

Modification E to Contract #19-98

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403, and LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN, INC, whose principal business address is 6737 W. Washington Street, Suite 2275, West Allis, WI 53214.

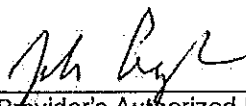
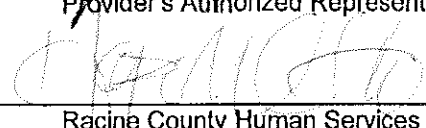

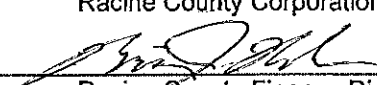


The modification to this agreement will be in effect from January 1, 2019 to December 31, 2019. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2019 through December 31, 2019 with addition of the following:

BHS Staff (Subcontract 19-98-01):

**\$170,000 was added to account 71751.002.510.404500.
\$71,000 was added to account 71723.003.507.404500.
\$300,000 was added to account 71740.002.990.404500.
Making the total program allocation \$3,211,014.**

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

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

(signed) <u></u>	<u>12/13/19</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>12/14/19</u>
Racine County Human Services Director	Date
(signed) _____	_____
Racine County Executive	Date
(signed) <u></u>	<u>12-26-19</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>12/19/19</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>12/27/19</u>
Racine County Clerk	Date
(signed) <u></u>	<u>12-27-19</u>
Racine County Board Chairperson	Date

XII. COST AND SERVICES TO BE PROVIDED

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

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

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

Account #	Program	Total	Units	Unit Rate	Method of Payment
BEHAVIORAL HEALTH SERVICES STAFF:					
61702.010.990.404500	Operations	90,500			
71729.011.605.404500	Jail AODA	142,515			
71723.003.507.404500	AODA Treatment	325,412			
71754.003.507.404500	AODA Treatment -Women	67,600			
71731.003.300.404500	IDP	128,600			
71740.002.501.404500	Crisis Intervention	198,400			
71740.002.507.404500	MH Treatment	240,000			
71740.002.509.404500	CSP	167,640			
71740.002.990.404500	Agency Management	550,000			
71751.002.510.404500	CCS	893,456			
71740.002.604.404500	Targeted Case Management	66,200			
71717.008.604.404500	Adult Protective Services	216,987			
71719.002.604.404500	CST	57,204			
71748.003.507.404500	STR Grant	20,000			
71753.003.507.404500	NNAI-MAT PROGRAM	15,000			
71757.002.606.404500	Sex Offender Placement	1,000			
71734.011.606.404500	Alcohol & Drug Treatment Court	0			
71758.003.507.404500	SOR	6,561.66			
71758.003.604.404500	SOR	23,938.34			
	Total Program:	3,211,014			

Approved by HSD Fiscal Manager *[Signature]*
 12/12/19