

Modification B to Contract #21- 16

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider Trempeleau County Healthcare Center whose principal business address is W20410 State Road 121, Whitehall, WI 54773.

The modification to this agreement will be in effect from 9-1-21 to 12-31-21. 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:

Inpatient:

  
GZ


**Add \$150,000 to account 71740.002.900.4048100 with a new balance of \$500,000**

**Program allocation increases to: \$500,000**

  
DL

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)   
Lori Glaunert (Sep 13, 2021 10:57 CDT)  
Provider's Authorized Representative

Sep 13, 2021  
Date

(signed)   
Heidi Otto (Sep 13, 2021 13:32 CDT)  
Racine County Human Services Director

Sep 13, 2021  
Date

(signed)   
Zella Delany  
Racine County Executive

09-20-2021  
Date

(signed)   
Racine County Corporation Counsel

9-14-2021  
Date

(signed)   
Racine County Finance Director

9/14/21  
Date

(signed)   
Henry M. Christensen  
Racine County Clerk

9/20/2021  
Date

(signed) \_\_\_\_\_  
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 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
71740.002.900.4048100	Inpatient Care*	\$ 500,000	As Authorized	As Authorized	unit rate
		<i>DL</i>			

*Steven Zimmer*

Sep 10, 2021

Approved by HSD Fiscal Manager \_\_\_\_\_

*Lori Glannert*  
Lori Glannert (Sep 13, 2021 10:57 CDT)

Sep 13, 2021

Approved by Contracted Agency \_\_\_\_\_

Signature: *Debra Ladwig*

Email: [debra.ladwig@racinecounty.com](mailto:debra.ladwig@racinecounty.com)











# Trempealeau County Health Care Center #21-16 Mod B Combined


Final Audit Report

2021-09-13


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 Document e-signed by Hope Otto (hope.otto@racinecounty.com)

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 Agreement completed.

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