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**AMENDMENT TO THE
AGREEMENT FOR SERVICES 396005740
BETWEEN MY CHOICE WISCONSIN INC.
AND**

ADRC OF SAUK COUNTY

This Amendment to the Agreement for Services Contract ID 396005740 (the “Agreement”) is effective January 1, 2022, between My Choice Wisconsin Inc. (“MCW”) and ADRC OF SAUK COUNTY (“Provider”).

WHEREAS the Wisconsin Department of Health Services (“DHS”) will provide funding to MCOs for the 2022 American Rescue Plan Act increase (the “ARPA increased Rate”), which My Choice will distribute to its eligible providers for a yet to be specified time (the “ARPA increase”); and

WHEREAS MCW and Provider agree to amend the Agreement to provide for the ARPA increase upon the terms and conditions set forth below.

NOW THEREFORE, in consideration of the terms and provisions contained herein and for other good and valuable consideration, MCW and Provider agree:

It is hereby understood and agreed to by and between the parties that the terms and conditions of the Contract will continue in full force and effect throughout the period of extension.

Providers are responsible for billing at the new ARPA rate effective 1/1/2022

The parties hereby agree to amend the Agreement, no signature required, as follows in the attached Rate Change Appendix Spreadsheet.

The rate increase set forth is subject to the following condition:

1. MCW shall be entitled to end or reduce payment of the ARPA increase upon notice from DHS that it is ending or reducing funding to the MCO for payment of the ARPA increased Rate. Any reduction to the ARPA increased Rate shall only be made in correlation to a DHS-directed decrease of the ARPA increased Rate.

Ref ID	Member Specific ID	Procedure Code	Procedure Description	Base Rate before HCBS	HCBS	ARPA	Previous with HCBS funding and ARPA funding	My Choice Wisconsin Increase	Total Updated New Rate	New Effective Date
UA3372		S0215 U7 RD	Medical Mileage	1.3		0.07	1.37		1.37	1/1/2022

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UA3372	0	S5170	Home delivered meals = 1 hot	11	0	0.55	11.55	0	11.55	1/1/2022
UA3372	0	T2003 RD	Medical Ride DAY M F 6am to 6pm	8	0	0.4	8.4	0	8.4	1/1/2022
UA3372	0	T2003 RI	Non Medical Ride DAY M F 6am to 6pm	8	0	0.4	8.4	0	8.4	1/1/2022
UA8339	0	T2013	DAILY LIVING SKILLS HOURLY	19	0.81	0.99	20.8	0	20.8	1/1/2022

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Certificate Of Completion

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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. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and 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.

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electronically from us.

How to contact My Choice Family Care:

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: Brion.beauchene@mychoicefamilycare.com

To advise My Choice Family Care of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at

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- ii. send us an e-mail to Brion.beauchene@mychoicefamilycare.com and in the body of such request you must state your e-mail, full name, US Postal 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

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and

browsers are not supported.

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