Inter-County Agreement

1. County Human Services Department is aware of and a party to the placement of consumer:

Name:

Date of Birth:

Resident of:       County

At the following facility or service doing business in       County:

Name:

Phone:

Street Address:

City, State & Zip Code:

Facility Contact Person:

1. By virtue of this agreement       County, henceforth referred to as the Referring County, agrees to the application of the State Department of Health and Family Services Residency Manual and further understands that a referral to the above facility or service activates that policy.
2. The Referring County is located at the following address:

Name:

Phone:

Street Address:

City, State & Zip Code:

After-hour Phone:

Assigned Case Manager/County Contact:

1. Services not offered as part of said facility or service and deemed clinically appropriate by either the Referring County or       County shall be the financial responsibility of the Referring County, to the extent the cost of service is not covered by Medicaid, other third-party insurance or private pay.
2. Should the presence of       County Staff be required at staffing or legal proceedings in the consumer's Referring County, the Referring County agrees to reimburse       County for staff wages, fringe benefits and mileage costs at current       County rates.
3. In the event that said consumer is detained in       County under the emergency detention provisions of Chapter 51 or 55, it is the responsibility of       County to notify the Referring County of the circumstances of the detention as soon as possible to include the following: date, time, actions leading to the detention, detention facility, probable cause hearing date and time if known and the clinical staff person responsible for the care and treatment of the individual at the detention facility. It is the responsibility of the Referring County to work collaboratively with the       County Corporation Counsel, the treatment team of the detention facility and       County staff to implement any court orders occurring as a result of the probable cause or final hearing proceedings. The Referring County assumes financial responsibility for mental health services/staff costs associated with the detention and any ancillary services (such as but not limited to transportation services, crisis bed charges, medical clearance charges, etc.) provided as a result of the detention itself, and as ordered by the court from the first day of the detention on. The Referring County further agrees to have the cost of said services billed directly to it.
4. The Referring County agrees to submit to       County a crisis plan for the consumer within 72 hours of placement. An acceptable crisis plan sample can be provided upon request.       County reserves the right to request additional information when it is deemed necessary and responses will be provided by the Referring County within 24 business hours.
5. If acute psychiatric or detoxification services are needed by a consumer in       County, the individual will be placed at       if possible. In the event placement at       is not possible, arrangements will be made for a different hospital depending on availability.
6. The Referring County acknowledges that the consumer identified in paragraph1 of this agreement has been and continues to be a resident of the Referring County irrespective of placement in a facility or receiving a service located in       County.
7. Pursuant to Sec. 51.40(2)(f) Wisconsin Statutes, the Referring County recognizes that it bears full and sole responsibility for the care and provision of services, now and in the future for the consumer identified in paragraph 1 and that it shall not, at any time, claim or indicate that the consumer is a resident of       County or request or attempt to request a change in venue of any guardianship, protective placement or mental commitment proceeding to       County.
8. In the event the Referring County’s consumer terminates all services in       County, but continues to reside in       County, the Referring County agrees to maintain full financial and programmatic liabilities for all Chapter 51 services for a period of one (1) year beyond the termination of services.
9. The statements and agreements of the parties herein form the consideration for each other.
10. A copy, facsimile or e-mail of this document shall be as valid as an original.
11. This agreement remains in effect as long as said consumer resides in       County.

IN WITNESS WHEREOF, the undersigned have executed and dated this agreement this       day of      ,

      County

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      County Human Services Department

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_