

Modification A to Contract #21-9-03 K&D AFH

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and K&D AFH, LLC, whose principal business address is 3707 10th Avenue, Racine, Wisconsin 53402.

The modification to this agreement will be in effect from August 1, 2021 to December 31, 2021. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2021 through December 31, 2021 with addition of the following:

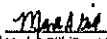
K&D AFH LLC added a new location. This new home is located at 3709 10th Avenue, Racine, WI 53402. A subcontract for the new location was created and added to the original contract.


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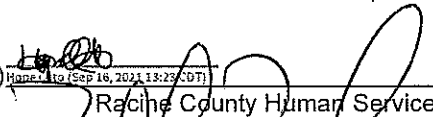
Any modifications to the total amount allocated for provision of the services outlined in this contract are indicated on the attached Budget Sheet (Attachment A).


GZ


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) 
Mark A Gill (Sep 16, 2021 13:41 PDT)
Provider's Authorized Representative

Sep 16, 2021
Date

(signed) 
Human Services Director (Sep 16, 2021 13:29 PDT)
Racine County Human Services Director

Sep 16, 2021
Date

(signed) 
Racine County Executive

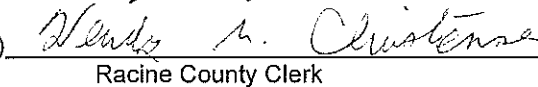
09-21-2021
Date

(signed) 
Racine County Corporation Counsel

9.22.2021
Date

(signed) 
Racine County Finance Director

9/20/21
Date

(signed) 
Racine County Clerk

9/23/2021
Date

(signed) _____
Racine County Board Chairperson

Date

ADULT FAMILY HOME
3709 10th Avenue Racine WI

PROGRAM REQUIREMENTS

1. Facility must be in compliance with all AFH licensing requirements of the Department of Health and Family Services.
2. Facility must meet the appropriate local zoning and occupancy ordinance prior to implementation and secure occupancy permit prior to contracting.
3. Facility must have capacity to generate first or third-party collections.
4. Facility must include most recent copy of State of Wisconsin Department of Health and Family Services Application for AFH/AFH Licensing, including the Program Statement per HFS 83.33 and Personnel Policies per HFS 88.13.
5. Facility must maintain accurate financial records of the AFH and resident accounts, including personal funds and belongings.
6. Facility shall receive prior written authorization for any client specific cost not identified in the unit rate approval.
7. Room and board costs should not exceed 20% of total per day costs. Rates in excess of these amounts must be justified with verifiable financial data and program criteria.

The Provider must detail the level of services to be provided in each facility including: shift scheduling, daily scheduling of activities, level of supervision of medical care to be provided, activity schedules including staff ratios, planned activities involved in personal care, and a program summary of behavioral management activities planned for the level of client proposed.

8. Building costs (rental) shall not exceed the fair market costs for the specific location of each facility. Costs in excess of fair market will be denied by Behavioral Health Services of Racine County. Behavioral Health Services of Racine County will be the final determiner on fair market rates for each facility.

BASIC PROGRAM SPECIFICATIONS:

All AFH's will coordinate with Behavioral Health Services of Racine County to ensure that clients receive a Community Options Program assessment before being admitted to the facility. This is in accordance with state Community Options rules and guidelines, effective July 1, 1998.

All AFH's should provide the following minimum program requirements:

1. Services
 - a. 24-hour per day coverage

There shall be sufficient staff and facilities to provide services and supervision including getting client to work and other activities, and helping them plan and execute leisure activities.

Room, board and supervision shall be provided to all residents during those hours when the resident is under the direction of AFH staff.

At least one staff person is to be present during the hours when residents are home, and will leave a number where they or a responsible party can be reached at the school, workshop, place of employment in case of emergency, if staff are not on premises when residents are out of facility.

Provide appropriate supervision, housing, nutrition, clothing, recreational opportunities for each resident.

b. Health and medication monitoring

Routine medical care: yearly physicals, sick visits and follow-up assistance with ongoing medication for controlled conditions (seizures, blood pressure).

Supervision and monitoring of daily medications. Notify Behavioral Health Services of Racine County Case Management staff of medications refused, missed or any other related problems if the situation persists for three days.

Report all significant illness/accidents which require a physician's attention to Behavioral Health Services of Racine County or its designated representative within 24 hours of the onset of same.

As necessary, arrange for annual medical and dental examinations with copies of the results to be filed with Behavioral Health Services of Racine County or its designated representative.

Record significant events (illnesses, behavioral changes, school/day program achievements, etc.) for each resident and make these records available to Behavioral Health Services of Racine County or its designated representative.

c. Information & referral

Work with other agencies and organizations involved in the provision of services to their residents. This includes schools, day programs, supported work programs, leisure time providers, medical and dental providers. This is to be done with the recognition that all residents should be considered as potential independent living residents and a support network to work toward independent living shall be a factor in programming.

d. Insure recreation & leisure time services are available

Provide adequate and appropriate leisure time activities using community-based resources.

e. Daily living skills

Develop skill attainment levels with regard to entry or reentry into the community. It shall be at the discretion of Behavioral Health Services of Racine County case manager to determine if appropriate day programming within the facility meets individual client needs or whether additional outside services need to be authorized.

Routine personal care: monitoring, reminders, and some hands-on assistance with grooming, dressing, bathing.

Minor behavioral management: occasional upsets or tantrums, normal emotional traumas, unusual mannerisms (minor compulsive behaviors, repetition).

f. Transportation services

Provide transportation to medical appointments, job placements, workshops, day care centers, *court hearings, court-related appointments*, recreational, and social activities.

2. Treatment records shall be maintained and shall include:
 - a. Admission data
 - b. Physical/medical data
 - c. Medication data
 - d. Progress notes
 - e. Development of individualized treatment plans and goals
 - f. Provisions of a grievance procedure

3. The owners, administrators, operators and staff members shall comply with the following requirements:
 - a. Enable Behavioral Health Services of Racine County or its designated representative access to the resident upon the request of Behavioral Health Services of Racine County or its designated representative or the resident.
 - b. Respect the resident's need for privacy in respect to mail, telephone calls, personal needs, etc.
 - c. Respect the resident's religious and cultural beliefs.
 - d. Permit visitation by family and friends of the residents at reasonable and appropriate times. (AFH operators will receive at least 24-hour notification from resident's natural family of on or off premises visitation.)
 - e. Notify Behavioral Health Services of Racine County or its designated representative when any resident is to be away from the premises for 24 hours or more or is to leave the State of Wisconsin.
 - f. Notify Behavioral Health Services of Racine County or its designated representative when the resident leaves the AFH without the approval or consent of the operator.
 - g. Refer all inquiries regarding the resident placements (respite and long-term) to Behavioral Health Services of Racine County or its designated representative.
 - h. Notify Behavioral Health Services of Racine County or its designated representative with respect to problems with the resident.
 - i. The AFH operator shall not provide or disseminate any information regarding any resident without the prior consent of Behavioral Health Services of Racine County.
 - j. The AFH administrator will be responsible for the staff's adherence to the above.

For residents in need of a more structured hands-on level of care, the Provider would need to provide:

- More supervision of medical care: frequent illnesses, medical conditions that need ongoing care (special diets, diabetes) that are partially controlled or intense needs for ongoing conditions (uncontrolled seizures, skin conditions, positioning, dialysis, use of psychotropic drugs);
- Expanded supervision of activities: requires staff to plan, accompany and execute the activities with residents and to work with resident input to the extent possible;

- More intense personal care: staff must usually assist in dressing, feeding, grooming, bathing, but client can partially do it themselves, or there is total or near total care for bathing, grooming, toileting, feeding, etc.;
- Behavioral management: outbursts can occur 1-2 times per week, may purposefully break rules, use street drugs or alcohol inappropriately, soil bed, be inappropriate sexually, require a formal behavioral program, or behavioral management is a daily need due to ongoing emotional distress, mental illness, aggression, criminal behaviors.

In addition to the verbal notifications listed above, all Providers will supply the following documents to Behavioral Health Services of Racine County case managers:

Copies of the individual service plan for each resident;
Quarterly progress reports with updates on behavioral and medical issues;
Copies of discharge summaries.

Emergency Preparedness/Disaster Planning

1. The Provider shall develop a written disaster plan to address all hazards planning (fire, flooding, hazardous materials release, weather, cold/heat emergencies, health emergencies, terrorist acts, etc.). The plan shall identify specific procedures and resources required for both sheltering-in-place and evacuation from the facility to an alternate site(s) should evacuation be necessary to provide for the safety and well being of individuals placed in the care of the facility.
2. The disaster plan will be updated annually and a copy shall be provided to Racine County Human Services Department by February 5th of each year for which the vendor agency is under contract.
3. If the individual placed by Racine County Human Services Department in the care of the AFH/AFH is residing in another county, Provider will provide a copy of the written disaster plan to the Human Services Department in the county of the individual's residency.
4. Staff employed by Provider shall receive training on the disaster plan as part of their orientation and annually thereafter. Documentation of such training will be maintained by the agency.
5. Upon admission to the AFH/AFH the individual (if appropriate) and his/her caseworker will be provided information addressing the facility disaster plan, including contact information and evacuation location(s). Provider shall provide documentation of this in the individual's file.
6. Provider shall maintain a roster of phone/pager numbers to be used in an emergency to contact agency staff, the individual's legal guardian, and Racine County Human Services to advise them of the emergency. Contact numbers shall also include local law enforcement and emergency numbers for fire and rescue.
7. Provider understands that in the event of an evacuation there are critical items that must be taken to include agency contact information; individual's medical information (e.g. prescriptions, recent medical reports, physician's name and immunization history); identifying information for the individual including citizenship information; any court orders that may be involved in the placement of the individual; guardian information, etc. at time of the event. Provider further understands that in the event of an emergency they should call the Racine County Human Services Department Information and Assistance Line at 262-638-7720. Should any information included in the emergency evacuation plan change, Provider will update the Racine County Human Services Department within 14 days of the change.

PROGRAM REPORTING AND EVALUATION

Outcome	Methodology For Determining Whether Outcome Is Achieved	Completion Date
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1. 75% of the clients will not move to a more restrictive living arrangement.
2. 80% of the clients will show improvement in their skill level (i.e., self-care, daily living skills, behavior, self-management) as reflected in their goals.

An Annual Evaluation Outcome Report must be provided to the Human Services Department Contract Coordinator by 2/1/22.

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	Unit Rate	Method of Payment
71740.002.700.404500 71718.002.700.404500	AFH	As Authorized	As Authorized	\$168.58/day	unit rate

[Signature]
DL

[Signature]

Sep 16, 2021

Approved by HSD Fiscal Manager _____

[Signature]
Mark A Gill (Sep 16, 2021 12:11 PM)

Sep 16, 2021

Approved by Contracted Agency _____

Signature: *[Signature]*

Email: debra.ladwig@racinecounty.com


K&D AFH #21-9-01 Mod A 3709 10th Ave Combined Contract


Final Audit Report


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
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
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 Agreement completed.

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