protected Health Information necessary to accomplish the purpose of the use or disclosure.
- c. Business Associate shall inform the Covered Entity if it or its subcontractors will perform any work outside the U.S. that involves access to, or the disclosure of, Protected Health Information.

3. SAFEGUARDING AND SECURITY OF PROTECTED HEALTH INFORMATION

- a. Business Associate shall use appropriate safeguards, including complying with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent use or disclosure of Protected Health Information other than as provided for by the Agreement.
- b. Business Associate shall cooperate in good faith in response to any reasonable requests from the Covered Entity to discuss, review, inspect, and/or audit Business Associate's safeguards.

4. REPORTING OF A VIOLATION TO COVERED ENTITY BY BUSINESS ASSOCIATE

The Business Associate shall report to Covered Entity any use or disclosure of Protected Health Information not provided for by the Agreement of which it becomes aware, including breaches of unsecured Protected Health Information as required at 45 CFR 164.410 and any security incident.

- a. **Discovery of a Violation.** The Business Associate must inform the Covered Entity by telephone call, plus email or fax, within five business days following the discovery of any violation.
 - i. The Violation shall be treated as "discovered" as of the first day on which the Violation is known to the Business Associate or, by exercising reasonable diligence would have been known to the Business Associate.
 - ii. Notification shall be provided to one of the contact persons as listed in section 4.d.
 - iii. Notification shall occur within five business days that follows discovery of the Violation.
- b. **Mitigation.** The Business Associate shall take immediate steps to mitigate any harmful effects of the unauthorized use, disclosure, or loss. The Business Associate shall reasonably cooperate with the Covered Entity's efforts to seek appropriate Injunctive relief or otherwise prevent or curtail such threatened or actual breach, or to recover its Protected Health Information, including complying with a reasonable Corrective Action Plan.
- c. **Investigation of Breach.** The Business Associate shall immediately investigate the Violation and report in writing within ten days to a contact listed in section 4.d. with the following information:
 - i. Each Individual whose Protected Health Information has been or is reasonably to have been accessed, acquired, or disclosed during the Incident;
 - ii. A description of the types of Protected Health Information that were involved in the Violation (such as full name, social security number, date of birth, home address, account number);
 - iii. A description of unauthorized persons known or reasonably believed to have improperly used or disclosed Protected Health Information or confidential data;
 - iv. A description of where the Protected Health Information or confidential data is believed to have been Improperly transmitted, sent, or utilized;
 - v. A description of probable causes of the Improper use or disclosure;
 - vi. A brief description of what the Business Associate is doing to investigate the Incident, to mitigate losses, and to protect against further Violations;
 - vii. The actions the Business Associate has undertaken or will undertake to mitigate any harmful effect of the occurrence; and
 - viii. A Corrective Action Plan that includes the steps the Business Associate has taken or shall take to prevent future similar Violations.
- d. **Covered Entity Contact Information.** To direct communications to above-referenced Covered Entity's staff, the Business Associate shall initiate contact as indicated herein. The Covered Entity reserves the right to make changes to the contact information by giving written notice to the Business Associate.

HSD Director
Hope Otto

HSD Contract Administration
Krista Kennedy

Corporation Counsel
Racine County

1717 Taylor Avenue
Racine, WI 53403

1717 Taylor Avenue
Racine, WI 53403

730 Wisconsin Ave., 10th Floor
Racine, WI 53403

(262) 638-6646

(262) 638-6671

(262) 636-3874

5. USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION BY SUBCONTRACTORS OF THE BUSINESS ASSOCIATE

In accordance with 45 CFR 164.502(e)(1) and 164.308(b), if applicable, the Business Associate shall ensure that any subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information.

6. COMPLIANCE WITH ELECTRONIC TRANSACTIONS AND CODE SET STANDARDS

If the Business Associate conducts any Standard Transaction for, or on behalf of, a Covered Entity, the Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162, of the Code of Federal Regulation. The Business Associate shall not enter into, or permit its subcontractors or agents to enter into, any Agreement in connection with the conduct of Standard Transactions for, or on behalf of, Covered Entity that:

- a. Changes the definition, Health Information condition, or use of a Health Information element or segment in a Standard;
- b. Adds any Health Information elements or segments to the maximum defined Health Information Set;
- c. Uses any code or Health Information elements that are either marked "not used" in the Standard's Implementation Specification(s) or are not in the Standard's Implementation Specifications(s); or
- d. Changes the meaning or intent of the Standard's Implementations Specification(s).

7. ACCESS TO PROTECTED HEALTH INFORMATION

At the direction of the Covered Entity, the Business Associate agrees to provide access, in accordance with 45 CFR 164.524, to any Protected Health Information held by the Business Associate, which Covered Entity has determined to be part of Covered Entity's Designated Record Set, in the time and manner designated by the Covered Entity. This access will be provided to Covered Entity, or (as directed by Covered Entity) to an Individual, in order to meet requirements under the Privacy Rule.

8. AMENDMENT OR CORRECTION TO PROTECTED HEALTH INFORMATION

At the direction of the Covered Entity, the Business Associate agrees to amend or correct Protected Health Information held by the Business Associate, which the Covered Entity has determined is part of the Covered Entity's Designated Record Set, in the time and manner designated by the Covered Entity in accordance with 45 CFR 164.526.

9. DOCUMENTATION OF DISCLOSURES OF PROTECTED HEALTH INFORMATION BY THE BUSINESS ASSOCIATE

The Business Associate agrees to document and make available to the Covered Entity, or (at the direction of the Covered Entity) to an Individual, such disclosures of Protected Health Information to respond to a proper request by the Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

10. INTERNAL PRACTICES

The Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the federal Secretary of Health and Human Services (HHS) in a time and manner determined by the HHS Secretary, or designee, for purposes of determining compliance with the requirements of HIPAA.

11. TERM AND TERMINATION OF AGREEMENT

- a. The Business Associate agrees that if in good faith the Covered Entity determines that the Business Associate has materially breached any of its obligations under this Agreement, the Covered Entity may:
 - i. Exercise any of its rights to reports, access, and inspection under this Agreement;
 - ii. Require the Business Associate within a 30-day period to cure the breach or end the violation;
 - iii. Terminate this Agreement if the Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity;
 - iv. Immediately terminate this Agreement if the Business Associate has breached a material term of this Agreement and cure is not possible.
- b. Before exercising either 11.a.ii. or 11.a.iii, the Covered Entity will provide written notice of preliminary determination to the Business Associate describing the violation and the action the Covered Entity intends to take.

12. RETURN OR DESTRUCTION OF PROTECTED HEALTH INFORMATION

Upon termination, cancellation, expiration, or other conclusion of this Agreement, the Business Associate will:

- a. Return to the Covered Entity or, if return is not feasible, destroy all Protected Health Information and any compilation of Protected Health Information in any media or form. The Business Associate agrees to ensure that this provision also applies to Protected Health Information of the Covered Entity in possession of subcontractors and agents of the Business Associate. The Business Associate agrees that any original record or copy of Protected Health Information in any media is included in and covered by this provision, as well as all originals or copies of Protected Health Information provided to subcontractors or agents of the Business Associate. The Business Associate agrees to complete the return or destruction as promptly as possible, but not more than 30 business days after the conclusion of this Agreement. The Business Associate will provide written documentation evidencing that return or destruction of all Protected Health Information has been completed.
- b. If the Business Associate destroys Protected Health Information, it shall be done with the use of technology or methodology that renders the Protected Health Information unusable, unreadable, or undecipherable to unauthorized individuals as specified by HHS in HHS guidance. Acceptable methods for destroying Protected Health Information include:
 - i. For paper, film, or other hard copy media: shredding or destroying in order that Protected Health Information cannot be read or reconstructed and
 - ii. For electronic media: clearing, purging, or destroying consistent with the standards of the National Institute of Standards and Technology (NIST).

Redaction is specifically excluded as a method of destruction of Protected Health Information unless the information is properly redacted so as to be fully de-identified.

- c. If the Business Associate believes that the return or destruction of Protected Health Information is not feasible, the Business Associate shall provide written notification of the conditions that make return or destruction not feasible. If the Business Associate determines that return or destruction of Protected Health Information is not feasible, the Business Associate shall extend the protections of this Agreement to Protected Health Information and prohibit further uses or disclosures of the Protected Health Information of the Covered Entity without the express written authorization of the Covered Entity.

Subsequent use or disclosure of any Protected Health Information subject to this provision will be limited to the use or disclosure that makes return or destruction not feasible.

13. COMPLIANCE WITH STATE LAW

The Business Associate acknowledges that Protected Health Information from the Covered Entity may be subject to state confidentiality laws. Business Associate shall comply with the more restrictive protection requirements between state and federal law for the protection of Protected Health Information.

14. MISCELLANEOUS PROVISIONS

- a. **Indemnification for Breach.** Business Associate shall, to the extent allowed by Wisconsin law, indemnify the Covered Entity for costs associated with any Incident arising from the acquisition, access, use, or disclosure of Protected Health Information by the Business Associate in a manner not permitted under HIPAA Rules.
- b. **Automatic Amendment.** This Agreement shall automatically incorporate any change or modification of applicable state or federal law as of the effective date of the change or modification. The Business Associate agrees to maintain compliance with all changes or modifications to applicable state or federal law.
- c. **Interpretation of Terms or Conditions of Agreement.** Any ambiguity in this Agreement shall be construed and resolved in favor of a meaning that permits the Covered Entity and Business Associate to comply with applicable state and federal law.
- d. **Survival.** All terms of this Agreement that by their language or nature would survive the termination or other conclusion of this Agreement shall survive.

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be duly executed by their respective representatives.

COVERED ENTITY

Print Name: Heidi Otto
 SIGNATURE: [Signature]
 Title: Director
 Date: 2/20/19

BUSINESS ASSOCIATE

Print Name: DANIEL J. BARAN
 SIGNATURE: [Signature]
 Title: Treasurer, BOD
 Date: 2/18/19

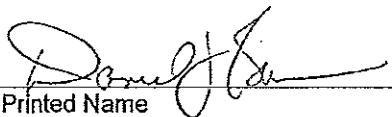
COVERED ENTITY

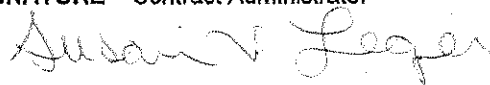
Print Name: Brenda Danculovich
 SIGNATURE: [Signature]
 Title: Interim Deputy Director
 Date: 2/19/19

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by an Federal department or agency from doing business with the Federal Government. By signing this document, you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/Index.html> (see section 52.209-6).

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any Federal department or agency.

SIGNATURE - Official Authorized to Sign Application 	Date Signed 2-18-19
Printed Name DANIEL J. BARAN	Title Treasurer, BOB
For (Name of Vendor) Professional Services Group, Inc	DUNS Number (Dun & Bradstreet, if applicable)

INTERNAL USE ONLY	
Contract #	19-18
Contract Description: Community Panels, Safety Support Staff Family Interaction / Direct Services Program	
The Division of Racine County Human Services has searched the above named Vendor against the System for Award Management system (SAM) and has confirmed as of 2/19/19 the Vendor is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.	
SIGNATURE - Contract Administrator 	Date Signed 2/19/19

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

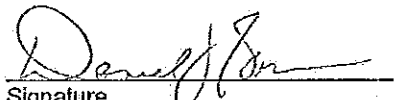
The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



Signature
Agency Director's Name or Designee
(If designee, attach Designee Authorization)

2/18/19

Date

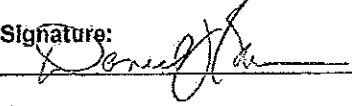
DANIEL J. BARANI

Name printed

14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11:

15. Continuation Sheet(s) SF-LLL-A attached: Yes No

16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: 
Print: DANIEL J. BRENNAN Name:
Title: Treasurer, BOD
Tele. No.: 262-654-1004 Date: 2/18/19

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

0348-0046
(cont.)

Reporting Entity: _____ Page _____ of _____

[Empty reporting area]

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks (Subawardee), then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonable expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

PROGRAM DESCRIPTION

Community Panels

The Community Panel Program is a juvenile diversion program which gives minor offenders (usually first time) apprehended for a misdemeanor the option of appearing before a panel of community volunteers rather than entering the juvenile justice system. To be eligible for the program, youth must also admit to the charges against them, have no cases pending, no prior adjudications, no consent decrees and no prior referrals to the panel process. Juveniles who accept and complete the contractual obligation offered by the panel avoid the stigma and possible effects of a criminal record; that is, they are "diverted" from juvenile court. Unlike traditional methods of intervention in which courts assume the decision-making process, the Community Panel draws the youths' families and community into the contracting process. This approach is critical to the prevention and rehabilitation goals that underlie the program. Such intervention provides swift and meaningful community response to minor delinquent behavior. This response is aimed at ending youths' illegal activities.

The key element of this diversion program is to help youth understand the seriousness of their actions and the effect that delinquent activity has on themselves, their families and the community. The panel assists youth by holding them accountable for their behavior and encouraging them to behave responsibly.

The following apprehensions/charges are NOT appropriate for Community Panels and should be sent to the Human Services Intake:

Charges involving physical assault
Incidents in which a weapon was used
Sexual assault (including consensual)
Apprehensions involving a substantial amount of restitution

In addition, youth who have had previous involvement with the juvenile justice system are not eligible for the Community Panels.

PROCESS:

Panels are developed geographically and composed of carefully screened and trained volunteers who reside in the neighborhood. Youth are referred to the program through law enforcement officers and the Racine County Human Services Department. Youth accepted in the program are scheduled for a hearing before a panel. A Community Panel staff interviews the youth and the youth's family to gather background information to present to the panel.

Each youth is entitled to one hearing. Victims may appear in person to substantiate losses. After the victim is excused, the defendant and his/her parent(s) are interviewed together and individually.

When panel members are satisfied as to the statements made by the youth and his/her family, the panel meets privately to decide the conditions of the contract. Conditions often include apology letters to victims, school attendance/behavior issues and restitution/community services arrangements. Referrals for AODA and/or mental health services may also be included in the contract.

The contract specifics are then outlined to the youth, his/her parents and the victim. One member of the panel is assigned to provide follow-up monitoring services to the youth, to assess compliance, determine the need for extensions and coordinate services. Contract periods are expected to last no longer than 30 days.

A COMMUNITY PANEL STAFF MEMBER WILL IMMEDIATELY REFER YOUTH THAT FAIL TO COMPLY WITH THE CONDITIONS OF THE CONTRACT TO JUVENILE COURT INTAKE WITHIN 30 DAYS OF PANEL INTAKE.

At the conclusion of the contract period, youth and family will complete a satisfaction survey. Provider may use an instrument of Provider's choice or HSD can supply one. Completed surveys are to be returned to the HSD Coordinator of Internal Programs, 1717 Taylor Avenue, Racine WI 53403.

EVALUATION OUTCOMES:

1. At least 90% of the youth participating in a Community Panel will successfully complete their contracts.
2. 75% of the youth who successfully complete their contract will not be re-apprehended for a delinquent offense for a period of one year.
3. 90% of closed contracts will have a completed satisfaction survey returned to HSD Coordinator.
4. 85% of completed satisfaction surveys will indicate the client feels his/her needs have been satisfactorily addressed.

REPORTING REQUIREMENTS:

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as SACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/19, 7/15/19 and 10/15/19 to Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.

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
81708.005.200.404500	Community Panels	\$45,811	N/A	N/A	Actuals

Approved by HSD Fiscal Manager M. B. [Signature] BSN

Approved by Contracted Agency [Signature]

2/17/19

PROGRAM DESCRIPTION

Safety Support Staff

Children's well-being is significantly enhanced when they can safely remain at home with their families. If a child is found to be unsafe, safety must be controlled for through implementation of a Protective Plan or an in-home Safety Plan. Safety Support staff will play an important part in ensuring the safety of a child through intensive monitoring of the plan, ongoing assessment of parental protective capacities and coordination of services as needed. Safety Support staff will allow RCHSD to better assure child safety, fully assist families in changing the conditions that make their children unsafe, and further enhance a child's well-being.

Safety Support is an intensive in-home program that is designed to ensure child safety and prevent the removal of children from their home. Safety Support seeks to preserve the family unit whenever possible. The well-being and normal or adequate functioning of children and families is the desired outcome. Safety Support is designed to be community based, comprehensive, culturally competent, family focused and individually tailored to meet the need of children and families.

Safety Support uses a child centered, family focused approach in intervening with families to manage present and/or impending danger threats. This approach is based on incorporating the following goals:

- Identify the unique strengths of each child and family and create an individualized plan that will best meet their needs while promoting independence and family choice;
- Ensure child and family access to care and services that are individualized, strength-based, culturally sensitive and needs-driven;
- Join with all community and system partners to create opportunities for positive programmatic and systemic change;
- Assess and monitor outcomes and implement change.

In Safety Support, this approach includes the following:

- Consider the family as a unit;
- Focuses on family preservation unless child safety cannot be assured;
- Is community and home-based;
- Is predicated on a close working partnership with the family and caregivers and commits to empowering families, instilling hope and helping families to set and achieve their own priorities and goals consistent with assuring the safety of their children.

This model empowers families every day through developing family teams, facilitating the creation of solid care plans, identifying and enhancing natural supports, and brokering the selection of quality service providers.

Referral Process

Families are referred to Safety Support by RCHSD Initial Assessment (IA) workers who have implemented protective plans or have established an in-home safety plan due to identifying impending danger threats at the conclusion of the Initial Assessment. The IA worker determines whether safety threats exist. If the IA worker determines that safety threats exist and a protective plan or safety plan is needed, they will implement the plan and make a referral to Safety Support. Families are also referred to the program by RCHSD Ongoing Services Case Managers who have implemented in-home safety plans to assist in reunification from out-of-home care.

A referral is made to the RCHSD Supervisor of Safety Support. An initial team staffing will occur with the Safety Support Supervisor, Safety Support worker, Initial Assessment Worker or Ongoing Services Case Manager, and the Initial Assessment Supervisor or Ongoing Services Case Management Supervisor. At this initial staffing, the protective plan or safety plan and all necessary case information will be reviewed. The frequency of subsequent team staffings will be determined at the initial staffing. Frequency of staffings will occur on a case by case basis dependent on the family's characteristics, but no less than bi-

weekly. Team staffings will occur throughout the duration of the protective plan and/or in-home safety plan.

The Safety Support worker has access to eWISACWIS and prior to the Initial Family meeting, the Safety Support worker reviews the material in the Access Report and in any case history that is applicable.

The Safety Support worker will meet with the family in their home within 24 hours of the referral from the IA worker or Ongoing Services Case Manager. The Safety Support worker may contact the family prior to this meeting. At the Initial Family Meeting, the Safety Support worker engages the family and explains their supportive role. The Safety Support worker will utilize Motivational Interviewing in their interaction with the family throughout the duration of their involvement. Frequency of contact with the family shall be determined by the Protective or in-home Safety Plan and adjusted as needed.

Whenever possible, the Safety Support worker will work with the family to identify formal and informal supports to implement the family teaming model.

Family Teaming Model

Safety Support uses a child centered, family focused approach in intervening with families to manage impending danger threats. This approach is based on the Family Teaming Model which incorporates the following goals:

- Identify the unique strengths of each child and family and create an individualized plan that will best meet their needs while promoting independence and family choice;
- Ensure child and family access to care and services that are individualized, strength-based, culturally sensitive and needs-driven;
- Join with all community and system partners to create opportunities for positive programmatic and systemic change;
- Assess and monitor outcomes and implement change.

In Safety Support, this approach includes the following:

- Consider the family as a unit;
- Focuses on family preservation unless child safety cannot be assured;
- Is community and home-based;
- Is predicated on a close working partnership with the family, and caregivers and commits to empowering families, instilling hope and helping families to set and achieve their own priorities and goals consistent with assuring the safety of their children.

The Family Teaming model empowers families every day through developing family teams, facilitating the creation of solid care plans, identifying and enhancing natural supports, and brokering the selection of quality service providers. Family Teaming is a complex, often challenging role that requires successful communication with a variety of people and systems.

In addition to family members, service providers, informal and formal supports, the Safety Support worker maintains consistent contact with the RCHSD case manager.

If establishing a team is not possible, the Safety Support worker will work with the family to identify and establish supports in the community (church, school, neighbor, relatives, landlord, etc.).

If impending danger threats are identified or the case is determined to remain open past 60 days the Safety Support worker will, with the family, establish a team comprised of a well-balanced number of formal and informal supports and hold a team meeting prior to a case transfer from the Initial Assessment Worker to the Ongoing Services Case Manager.

Threats to Child Safety

If the Safety Support worker identifies new present danger threats or identifies that the protective plan or safety plan is not controlling for the identified danger threats, they will notify the supervisor and RCHSD

Initial Assessment Worker or Case Manager Immediately.

Case Closure

A case will be closed with Safety Support when children are identified as safe or when danger threats can no longer be controlled for on an in-home safety plan.

The closure meeting is scheduled one to two weeks out to give the family time to adjust to the end of provision of formal services

Position	Safety Support Worker
Responsibilities	<ul style="list-style-type: none"> • Manage protective plans and in-home safety plans as developed by the Initial Assessment Workers and Ongoing Services Case Managers. Ensure that danger threats are being controlled and issues of maltreatment are addressed. • Facilitate parent education to strengthen families and reduce risk of maltreatment. • Provide services, resources, and community supports to achieve child safety. • Attend Meetings held for each family assigned to Safety Support caseload. • Maintain required face-to-face contact with all assigned families All family members must be seen at a minimum of one time per week. • Work with the family to identify, analyze and develop an understanding of what must change in order to keep children safe. • Coordinate and facilitate the Family Teaming process. Engage the family in interventions using formal, informal and natural supports. • Make appropriate arrangements to contact RCHSD if a child's safety is severely compromised. • Monitor the provision of services by safety plan providers. • Coordinate, maintain and facilitate communication with RCHSD Supervisors, Initial Assessment Workers, and Ongoing Services Case Managers. • Ensure that necessary information is included in the case file and eWISACWIS record. • Transport children to scheduled or required appointments. • Arrange for closure of the case when children are identified as safe or when danger threats can no longer be controlled for on an in-home safety plan.
Client/staff ratio	One FTE Safety Support Worker to eight families.
Qualifications	Bachelor's degree in social work or related field. One years' experience working with high risk youth and their families. Social service/foster care experience. Crisis Intervention experience.

Program Requirements

- The Provider is responsible for ensuring the safety and well-being of all children served by the program.
- Concerns about a child's safety or well-being must be reported to RCHSD immediately (24 hours/day, 7 days week.)
- The Program requires a minimum of 3 full-time Safety Support Staff. These positions cannot be full time equivalent positions or staff that are assigned to other job responsibilities within the Provider agency.
- Safety Support Staff will have caseloads that range from 6 to 8 families.
- Staff must reflect the racial/ethnic and cultural mix of the client population.
- Regular work hours for staff must include evenings and weekends. Staff must be available to respond to crisis situations 24 hours a day, 7 days a week.

- The Provider agency must be able to work with RCHSD Initial Assessment Workers and Ongoing Services Case Managers and the supervisory staff of RCHSD in developing, operating and evaluating the program.
- The provider must specify and describe the formats they will use to provide services and teach child development and parenting skills. It is expected that the Provider will utilize more than one format to meet the needs of a range of children's ages – Infants to adolescents and to respect cultural diversity.
- The Provider will utilize the assessment tools and supplementary materials they will use in the program designated by the County.
- The Provider agency must have a strong working knowledge of Racine County community resources, a good working relationship with other community agencies, and actively incorporate the use of community resources in implementing the program's services.

EVALUATION OUTCOMES:

1. 100% of families will be seen by the Safety Support worker within 24 hours of the initial referral.
2. 90% of children served will remain safely in their home.
3. 100% of families will not have a reoccurrence of maltreatment resulting in a substantiated determination.
4. 85% of parents/legal guardians will have increased knowledge and / or confidence in their parenting abilities and an increased satisfaction in family quality of life based on family surveys.
5. 100% of families open under an in-home safety plan will have family team meetings.

REPORTING REQUIREMENTS:

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as SACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/19, 7/15/19 and 10/15/19 to Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.

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
81708.005.800.404500	Safety Support Staff	\$215,000	N/A	N/A	Actuals
81715.006.800.404500					
81727.006.300.404500					
81730.006.300.404500					

Approved by HSD Fiscal Manager MBR BSN
Approved by Contracted Agency 4/6
2/18/19

PROGRAM DESCRIPTION

Family Interaction /Direct Service Program

The Racine County Family Interaction/Direct Services Program provides direct services and family interaction of parent(s) whose children are placed outside of the parental home through the Child Protective Services units. Family interaction is necessary to preserve and strengthen family relationships and reduce the sense of abandonment which children experience at placement. For parents, family interactions is the time to enhance the parents' ability to adequately and safely care for and relate to their child(ren), assist the parent in developing healthy, age appropriate parenting behaviors, and to identify and resolve potential problems prior to reunification.

This program provides 5 FTE staff to facilitate family interaction and provide direct services to parent(s) whose child/children are currently living in an out-of-home placement.

Each staff will provide 40 hours/week direct service time to families assigned. Since the work schedules of the staff must be able to accommodate the needs and schedules of parents and foster parents, program hours need to be flexible. Work time may include evening and weekend hours. There may also be a need for supervision appointments on holidays. Staff will assist parents with developing and practicing new parenting behaviors and patterns of interaction by providing prompts and intervention to parents. Parents' interaction will focus on child safety, appropriate discipline, child development and increasing parental protective capacities.

Staff is responsible for services that include, but are not limited to:

1. Provide the name of the assigned interaction/direct service worker and the date assigned to the CPS Ongoing Supervisor within 48 business hours of receiving a referral.
2. Provide the case manager with a visitation schedule within 48 business hours of receiving a referral.
3. Monitor interactions of parents with their child(ren) to ensure that visits are in accordance with the Family Interaction Plan developed in conjunction with the parent and RCHSD case manager.
4. Establish and maintain visitation schedules which may include transporting children and their parents to and from visits.
5. Arrange the location of the visits, keeping in mind the most homelike environment that allows for natural interaction and provides the child's safety should be utilized.
6. Strive to involve the parent in routine age-appropriate parenting activities and provide opportunities for the parent to enhance their parenting skills.
7. Assist parents in becoming involved in the child's school, church or community activities.
8. Assess the parents' needs, through observation, to determine if parenting training or a referral to community resources would be beneficial. Assist the parent with accessing community resources.
9. Providing appropriate parenting prompts and direction during visits as needed.
10. Intervene during the visit if there is any indication of the following: alcohol or drug use on the part of the parent; verbal abuse (interrogating, threatening, demeaning others such as foster parent, RCHSD, other parent, etc.); discussion of the court order or return home; loss of emotional control on the part of the parent; any action that could affect the child's safety. Intervention with the parent should occur outside of the room where the child is located. Depending on the severity of the parent's action, a warning can be utilized or the visit terminated.
11. Impart skills to parents in a learning environment to assist the parent in addressing and enhancing any diminished parental protective capacities identified by the RCHSD case manager in the case plan.
12. Help the parent gain confidence in looking after their child and meeting their child's needs.
13. Document all observations of parent/child interactions.
14. Providing the assigned RCHSD Case Manager with written reports on each family's interaction within 72 hours of each visit. Additionally, the Provider will send written notice to the case manager and parent(s) of missed appointments.
15. Communicating with RCHSD Case Managers as needed.
16. Actively engage parents in order to assist them in achieving the goals of the case plan and court order.
17. Identify the changing needs of the parents and children and make case plan amendment

recommendations accordingly.

18. Develop and maintain positive working relationships with case managers, other professionals within and outside the agency and with other community resources.

EVALUATION OUTCOMES:

1. Children's safety is maintained 100% of the time during the visits.
2. Parents will develop an increased knowledge of child development, appropriate discipline and increased parental protective capacities as demonstrated through 8.6% or fewer children will re-enter care within 12 months of reunification.
3. 80% of visits will occur as scheduled.

REPORTING REQUIREMENTS:

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as SACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/19, 7/15/19 and 10/15/19 to Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.

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
81715.006.200.404500	Family Interaction/Direct Service Program	\$327,972	N/A	N/A	Actuals

Approved by HSD Fiscal Manager MBP BSN

Approved by Contracted Agency [Signature]

2/18/19