

This contract is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403, hereinafter referred to as Purchaser, and TREMPPEALEAU COUNTY HEALTHCARE CENTER, whose principal business address is W20410 State Road 121, Whitehall, Wisconsin 54773, hereinafter referred to as Provider. This contract is to be effective for the period January 1, 2022 through December 31, 2022.

The Provider employee responsible for day-to-day administration of this contract will be Lori Glauert, whose business address is W20410 State Road 121, Whitehall, Wisconsin 54773, telephone number (715)538-4312 ext. 3022, e-mail address lglauert@tchcc.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 Dannetta Payne, (262) 638-6671, e-mail HSDcontracts@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) Lori Glauert
Lori Glauert (Jan 28, 2022 16:42 CST)
PROVIDER'S AUTHORIZED REPRESENTATIVE
Jan 28, 2022
DATE

(signed) [Signature]
COUNTY EXECUTIVE
02-07-2022
DATE

(signed) [Signature]
COUNTY CLERK
2/5/2022
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 [Signature]
Racine County Corporation Counsel
02.04.2022
Date

[Signature]
Signature
2/2/2022
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 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, notwithstanding 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, with the exception of employment records. 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.
- 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.

- E. 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 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 10% for management and general expenses as defined in proposal application. The 10% costs can be computed on program expenses only. Charge no greater amount than defined in proposal application for profit which will be computed as per the Allowable Cost Policy (private for-profit provider).
- 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 provider agency is required to submit an annual audit to Racine County if they have received more than \$100,000 in State of Wisconsin funding. The \$100,000 threshold applies to the cumulative total of all State of Wisconsin funding received, not funding by contract or county. In determining the amount of annual funding provided by Racine County the provider agency 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 provider agency.
- 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 provider agency 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 provider agency audit requirements. An agency-wide audit report is due Racine County if a provider agency receives more than \$100,000 in State of Wisconsin funds 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 provider agency audit requirements. An agency-wide audit report is due Racine County if a provider agency receives more than \$100,000 in State of Wisconsin funds 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. Provider agencies 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

69

local funds constituting the contract.

J. **Audit Reporting Package.** A provider agency 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 provider agency is a non-profit, for-profit, a governmental unit other than a tribe, county Chapter 51 board or school district; if the provider agency 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 provider agencies 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. Refer to the DHS Audit Guide and/or the DCF Provider Agency Audit Guide for more information.

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
HSDAudits@racinecounty.com

- 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 provider agency, 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.

- R. Provider agrees to cooperate with the Purchaser in establishing costs for reimbursement purposes.
- S. Provider will participate in billing Title XIX for personal care services in the facility when requested by Purchaser. Responsibilities will include doing proper documentation for Title XIX, ensuring staff is qualified to provide personal care, and may include working with a local personal care agency for oversight and billing purposes (refer to Exhibit A)

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
 - 5. Professional Liability
 - a. \$1,000,000 each occurrence
 - b. \$3,000,000 aggregate

- D. All sums required to be paid by the Purchaser to Provider shall be paid in full, without reduction for any withholding taxes, employers' taxes, social security taxes, payments or contributions, and similar employer withholdings, deductions, and payments. Provider acknowledges and agrees that it shall be solely responsible for making all such filings and payments and shall indemnify and hold harmless the Purchaser for any liability, claim, expense or other cost incurred by the Purchaser arising out of or related to the obligations of Provider pursuant to this provision.

- E. 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.

- F. 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.

VI. 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 from Provider will be determined by Purchaser.
- B. Purchaser will authorize program services and room and board costs separately. Each of these will only be paid as authorized. Provider must have an approved authorization for room and board costs billed. Payment will not be made without authorization.
- C. The AFH/CBRF shall make available to each Purchaser-supported resident all services that are identified in Exhibit B and that are identified in the Purchaser's care plans for that resident. Such services shall include all those specified in applicable regulations and statutes, including those services the AFH/CBRF is required to make available to all residents and those required to be available for any specific client group to which the Purchaser-supported resident belongs. Services the AFH/CBRF is required to make available to any Purchaser-supported resident are listed in the Service Checklist, which is attached to this contract.

D. Rates and Units of Service

Facility Rate. The rate, type of unit, estimated number of units and estimated number of persons served are shown in the table below entitled "Program Service Rate Based on Days or Months of Care".

Purchaser reserves the right to decrease the units of service to meet actual needs.

An increase in the units of service to be provided may be negotiated.

VII. 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. 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. To be notified by the Provider within one business day of any significant change in the condition of any purchaser-supported resident. Significant change includes but is not limited to:

- a. Hospital admission
 - b. New illness, condition, or trauma requiring physician or hospital visit, or requiring attention at the AFH/CBRF of a physician or emergency personnel
 - c. Any emergency visit to hospital or physician
 - d. Loss of ability to perform an activity of daily living
 - e. Allegation of physical, sexual, or mental abuse of any purchaser-supported resident
 - f. Death of any provider-supported resident
6. To undertake such quality assurance efforts relating to the care of authorized individuals as the Purchaser deems appropriate. The Provider will cooperate with the purchaser in these efforts.

VIII. 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 2022 must be received by the Purchaser on or before January 21, 2023. Reimbursement for 2022 expenses received after January 21, 2023, 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, 2023, whichever comes first.
- D. Behavioral Health Services of Racine County 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.

The Purchaser agrees to pay a daily rate to reserve space for the resident if pre-approved by Purchaser. This daily rate will be 85% of the normal daily rate. The Purchaser will pay this rate for a period not to exceed 14 consecutive days or 14 days in a calendar month, unless extended by the Purchaser in writing. The Purchaser may terminate this payment at any time if the Purchaser determines that the resident will no longer need the space.

- 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.
- H. No payments shall be made to Provider of AFH/CBRF services when the participant is receiving respite services.

IX. 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 accessible" 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.

X. 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 routes, 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. 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.
- M. 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.
- N. 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.
- O. 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.
- P. 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) cancelation, 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.

XI. 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.

XII. 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.

XIII. 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.

XIV. CRITERIA FOR QUALITY

That in accordance with Wisconsin State Statutes 46.27(7)(c)3.d., 46.27(11)(c)5n.d., and 46.277(5)(d) and state policy, Racine County has established criteria for quality in specified Adult Family Care Homes and Community Based Residential Facilities. The AFCH/CBRF shall adhere to the standards in order to receive funding from Racine County.

To determine that the AFCH/CBRF provides quality care services within a quality environment, AFCH/CBRF Provider shall develop provisions related to the following minimum standards or criteria:

- A. The facility allows for privacy.
 - Facilities that do not offer a private room allow the person to choose with whom they share their room;
 - Residents are encouraged to invite visitors and there are areas where visits can take place with privacy;
 - Staff respect privacy of residents;
 - Confidentiality is respected.
- B. The facility has corrected any sanction, penalty, or deficiency imposed by the Department in accordance with processes outlined in DHS 83 and to the satisfaction of Racine County.
 - The facility shall submit to the Purchaser a copy of the Department's survey findings;
 - The facility shall notify the Purchaser of any investigation, penalties, sanctions or deficiencies by the State of Wisconsin Bureau of Quality Assurance;
 - The facility shall submit to the Purchaser a copy of the facility's Plan of Correction;
 - The facility shall submit to the Purchaser documentation of compliance with the facility's Plan of Correction. Refer to "Procedures" for timelines.
- C. Care, services, and the physical environment of the AFCH/CBRF address the individual needs of the client.
 - In accordance with DHS 83.32 and 88.06 the facility will include the Purchaser's case manager in the development and/or modification of individualized service plan;
 - The individualized service plans and services evolve over time to meet the changing needs of the residents;
 - An interdisciplinary approach is used to develop the care plan;

- Services and activities are designed according to individual needs;
 - The facility has a plan to identify and respond to medical needs and emergencies;
 - Staff are well-trained and competent, and ratios are sufficient to meet the needs of clients;
 - The furnishings and decorations are appropriate, respecting both the age and levels of disability;
 - There is safe access to outdoor activities;
 - The home appears to be safe and secure;
 - Doorways, hallways, and rooms are large enough to accommodate wheelchairs if applicable;
 - Architectural modifications and equipment respond to resident needs.
- D. Care, services, and the physical environment provided by the AFCH/CBRF address the individual preferences of the client.
- A variety of social and recreational activities are offered in-house and in the community;
 - Efforts are made to provide a variety of nutritious and good tasting meals, while taking resident's preferences into consideration;
 - Residents are encouraged to decorate their own rooms;
 - The opinions of residents and significant others are sought and respected;
 - Choices are available about things that matter to the residents;
 - The facility schedule for daily activities allows for individual preferences.
- E. The CBRF provides opportunities for potential new residents, their families and county care managers to observe, experience and evaluate everyday activities.

METHOD TO DETERMINE ADHERENCE TO QUALITY STANDARDS:

Each CBRF shall provide a full range of program services based on the needs of the resident that are consistent with the requirements of DHS 83.33 and/or 88.07 relating to services provided. Each AFCH/CBRF shall be monitored by using the quality standards outlined above. Quality indicators shall be used by Racine County to evaluate the functioning and capability of the AFCH/CBRF to provide adequate services to program participants.

The following measures/vehicles will be used to determine compliance with the above standards:

1. Any investigation, sanction, penalty, or deficiency imposed by the State of Wisconsin Bureau of Quality Assurance;
2. Purchaser's Case Manager Evaluation and Satisfaction (including, but not limited to, the case manager's observations of the facility and the facility's adherence to the quality standards presented in this document);
3. Consumer Satisfaction (including, but not limited to, a review of the CBRF Resident Satisfaction Evaluations).

PROCEDURES:

The Provider shall provide a copy of any State of Wisconsin imposed finding of deficiency to Purchaser within two (2) working days;

When a notice of violation is issued by DHS, the Provider shall submit the Plan of Correction to the Purchaser no more than 30 days after the date of notice. If DHS requires modifications in the proposed Plan of Correction, the Provider shall submit a copy to the Purchaser;

If the Provider fails to make a correction by the date specified in the Plan of Correction, the Purchaser reserves the right to freeze new county admissions, remove consumers, require additional staff training in one or more specific areas, withhold payments, terminate or suspend contract.

This contract will be terminated by the Purchaser under the following circumstances:

- Fraudulent billing for care and services;

- Mismanagement of consumer funds;
- Resident abuse;
- Intentional violation of contract.

2022 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 Services Yes / No / NA
- Department of Children and Families 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 Trempealeau County Health Care Center ("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 Trempealeau County Health Care Center
- 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
Dannetta Payne

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: Hope Otto


SIGNATURE: 

Title: Director
Racine County Human Services

Date: 12.27.2021

BUSINESS ASSOCIATE

Print Name: Lori Glauert


SIGNATURE: 
Lori Glauert (Jan 28, 2022 16:42 CST)

Title: Director of Finance

Date: Jan 28, 2022

COVERED ENTITY

Print Name: Kristin Latus

SIGNATURE: 

Title: Deputy Director
Racine County Human Services

Date: 12.27.2021

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
<i>Lori Glaunert</i> <small>Lori Glaunert (Jan 28, 2022 16:42 CST)</small>	Jan 28, 2022
Printed Name Lori Glaunert	Title Director of Finance
For (Name of Vendor) Trempealeau County Health Care Center	DUNS Number (Dun & Bradstreet, if applicable) 080226178

INTERNAL USE ONLY	
Contract #22-16	
Contract Description: Inpatient Services	
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 <i>1/31/22</i> 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
<i>Dannetta Payne</i>	<i>1-31-2022</i>

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.

Lori Glaunert

Lori Glaunert (Jan 28, 2022 16:42 CST)

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

Jan 28, 2022

Date

Lori Glaunert

Name printed

DISCLOSURE OF LOBBYING ACTIVITIES FORM
 (Required for a W-2 agency that has lobbying activities.)

Approved by OMB

0348-0046

Reproduced by DWD/DWS/BDS

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>Year _____ quarter _____ Date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known:</i></p> <p>Congressional District, <i>if known:</i></p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, <i>if known:</i></p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number, <i>if applicable:</i></p>	
<p>8. Federal Action Number, <i>if known:</i></p>	<p>9. Award Amount, <i>if known:</i></p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p>	<p>10. b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s),</p>		

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: Lori Glaunert

Lori Glaunert (Jan 28, 2022 16:42 CST)

Print Name: Lori Glaunert

Title: Director of Finance

Tele. No.: 715-538-4312

Date: Jan 28, 2022

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

0348-0046
(cont.)

Reporting Entity: _____ Page _____ of _____

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 limit to subcontracts, subgrants ad 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.

**RACINE COUNTY
MA PERSONAL CARE SERVICES AGREEMENT & ASSURANCES**

This agreement between the BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY and the CBRF/AFCH Provider is for the provision of Medical Assistance Personal Care (MAPC) by the Provider and billed to Medical Assistance through the Medical Assistance Purchaser number of a contracted home health agency licensed under 50.49 WI Stats and DHS 133 WI Admin. Code or an independent living center as defined in s. 46.96(1) (ah) WI Stats.

General Terms and Conditions:

1. The Purchaser and the home health agency/independent living center shall have access to any and all documentation of consumers, workers, operations, and training related to the provision of MAPC for the purpose of monitoring and review. Provider will also make available the hiring procedures and personnel policies.
2. Provider will maintain employee record files, which will include time card or time sheets detailing hours worked itemized by consumer, services provided itemized by consumer with times allocated to individual services and documentation of required Personal Care Worker (PCW) training or waiver of that training. Provider insures that the Purchaser and the home health agency/independent living center will have access to MAPC worker files for review and monitoring purposes to insure training requirements and accuracy of time sheets and invoices.
3. In the event of a State Audit which results in the Purchaser or home health agency/independent living center being required to repay any recoupment amounts assessed by the State which arise out of, or are related to, in any form or manner, the performance of Provider, the Provider shall reimburse Purchaser/personal care agency for these amounts. Provider will indemnify and hold Purchaser harmless for any and all costs, expenses and attorney's fees associated with these amounts. Purchaser/personal care agency is entitled to retain MAPC funds due and owing Provider pending resolution of the request for recoupment. Upon final and binding determination, these funds may be applied to the recoupment amount due the State.

Provider agrees to provide personal care services to residents of Racine County in compliance with the Medical Assistance Certification requirements found in DHS 105.17. Specifically, Provider agrees to perform the following functions.

1. Employ or contract with personal care workers to provide personal care services;
2. Employ trained workers or train or arrange and pay for training of employed or subcontracted personal care workers as necessary;
3. Coordinate with the home health agency and/or independent living center registered nurses assigned to personal care;
4. Supervise the provision of personal care workers, with the input of the home health agency and/or independent living center nurses;
5. Document a grievance mechanism to resolve recipient's complaints about personal care services, including a personal care provider's decision not to hire a recipient's choice of a personal care worker;
6. Perform all functions and provide all services specified in a written personal care provider contract between the personal care provider and personal care workers under contract, and maintain a copy of that contract on file. Document performance of personal care workers under contract by maintaining time sheets of personal care workers which will document the types and duration of services provided by funding source;
7. Provide a written plan or operation describing the entire process from referral through deliver of service and follow-up;
8. Provide the personal care worker with the basic materials and equipment needed to deliver personal care services;
9. Cooperate with other health and social service agencies in the area and with interested community referral groups to avoid duplication of services and to provide coordination of personal care services to recipients;
10. Evaluate each personal case worker's performance on a periodic basis;
11. Personal care services are those services provided beyond the scope of basic residential care and, as such, are not a usual and expected service. On hands personal care is a support that must be contracted in addition to the basic support of room, board, care and supervision;
12. Provider recognizes that the home health agency or independent living center is a certified Personal Care Provider and that Provider subcontracts with the home health agency/independent living center and Purchaser as a provider of services.

Provider will sub-contract with a home health agency and/or independent living center for registered nursing supervision services. The personal care registered nurse supervisor listed in #3 above will have the following qualifications:

1. Be licensed as a registered nurse in the State of Wisconsin pursuant to s.441.06 Wis. Stats;
2. Be a public health nurse or employed by a home health agency, an independent living center or a hospital rehabilitation unit; and
3. Provide documentation of experience in providing personal care services in the home.

The personal care registered nurse supervisor listed in #3 above will perform the following duties:

1. Evaluate the need for service and make referrals to other services as appropriate;
2. Secure written orders from the recipient's physician. These orders are to be renewed once every three months unless the physician specifies that orders covering a period of time up to one year are appropriate, or when the recipient's needs change, whichever comes first;
3. Develop a plan of care for the recipient giving full consideration to the recipient's preferences for service arrangements and choice of personal care worker, include a copy of the plan in the recipient's health record, and review the plan at least every 50-60 days and update it as necessary;
4. Assist the supervisory staff of the Provider to interpret the plan to the personal care worker(s);
5. Assist the supervisory staff of the Provider to develop appropriate time and service reporting mechanisms for personal care workers and instruct the workers on their use;
6. Assist the supervisory staff of the Provider to give the worker written instructions about the services to be performed and demonstrate to the worker how to perform the services, and
7. Assist the supervisory staff of the Provider to evaluate the competency of the worker to perform the services;
8. Waive training requirements for personal care workers who demonstrate sufficient training and/or experience in providing personal care.

All personal care workers employed by the Provider to serve residents will meet the following qualifications:

1. Be trained in the provision of personal care services. Training shall consist of a minimum of 40 class room hours, at least 25 of which shall be devoted to personal and restorative care, or 6 months of equivalent experience. Training shall emphasize techniques for and aspects of caring for the population served by the Provider;
2. Document successful completion or required training to the personal care provider for the Provider's records;
3. Be a person who is not a legally responsible relative of the recipient under s.s. 49 through 90 (1), Wis. Stats.; and
4. Be a person who has not been convicted of a crime which directly relates to the occupation of providing personal care or other health care services.

All personal care workers employed by the Provider to serve residents will perform the following duties assigned by their supervisor with the input of the personal care RN:

1. Perform tasks as assigned;
2. Report in writing on each assignment;
3. Report any changes in the recipient's condition to their supervisor; and
4. Confer as required regarding the recipient's progress.

This agreement shall continue in affect until amended or terminated by the parties. The agreement can only be amended in writing and agreed to by both parties. Purchaser reserves the right to terminate the agreement immediately upon receipt of evidence of inappropriate care being provided by Provider, or of fraudulent billing by the same. Otherwise, the agreement may be terminated by giving the other party 30 days written notice.

MI Inpatient

The Trempealeau County Health Care Center IMD will provide room and board, nursing care, medication monitoring, physician services, psychiatric care, psychotherapy, speech therapy, occupational therapy, and transportation for medical treatment.

The following services will be ancillary services covered by the contract and billed as a separate charge: laboratory, radiology, over-the-counter drugs, legend prescription drugs, dental care, optometry, emergency medical care (outside facility), podiatry care, respiratory care, equipment rental. Services outside of this list will require a special request.

Community Based Residential Facility
CBRF

PROGRAM REQUIREMENTS

Treatment programs shall be geared toward providing a transitional living environment which is treatment-oriented and has as its goal to prepare the client for independent living.

1. The program requirements include the following:

Services:

- a. 24-hour per day Coverage
- b. Health Monitoring
- c. Information & Referral
- d. Recreation & Leisure Time Service
- e. Medication Monitoring
- f. Counseling Services
- g. Vocational Services
- h. Transitional Services
 - (1) Develop skill attainment levels with regard to entry or reentry into the community:
 - (a) banking; (b) budgeting; (c) menu-planning; (d) socialization; (e) developing resources.
- i. Transportation Services
- j. Education Services
 - (1) Academic training will be arranged for residents.

2. There shall be sufficient staff and facilities to provide such services 24 hours per day, 7 days per week.

3. 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

Normalization principles which foster adjustment and reintegration, independence, support, and observation is the essence of the program design. Emphasis will be placed on evaluating and providing experiences which facilitate socially appropriate behaviors, relationships, and independent living skills within the home as well as the community. The supportive orientation of the program provide the

opportunity and structure for each individual resident to live successfully in the least-restrictive setting as possible, and will serve as a "buffer" to help each the individual back into the mainstream of society. The observation/evaluative components of the program will assist HSD case management in assessing how each resident responds to community placement, so an informed determination can be made regarding the future placement needs of the resident.

The purpose of the program is to provide the services within the Racine County continuum of care. These services will be based on each client's individual needs. The home will maintain these services in the most open and free environment as possible, providing an alternative to institutional living and/or hospitalization. The program will assure the development and implementation of quality services, including, but not limited to: information and referral; observation and evaluation; recreational and leisure-time activities; self-care (health and medication monitoring); dietary, transportation, transitional (independent living, social and communication skills); supervision; support; and room and board. These services will be provided in a relationship-oriented, consistent, secure, and supportive environment which presents the opportunity for each resident to develop a positive self-image and increases the possibility of a positive adjustment and integration within a community placement. The resident will be offered these services as they are needed, based on individual assessment and with the least-restrictive supervision possible in order to further encourage independence and self-sufficiency.

Service/Treatment Process (including eligibility determination and description of service delivery)

A. Admissions Policy and Process

Due to the target population being of decidedly varying developmental levels and behavior patterns, and the program design of support and observation, placement "accessibility" will be essential. Consequently, the "Admission Policy and Process" presented here will fluctuate with each placement situation, consequently lending HSD Case Management a flexible placement process.

1. Resident must be 18 years of age or older.
2. Resident is initially willing to minimally cooperate with the program (this may not be the case in a commitment situation).
3. Resident's needs generally intersect with program services in the areas of: personal hygiene, personal care skills, daily living skills, social and behavioral skills, etc.
4. Resident cannot have actively combative or aggressive personality.
5. A physical examination, performed by a licensed medical doctor, within 90 days prior to admission or three days after admission, stating that the client is free from communicable disease.
6. Medical releases and informational releases signed by the resident or guardian.
7. The resident or guardian will sign and understand an Admissions Agreement, House Rules, Resident Rights, Grievance Procedure, and the Emergency and Disaster Plan.

Upon admission, the following will be done:

1. The resident must have a physical examination either 90 days prior to, or within three days after admission, showing that he/she is free of communicable disease.
2. All appropriate "release" forms signed by the resident or guardian must be on record and available on admission.
3. A copy of the "House Rules", "Resident's Rights", "Grievance Policy and Procedure," and "Emergency and Disaster Plan" will be thoroughly explained and signed by the resident or guardian. A copy of each will be given to the resident and/or guardian and a signed occupy of each placed in his/her Confidential file, along with identifying information, past records, all medical information, and release and legal information.

4. A signed "Admissions Agreement" will be kept in the Confidential File and will contain specifications outlined in HSS 3.14, including the basic daily rate.

INDIVIDUAL SERVICE PLANS will be written. The Individual Service Plans will include long-term objectives and short-term goals and methods based on an appropriate discharge plan. The actual discharge plan may vary considerably from one resident to the next.

The following procedures will be followed to guarantee accountability:

- A. A thorough and complete confidential file will be maintained on each resident.
- B. A continued record of all documentation and assessments made on the residents will be kept on file in the backlogs. The entire service planning process for each individual will be kept on file in the program Service Plan folder.
- C. Progress Staffings on each individual resident will be held regularly. Emergency staffings will be held as needed.
- D. In-service training of staff in the areas of observation and evaluation techniques, active/passive restraint, service planning, support and relationship building, crisis intervention, first aid, medication, etc. First aid training will occur per State Code 5.50.035(1).
- E. The owners, administrators, operators and staff members shall comply with the following requirements:
 1. Report all significant illness/accidents which require a physician's attention to HSD or its designated representative within 24 hours of the onset of same.
 2. Enable HSD or its designated representative access to the resident upon the request of HSD or its designated representative or the resident.
 3. Respect the resident's need for privacy in respect to mail, telephone calls, personal needs, etc.
 4. Respect the resident's religious and cultural beliefs.
 5. Permit visitation by family and friends of the residents at reasonable and appropriate times. (CBRF operators will receive at least 24-hour notification from resident's natural family of on or off premises visitation.)
 6. Notify HSD 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.
 7. Notify HSD or its designated representative when the resident leaves the CBRF without the approval or consent of the operator.
 8. Refer all inquiries regarding the resident placements (respite and long-term) to HSD or its designated representative.
 9. Arrange for annual medical and dental examinations with copies of the results to be filed with HSD or its designated representative.
 10. Work with other agencies and organizations involved in the provision of services to their residents. This includes schools, day programs, sheltered workshops, 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.

11. Record significant events (illnesses, behavioral changes, school/day program achievements, etc.) for each resident and make these records available to HSD or its designated representative.
12. Notify HSD or its designated representative with respect to problems with the resident.
13. The CBRF operator shall not provide or disseminate any information regarding any resident without the prior consent of HSD.
14. 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.
15. Provide appropriate supervision, housing, nutrition, clothing, recreational opportunities for each resident.
16. Provide transportation as needed to medical appointments, job placement workshops, day care centers and recreational activities.
17. Provide adequate and appropriate leisure time activities using community-based resources.
18. Give evidence of adequate insurance.
19. Maintain accurate financial records of the CBRF and resident accounts, including personal funds and belongings.
20. The CBRF Administrator will be responsible for their staff's adherence to the above.

The facility shall continue to meet the following administrative codes:

1. HFS 1 - Uniform Fee System
2. HFS 83 - CBRF Standards
3. HFS 61 - Community Mental Health Standards
4. To maintain client in the community and prevent their return to a more restrictive setting.
5. To promote the maximum level of functioning of all residents.
6. In-service training of staff in all relevant areas, pursuant to HFS 5.05

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 CBRF/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 CBRF/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 262-638-6321 or 800-924-5137. 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
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 Evaluation Outcome Report must be submitted to the Behavioral Health Services Administrator and the Racine County HSD Contract Compliance Monitor by 2/1/23.

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*	As Authorized	As Authorized	\$375/day*	unit rate
☐ Plus ancillary costs and authorized medical expenses					

Jenni Mattis

Jan 25, 2022

Approved by HSD Fiscal Manager _____

Lori Glauert

Jan 28, 2022

Lori Glauert (Jan 28, 2022 16:42 CST)

Approved by Contracted Agency _____

Signature: *Debra Ladwig*

Email: debra.ladwig@racinecounty.com












Trempealeau County #22-16 Combined

Final Audit Report

2022-01-28

Created:	2022-01-25
By:	Dannetta Payne (Dannetta.Payne@racinecounty.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAOWIM1--SePvv_zcfaGnH3O3JSn-j8fW6

"Trempealeau County #22-16 Combined" History

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2022-01-25 - 9:53:12 PM GMT
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2022-01-25 - 9:58:57 PM GMT
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2022-01-25 - 9:59:39 PM GMT
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Signature Date: 2022-01-25 - 9:59:58 PM GMT - Time Source: server
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2022-01-25 - 10:00:00 PM GMT
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2022-01-26 - 2:15:16 AM GMT
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Signature Date: 2022-01-26 - 2:15:27 AM GMT - Time Source: server
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2022-01-26 - 2:15:29 AM GMT
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2022-01-28 - 10:25:54 PM GMT
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Signature Date: 2022-01-28 - 10:42:23 PM GMT - Time Source: server
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2022-01-28 - 10:42:23 PM GMT