Dane County Contract Addendum Cover Sheet

Revised 03/2025

Res 187 significant

BAF # 25267
Acct: Bush/Breunig
Mgr: Gabriel
Budget Y/N: N

Contract # Admin will assign	15982

Dept./Division	Human Services /EAWS	**Vendor Name**	State of WI, Dept. of Health Services
Brief Addendum Title/Description	2025 DHS State Capital Consortium Addendum: this increases total funding Income Maintenance by $103,601. This is already in the budget and ongoing.	**Vendor MUNIS #**	9474
		Addendum Term	01/01/2025-12/31/2025
		Amount ($)	$ 103,601.00

Department Contact Information		Vendor Contact Information	
Contact	Contract Coordination Assistant	**Contact**	Jon Schmirler
Phone #	608-242-6200	**Phone #**	608-267-5031
Email	dcdhscontracts@danecounty.gov	**Email**	Jonathan.Schmirler@dhs.wisconsin.gov
Purchasing Officer			

Purchase Order – Maintenance or New PO

☐	**PO Maintenance Needed**	**Org:**	**Obj:**	**Proj:**	
	PO#	**Org:**	**Obj:**	**Proj:**	
☒	**No PO Maintenance Needed –** *this addendum does not change the dollar amount of the contract.*				
☐	**New PO / Req. Submitted**	**Org:**	**Obj:**	**Proj:**	
	Req#	**Org:**	**Obj:**	**Proj:**	

Budget Amendment

☒ A Budget Amendment has been requested via a Funds Transfer or Resolution. Upon addendum approval and budget amendment completion, the department shall update the requisition in MUNIS accordingly.

Total Contracted Amount – List the Original contract info, then subsequent addenda including this new addendum

A resolution is required when the total contracted amount first exceeds $100,000.

Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) $100,000

Addendum #	Term	Amount	Resolution	
Original	01/01/2025-12/31/2025	$ 7,030,934.00	☐ None	Res# Budgeted & Ongoing
1	01/01/2025-12/31/2025	$ 103,601.00	☐ None	Res# 2025 RES-187
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
Total Contracted Amount		$ 7,134,535.00		

Contract Language Pre-Approval – prior to internal routing, this contract has been reviewed/approved by:

☐ Corporation Counsel: ☐ Risk Management: ☐ No Pre-Approval

APPROVAL	APPROVAL – Contracts Exceeding $100,000	
Dept. Head / Authorized Designee	**Director of Administration**	**Corporation Counsel**
		SHR 10.21.25

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached

DOA:	Date In: 10/27/25	Date Out: _____	☒ Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Tuesday, October 28, 2025 2:36 PM
To: Hicklin, Charles; Rogan, Megan; Cotillier, Joshua
Cc: Oby, Joe
Subject: Contract #15982
Attachments: 15982.pdf

Tracking:

Recipient	Read	Response
Hicklin, Charles		
Rogan, Megan	Read: 10/28/2025 2:46 PM	Approve: 10/28/2025 3:37 PM
Cotillier, Joshua	Read: 10/28/2025 3:19 PM	Approve: 10/28/2025 3:19 PM
Oby, Joe		

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #15982
Department: Human Services
Vendor: WI Dept of Health Services
Contract Description: State Capital Consortium increase (Res 187)
Contract Term: 1/1/25 – 12/31/25
Contract Amount: $103,601.00

Michelle Goldade
Administrative Manager
Dane County Department of Administration
Room 425, City-County Building
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
PH: 608/266-4941
Fax: 608/266-4425
TDD: Call WI Relay 711

Please Note: I currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays.

Goldade, Michelle

From: Hicklin, Charles
Sent: Tuesday, October 28, 2025 9:46 PM
To: Goldade, Michelle
Subject: Approve: Contract #15982

2025 RES-187

ACCEPTING FUNDS FROM STATE OF WI- DHS FOR ESTATE RECOVERY
DCDHS – EAWS DIVISION

Dane County Department of Human Services (DCDHS) Economic Assistance and Work Services Division (EAWS) has been awarded funding from the State of WI- Department of Health Services (DHS) for Estate Recovery incentive funds. The Income Maintenance contract between DHS and Capital Consortium requires DHS to return 5% of all Estate Recovery collections from Medicaid to the Consortium. Dane County is the Lead County agency for the Capital Consortium contract, and acts as the fiscal agent to collect and distribute these funds to all 8 counties in the Consortium to enhance IM efforts.

These funds are budgeted and ongoing within the department. No budgetary change is required due to entering into this agreement.

NOW, THEREFORE, BE IT RESOLVED that the County Executive and County Clerk, when required, are hereby authorized and directed to sign the agreement on behalf of Dane County.

15982

Wisconsin Department of Health Services
Contract Centralization Legal Review

Agreement Number: **435400-G25-13-15 M1**

Bureau of Procurement and Contracting (BPC) Review:

◯ This agreement requires **Standard** OLC review.

◯ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and requires **Simple** OLC review.

⊗ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and does **not** require **Additional** OLC review.

◯ This agreement uses intergovernmental cooperative purchasing.

Description:
N/A

Office of Legal Counsel (OLC) Review and Approval:

☐ This agreement has been reviewed for form and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

Name:
Title:

Date Signed

GRANT AGREEMENT MODIFICATION
between the
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES
And
Capital Consortium
for
Income Maintenance - Estate Recovery

DHS Grant Agreement No.: 435400-G25-13-15 M1
Agreement Amount: $6,578,219
Agreement Term Period: 1/1/2025 to 12/31/2025
GEARS Pre-Packet No: 1009

DHS Division: Division of Medicaid Services
DHS Grant Administrator: Jon Schmirler
DHS Telephone: 608-267-5031
DHS Email: Jonathan.Schmirler@dhs.wisconsin.gov

Grantee Grant Administrator: Melissa Agard
Grantee Address: 1202 NORTHPORT DR, MADISON, WI, 537042092
Grantee Telephone: 608-242-6200
Grantee Email: contracts@danecounty.gov

Modification Description:

1. Add Income Maintenance Estate Recovery funds for the period of 4/1/24 to 9/30/2024 to the Income Maintenance contracts.
2. Insert Exhibit III to reflect the Estate Recovery period.
3. All other terms and conditions remain unchanged.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

State of Wisconsin
Department of Health Services

Authorized Representative

Name: _____

Title: _____

Signature: _____

Date: _____

Grantee
Entity Name: _____

Authorized Representative

Name: Melissa Agard

Title: Dane County Executive

Signature: _____

Date: _____

CIVIL RIGHTS COMPLIANCE ATTACHMENT

The Wisconsin Department of Health Services and Grantee agree to the below change to the agreement. The below enumerated agreement revision is hereby incorporated by reference into the agreement and is enforceable as if restated therein in its entirety.

Section 10 of the Agreement ("CIVIL RIGHTS COMPLIANCE") is hereby amended by inserting the following:

In accordance with the provisions of Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116), Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), and regulations implementing these Acts, found at 45 C.F.R. Parts 80, 84, and 91 and 92, the Grantee shall not exclude, deny benefits to, or otherwise discriminate against any person on the basis of sex, race, color, national origin, disability, or age in admission to, participation in, in aid of, or in receipt of services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by the Grantee directly or through a Sub-contractor or any other entity with which the Grantee arranges to carry out its programs and activities.

HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

GEARS PAYMENT INFORMATION

DHS GEARS STAFF INTERNAL USE ONLY

GEARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, GEARS Unit, to facilitate the processing and recording of payments made under this Agreement.

GEARS Contract year: 2025

Agency #:	Agency Name:	Agency Type:	GEARS Contract Start Date	GEARS Contract End Date	Program Total Contract:
13	**Dane County IM CONSORTIUM**	**15**	**1/1/2025**	**12/31/2025**	**$6,578,219**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
283	IMAA STATE SHARE		$3,237,309	$51,801	$3,289,110	6-month
284	IMAA FEDERAL SHARE		$3,237,309	$51,800	$3,289,109	N/A
76	IM FS/MA ALLOCATED	Reporting only profile	-	$0	$0	N/A
					$6,578,219	

GEARS FEDERAL AWARD INFORMATION

DHS Profile Number	284	284	284
FAIN	2505WI5ADM	202525S251442	2405WI5CHIP
Federal Award Date	10/1/2024	10/1/2024	10/1/2024
Sub-award period of Performance Start Date	1/1/2025	1/1/2025	1/1/2025
Sub-award period of Performance End Date	12/31/2025	12/31/2025	12/31/2025
Amount of Federal Funds obligated in the subaward	Sum-sufficient earned.	$23,792	$1,435
Total Amount of Federal Funds obligated	Sum-sufficient earned.	$1,510,688	$91,108
Federal Award Project Description	Medical Assistance Program	Supplemental Nutrition Assistance Program	Children's Health Insurance Program
Federal Awarding Agency Name (Department)	US Department of Health and Human Services	US Department of Health and Human Services	US Department of Health and Human Services
DHS Awarding Official Name	Debra K. Standridge	Debra K. Standridge	Debra K. Standridge
DHS Awarding Official Contact Information	**608-266-9622**	**608-266-9622**	**608-266-9622**
Assistance Listings Number	93.778	10.561	93.767
Assistance Listings Name	Medical Assistance Program	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Children's Health Insurance Program
Total made available under each Federal award at the time of disbursement	$438,955,644	$64,825,531	$285,714,066
R&D?	No	No	No
Indirect Cost Rate	6.30%	0.063	0.063

EXHIBIT III

Consortium: Capital (Dane CO HSD)			Agency #: 13		
Agency Type: 15			Contract Period: 1/1/25 to 12/31/25		
CARS Profile Name	Reporting Profile	Profile Contract Number	Current Contract Level	Contract Change Amount	New Contract Level
IMAA State Share	76	283	$3,237,309	$51,801	$3,289,110
IMAA Federal Share		284	$3,237,309	$51,800	$3,289,109
TOTALS			$6,474,618	$103,601	$6,578,219

CAPITAL CONSORTIUM
ESTATE RECOVERY FUNDS

County	4/1/24-6/30/24	7/1/24-9/30/24	Total
Adams	$1,083	$2,302	$3,385
Columbia	$118	$9,784	$9,902
Dane	$15,479	$24,534	$40,013
Dodge	$1,224	$2,344	$3,568
Juneau	$2,255	$7,326	$9,581
Richland	$908	$7,236	$8,144
Sauk	$358	$5,035	$5,393
Sheboygan	$8,502	$15,113	$23,615
TOTALS	$29,927	$73,674	$103,601

DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-01788 (03/2022)

STATE OF WISCONSIN

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 any 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.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

SIGNATURE – Official Authorized to Sign Application	Date Signed
For *(Name of Vendor)*	Unique Entity Identifier (UEI), *if applicable*

Department of Health Services **State of Wisconsin**
Division of Enterprise Services
F-03400 (07/2025)

Attestation of Filing Assurance of Compliance (Form HHS 690)

As a condition of receiving new or continued federal funding from the U.S. Department of Health and Human Services (HHS), on or after April 16, 2025, domestic recipients, subrecipients, and contractors must file an Assurance of Compliance (Form HHS 690) with the HHS Office for Civil Rights (OCR).

This filing requirement aligns with Executive Order (E.O.) 14173 "Ending Illegal Discrimination and Restoring Merit-Based Opportunity," which affirms, amongst other things, that contractual counterparties or grant recipients of federal funds must certify that it does not operate programs that violate any applicable Federal anti-discrimination laws.

In alignment with HHS policy, DHS, as the recipient of HHS funds, must ensure that all subrecipients and contractors receiving federal HHS funds through DHS attest that they have submitted Form HHS 690 to OCR.

HHS reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discriminatory laws or engages in prohibited boycott. Per the HHS Grants Policy Statement, domestic recipients, subrecipients, and contractors are subject to these conditions.

By signing below, you certify that your organization has submitted Form HHS 690 to the HHS Office of Civil Rights.

Signature — Official Authorized to Sign Application:

_____ Date signed: _____

For (Name of Subrecipient or Contractor) (printed):

_____ Date signed: _____

docusign

Certificate Of Completion

Envelope Id: 6CD4FFA1-0B6C-49C8-911A-6762BA6A48D8 Status: Sent

Subject: *RESEND* MP - Capital Consortium - Income Maintenance - Estate Recovery - 435400-G25-13-15 M1

Source Envelope:

Document Pages: 8 Signatures: 0 Envelope Originator:

Certificate Pages: 6 Initials: 0 Yvette Smith

AutoNav: Enabled 201 East Washington Avenue

EnvelopeId Stamping: Enabled Madison, WI 53703

Time Zone: (UTC-06:00) Central Time (US & Canada) yvettea.smith@dhs.wisconsin.gov

IP Address: 165.225.60.71

Record Tracking

Status: Original Holder: Yvette Smith Location: DocuSign

9/26/2025 1:20:15 PM yvettea.smith@dhs.wisconsin.gov

Security Appliance Status: Connected Pool: StateLocal

Storage Appliance Status: Connected Pool: DHS Location: Docusign

Signer Events	Signature	Timestamp
Melissa Agard contracts@danecounty.gov Dane County Executive Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/1/2025 9:15:42 AM ID: e362df73-2bea-4c51-97ae-00ed1040cf32		Sent: 9/26/2025 1:29:50 PM Resent: 9/29/2025 12:08:52 PM Viewed: 10/1/2025 9:15:42 AM
Bill Hanna william.hanna@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 9/30/2025 12:54:08 PM ID: 356cee5e-e045-459e-8022-3c2771c81c38		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Jon Schmirler jonathan.schmirler@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 1:29:48 PM
GEARS Contracts DHSCARSContracts@dhs.wisconsin.gov Wisconsin Department of Health Services Security Level: Email, Account Authentication (None)	COPIED	Sent: 9/26/2025 1:29:48 PM

Carbon Copy Events	Status	Timestamp
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Adam Chorlton Chorlton.Adam@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 1:29:49 PM
Chad Lillethun lillethun.chad@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 1:29:49 PM
Colleen Williams Williams.Colleen@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 1:29:49 PM
Shawn Tessmann Tessmann.Shawn@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 1:29:50 PM
Shawn Tessmann Tessmann.Shawn@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/29/2025 12:47:53 PM Viewed: 9/29/2025 1:07:58 PM
Vicki Lawry dcdhscontracts@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 1:29:50 PM Viewed: 9/26/2025 1:31:54 PM
Riley Samis riley.samis@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
DMS PASS DHSDMSPASS@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/26/2025 1:29:49 PM
Envelope Updated	Security Checked	9/29/2025 12:47:52 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Department of Health Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Department of Health Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: DHSContractCentral@dhs.wisconsin.gov

To advise Wisconsin Department of Health Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Wisconsin Department of Health Services

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Department of Health Services

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Wisconsin Department of Health Services as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Wisconsin Department of Health Services during the course of your relationship with Wisconsin Department of Health Services.