



**DEPARTMENT OF HUMAN SERVICES**

P.O. Box 29 • Baraboo WI 53913  
(608) 355-4200 • FAX (608) 355-4299  
Jessica Mijal, Director

2021 Revision  
12/15/21

Dear Provider:

We would like to thank you for continuing to provide services and programs to support our mission of serving the residents of Sauk County. The Business Associate Agreement (BAA) and Business Associate Checklist are below. Please review these documents carefully. The BAA requires a signature and the checklist should be completed to the best of your ability. If you have questions on either of these documents, please feel free to contact us at the number listed above, ext. 4283.

For 2022, language and requirements around providing services via Telehealth has been added. Specifically:

1. Only authorized users shall have access to telehealth records.
2. End to end encryption of telehealth data transmission.
3. Ability to audit telehealth session access and monitor communications.
4. The Business Associate has entered into a BAA with the platform provider or is utilizing a platform provided by Sauk County for which Sauk County has a current BAA.
5. Business Associate has obtained required patient consents for telehealth.

These security measures related to Telehealth are essential as we continue our commitment around compliance with the Health Insurance Portability and Accountability Act of 1996 and our commitment to keeping our consumers information protected.

In addition, communication between your staff and SCDHS must meet HIPAA standards for secure transmission. If your agency intends to exchange protected information with SCDHS via email, **you are required to ensure that these transmissions are secure** (for example, transmissions using personal Gmail/Yahoo accounts are NOT secure). SCDHS continues to work to establish encrypted gateways with our partner agencies who exchange protected health information when providing care for our consumers.

We will notify our partners if we identify that your electronic transmission is not secure. We will require that your agency meet HIPAA regulations for secure transmission. To assist you in determining what options may be available for your agency, the Management Information System (MIS) Department at Sauk County has offered to assist with suggestions for encryption tools. They can be contacted at 608-355-3555.

Yours truly,

SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

Jessica Mijal  
Director

No. 22P-58

**CBRF PURCHASE OF SERVICES CONTRACT**

This contract is made and entered into on the 1<sup>st</sup> day of January 2022, by and between Sauk County, a Wisconsin Municipal Corporation represented by Sauk County Department of Human Services, referred to as "Agency", and Tellurian, Inc, referred to as "Contractor", whose contact information is:

**I. PARTIES**

**Agency:**

Organization Name: Sauk County  
Sauk County Department of Human Services  
Address: PO Box 29  
Baraboo, Wisconsin 53913

Name of contact person: Jessica Baldauf  
Telephone: 608-355-4200  
Fax: 608-355-4299  
E-Mail: [jessica.baldauf@saukcountywi.gov](mailto:jessica.baldauf@saukcountywi.gov)

**Contractor:**

Organization Name: Tellurian, Inc  
Address: 5900 Monona Dr  
Suite 300  
Madison, WI 53716

Name of Contact Person: Kevin Florek / Heather Butler  
Telephone: 608-663-2120  
Fax: 608-222-6694  
E-mail: [kflorek@tellurian.org](mailto:kflorek@tellurian.org)  
[bhutler@tellurian.org](mailto:bhutler@tellurian.org)

Contractor's fiscal year end: December 31st

**II. CONTRACT INFORMATION**

Contract No: 22P-58  
Contract Period: January 1, 2022- December 31, 2022  
Maximum Payment  
under this contract: \$190,000.00

### III. SIGNATURES

- A. This contract shall supersede all previous communications, representations, or Contracts, either verbal or written between the parties hereto.
- B. This contract is agreed upon and approved by the authorized representative of Sauk County Department of Human Services and Tellurian, Inc.
- C. This contract becomes null and void if the time between the Agency's authorized representative signature and the Contractor's authorized representative signature on this contract exceeds sixty (60) days.

For County: DocuSigned by:  
*Brent Miller* 1/10/2022  
0A0B3AC090D7404...  
**Name: Brent Miller** **Date:**  
**Title: Administrator**  
**SAUK COUNTY**

For Agency: DocuSigned by:  
*Jessica Mijal* 1/9/2022  
ACF4125B9F1F41A...  
**Name: Jessica Mijal** **Date:**  
**Title: Director**  
**SAUK COUNTY DEPT. OF HUMAN SERVICES**

For Contractor:  3/9/2022  
**Name: Kevin Florek** **Date:**  
**Title: President & CEO**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

#### IV. PAYMENT FOR SERVICES

Agency and Contractor agree:

- A. Actual total payments will be based upon the amount of service authorized by the Agency and the amount of authorized service performed by the contractor. It is understood and agreed by all parties that the Agency assumes no obligation to purchase from the Contractor any minimum amount of services as defined in the terms of this contract.
- B. Due to the Agency's funding source restrictions, the Contractor shall submit to the Agency final claims for reimbursement under this contract no later than fifteen (15) days after the end of the contract period. Failure to submit claims under this contract within this time period will result in breach of contract and non-payment. Upon written request by the Contractor, the Agency may grant an Exception due to unusual circumstances on an individual basis. The Contractor agrees that the total cost for services provided and the rate (per hour, day, month, year) and the number of clients served will be:

SERVICE	FUND SOURCE	RATE	UNIT	CLIENTS	TOTAL COST
503.70 AODA Medically Monitored Residential	Base RRSS MAT Grant	\$600.00 per day			\$20,000.00
703.20 AODA Detox	Base RRSS MAT Grant	\$682.00 per day			\$65,000.00
506 Crisis Stabilization Dane County Center LaCrosse Care Center	Base RRSS MAT Grant	\$625.00 per day			\$100,000.00
Detox/Crisis Transports	Base RRSS Mat Grant				\$5,000.00
				Total	\$190,000.00

**Note: Agency will pay Contractor in full for day of admission  
Agency will not pay Contractor for day of discharge**

- C. Payments for services covered by this contract shall be based on allowable costs with limited profit or reserve. Monthly payments will be made on a unit-times-price basis and in accordance with the "order of payment" requirements for the funding program, less client fees and other collections made by the Contractor for services covered by this contract.
- D. The Agency shall determine and authorize the type of services provided and the number of units of services provided for each client. The Agency will not reimburse the Contractor for any unit of service not previously authorized by the Agency.
- E. If the statistical data, reports, and the other required information, are not submitted when due, Agency may withhold all payments that

otherwise would be paid the Contractor under this contract until the reports and information are submitted.

- F. In the event that an Agency-supported resident is absent from the Contractor's facility for an institutional stay (hospital, nursing home, mental health institute), the Agency agrees to pay 100% of the program costs (support and supervision) to reserve space for the resident for up to 14 days.

The Agency will pay this rate for a period not to exceed 14 total consecutive days, unless extended by the Agency in writing. The Agency may terminate this payment at any time if the Agency determines that the resident will no longer need the space. This contract will supersede an admission agreement between the Contractor facility and resident that would require the client to reimburse facility for costs during absence.

## **V. REPORTING FOR PAYMENT**

- A. Each month, the Contractor shall report and invoice the following for payment: units, service type, rate and date of services provided by the 7th day of each month following provision of services. The Contractor shall use codes as provided by the Agency. The Contractor's records shall support all information reported to the Agency. If the Contractor's report is complete and timely, the expected payment will be made in a prompt manner.
- B. Notification of resident deaths shall comply with Wisconsin Statutes and instructional memos and procedures issued by the Department of Health Services. Wisconsin Admin. Code DHS s. 83.12
- C. The Contractor shall return to the Agency any funds paid in excess of the amount earned under this contract. Upon Agency's written demand for repayment, Contractor shall tender the amount of repayment demanded within thirty (30) days unless other repayment terms are agreed upon in writing. If the Contractor fails to return funds paid in excess of the amount earned, the Agency may recover the excess payment from subsequent payments made to the Contractor or through other collection means.

## **VI. BILLING AND COLLECTION PROCEDURES**

- A. Fees 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. The procedures used by the Contractor shall comply with the provisions of Wisconsin Admin. Code DHS 1.01-1.06.
- B. The amounts to be paid by the resident and/or spouse shall be determined by the Agency.

- C. Billing to residents and spouses shall be performed by the Agency or Contractor as determined by the Agency.
- D. If Contractor has billing responsibility under this agreement and has control of the resident's funds, the Contractor shall assure that there is informed consent to apply the resident's funds to pay the bill. Such consent should be obtained from the resident if competent, the resident's guardian of estate, or person with power of attorney to handle the resident's financial matters. The Contractor shall inform the resident's case manager if in the opinion of the Contractor, the resident is not competent to make financial decisions and does not have a guardian of the estate or a person assigned with durable power of attorney to handle financial matters.
- E. If Contractor has billing responsibility under this agreement, Contractor shall inform resident's case manager whenever a resident or spouse is more than thirty (30) days late in making a required payment.
- F. Agency/Contractor shall assume collection activity for past due payments according to Wis. Administrative Code DHS 1.05 (5) and (13)(c)2 of the Uniform Fee System.
- G. Contractor shall receipt all client or spouse payments made directly to the Contractor for services provided under this agreement whether or not Contractor has billing responsibility.
- H. Moneys collected on behalf of a resident from any source for services under this agreement will be treated as an adjustment to the costs and will be deducted from the amount paid under this contract.

## **VII. SERVICES TO BE PROVIDED**

- A. The Contractor shall develop an individualized service plan for each client within thirty (30) days following the date the Agency referred the client to the Contractor. The Contractor shall ensure that the plan complies with applicable standards. The Contractor agrees to work with the Agency as necessary when the Contractor is developing an individualized service plan.
- B. When transporting Consumers, the Contractor shall have a policy in place regarding transporting consumers. The Agency may request a copy of this policy at any time. This policy will include:
  - 1. Verification of employee drivers' license, along with a copy of the said license should be on file.
  - 2. Insurance Information. If the employees are using their own vehicle, a copy of the insurance must be provided.
  - 3. Documentation of periodic safety inspections.
  - 4. Adherence to the Department of Transportation guidelines around transportation of minors.

- C. In providing services, the Contractor shall coordinate with other service Contractors as necessary to achieve the client's goals as identified in the Agency's and Contractor's individual service plans.
- D. The Contractor shall retain all documentation necessary to adequately demonstrate the time, duration, location, scope, quality, and effectiveness of services rendered under this contract. The Agency reserves the right to not pay for units of services reported by the Contractor that are not supported by documentation required under this contract.
- E. The Agency will monitor the Contractor's performance and will use the results of this monitoring to evaluate the Contractor's ability to provide adequate services to clients. If the Contractor fails to meet contract goals and expected results, the Agency may reduce or terminate the contract.
- F. The Agency retains sole authority to determine whether the Contractor's performance under the contract is adequate. The Contractor agrees to the following:
  - 1. The Contractor shall allow the Agency's care manager and contracting staff to visit the Contractor's facility or work site at any time for the purpose of ensuring that services are being provided as specified in the individualized plan of care and contract.
  - 2. Upon request by the Agency or its designee, the Contractor shall make available to the Agency all documentation necessary to adequately assess Contractor performance.
  - 3. The Contractor will cooperate with the Agency in its efforts to implement the Agency's quality improvement and quality assurance program.
  - 4. The Contractor shall develop and implement a process for assessing client satisfaction with services provided. The Contractor shall report in a timely manner the results of its client satisfaction assessment effort to the Agency. The Agency reserves the right to review and approve the Contractor's client satisfaction assessment process, and to require the Contractor to submit a corrective action plan to address concerns identified in the review.
  - 5. The Contractor shall notify Agency within one (1) business day of any significant change in the condition of any Agency-supported resident. Significant changes include but are not limited to:
    - a. Institutional admission (hospital, nursing home, mental health institution).
    - b. New illness, condition, or trauma requiring physician or hospital visit, or requiring attention at the CBRF of 41.
    - 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 Agency-supported resident

- f. Death of any Contractor-supported resident

### **VIII. PUBLIC HEALTH STANDARDS.**

The Contractor will follow applicable public health guidelines to provide safe services and a safe workplace. In addition, by signing this Agreement, the Contractor acknowledges the contagious nature of COVID-19 and/or other communicable diseases and voluntarily assumes the risk that Contractor and its staff may be exposed to or infected by COVID-19 and/or other communicable diseases by providing services under this Agreement and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

The Contractor further acknowledges, and Contractor is assuming all of the foregoing risks and accepts sole responsibility for any injury to itself and staff, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that Contractor or its staff may experience or incur in connection with providing services. Contractor hereby releases, covenants to not sue, discharges, and holds harmless and indemnifies the Agency, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. Contractor understands and agrees that this release includes any claims based on the action's omissions, or negligence of Agency, its employees, agents and representative, whether a COVID-19 infection occurs before, during, or after the provision of services under this Agreement.

### **IX. ELIGIBILITY STANDARDS FOR RECIPIENT OF SERVICES**

The Contractor shall provide services only to individuals who are eligible for services. The Contractor and Agency agree that the eligibility of individuals to receive the services to be purchased under this contract from the Contractor will be determined by the Agency.

### **X. RESIDENTS' RIGHTS AND SATISFACTION**

A. The CBRF agrees to comply with all applicable statutes and regulations that define the rights of CBRF residents. The CBRF will actively foster these rights by incorporating them into facility management, philosophy, programming, training, and personal interactions. In addition, the Agency requires the CBRF to honor the additional resident rights defined below:

1. The right to have choices about daily routines (e.g., bedtimes, frequency, and time of the day for personal care, food selection, and snacks).
2. The right to have choices about daily activities and recreational pursuits.
3. The right to contact the case manager at times agreed to by the case manager.
4. The right to have staff respect cultural and ethnic differences.



5. The right to expect staff to be supportive, caring, concerned, responsive and respectful in their attitude, communications, and interactions.
  6. The right to house rules that are responsive to the residents as a group, not just for the convenience of the operator or staff.
  7. The right to freedom of movement in and out of the facility unless restricted by the resident's guardian, a court order, or the Agency's plan of care for the resident.
  8. The right to have a private room regardless of the resident's ability to pay, if the CBRF is over 8 beds.
  9. If there is no private room available at the time of the residence's admission, he/she will be offered the next private room that becomes available.
  10. The bathroom is in or adjacent to the resident's room to prevent incontinence and provide for privacy.
- B. Upon execution of the contract, a program statement must be submitted to the Agency with the signed contract. The CBRF will provide residents with a program statement, which shall include the following:
1. The care, services, and the physical environment provided by the CBRF addresses the individual needs of the resident and the individual preferences of the resident.
  2. The CBRF provides opportunities for potential new residents, their families, and county care managers to observe and evaluate everyday life activities.
- C. The CBRF will develop and implement a method to annually evaluate the satisfaction of residents and their families (and guardians, if applicable) with the management, residential environment, staffing, care, interpersonal relationships, and program and services of the CBRF. The CBRF shall send the results of the evaluation to the Agency. The evaluation shall be either:
- ♦ A form developed by the facility and approved by the Department of Health Services
  - ♦ A Department of Health Services form.
- D. Upon execution of the contract, the CBRF will provide to the Agency the name and contact phone number of the Registered Nurse and the Pharmacist available to the resident and staff of the facility.
- E. CBRF Staffing.
1. The CBRF shall provide staff of a sufficient number and at the times necessary to ensure that CBRF residents receive services of a sufficient quality and amount to properly execute the terms of this contract and meet the requirements in Wis Admin. Code DHS 83.36 and the Agency's care plan for the resident.

2. The CBRF shall insure that its staff is sufficiently trained to meet the requirements in Wis Admin. Code DHS, Subchapter IV, s. 83.19 – 83.26 and to provide care specified by this contract and the Agency's care plan for each Agency-supported resident. The CBRF will make documentation of this training available to the Agency upon request. The Agency shall determine the CBRF's compliance with this requirement.
3. The Agency shall specify the requirements necessary to meet the terms of sections A. and B. above.

## XI.

Specification of services required by statute and administrative rule (to be provided at a level and frequency needed by each resident)

Program services listed in Wis. Admin. Code DHS s.83.38 & 83.35	The service will include these activities (except where struck by the Agency):
Supervision [as defined in Wis Admin. Code DHS s. 83.02 (54)]	<ul style="list-style-type: none"> <li>• Supervision during daytime hours</li> <li>• Supervision will include overnight staff that may sleep when not needed to monitor or tend to resident needs.</li> </ul>
Information and referral	<ul style="list-style-type: none"> <li>• Information about community activities</li> <li>• Information and referral for appropriate health and social services</li> </ul>
Leisure time activities	<p>The CBRF will promote resident participation in a program of daily activities designed to provide needed stimulation and variety consistent with interests of the resident. Specific activities include:</p> <ul style="list-style-type: none"> <li>• Choice of an array of individual activities (e.g., books &amp; magazines, cards, sewing, crafts)</li> <li>• Choice of an array of social activities (e.g., Conversation, group projects, games, cards, crafts)</li> <li>• Choice of outdoor activities (e.g., sitting, walking, social events)</li> <li>• Participation in planning and taking outings</li> <li>• Opportunities for indoor and outdoor exercise</li> <li>• Activities to accommodate needs and disabilities of residents (e.g., Large print books, books on tape, phone adapters, adaptive utensils, and other equipment, etc.)</li> </ul>
Community activities	<ul style="list-style-type: none"> <li>• Inform residents about community activities consistent with their personal interests; allow choice (e.g., clubs, sports, religious events, entertainment)</li> <li>• Arrange/provide for participation</li> <li>• Involve community in CBRF, host social events</li> <li>• Allow use of phone for planning/arranging events</li> </ul>

Family contacts	<ul style="list-style-type: none"> <li>Assist family contacts through resident phone calls, letter writing, visits, and special occasion events</li> <li>Arrange contacts (in or out of facility)</li> <li>Provide family with information about the resident (as authorized by resident)</li> </ul>
Health monitoring & medical services	Monitor health and make arrangements for health care appointments as needed or supported resident to make own arrangements (includes physical health, mental health, and dental care)
Medications	<ul style="list-style-type: none"> <li>The CBRF medication program for all medications controlled by the CBRF is supervised by an RN or an RPh as described in Wis. Admin Code. DHS 83.37(2)(b)</li> <li>The CBRF has all medications controlled by the CBRF prepackaged by an RPh as described in Wis. Admin Code DHS 83.37 (1)</li> </ul> <p>-----</p> <p>Resident controls and self-administers medications</p> <ul style="list-style-type: none"> <li>Resident controls and CBRF provides supervision of medications; resident self-administers medication</li> <li>CBRF manages and resident self-administers medication</li> <li>CBRF provides supervision and assistance</li> <li>CBRF provides medication administration instruction to residents</li> <li>CBRF coordinates medication orders with prescribing physician and pharmacy</li> <li>CBRF orders refills of medications from pharmacy when refills are authorized</li> <li>CBRF picks up medications from pharmacy for resident</li> </ul>
Meals	<p>CBRF provides:</p> <ul style="list-style-type: none"> <li>3 meals a day</li> <li>Accommodation for special diets</li> <li>Nutritious snacks - morning - afternoon - evening</li> <li>Opportunities for resident food selection/menu planning</li> </ul>
1. Transportation to/for	<p><u>Arranged by Contractor:</u></p> <ul style="list-style-type: none"> <li>Medical appointments</li> <li>Religious services</li> </ul>

	<ul style="list-style-type: none"> <li>• Community activities <ul style="list-style-type: none"> <li>- Shopping</li> <li>- Banking</li> <li>- Hair care</li> <li>- Religious activities</li> <li>- Government meetings</li> <li>- Voting</li> <li>- Social/recreational events</li> <li>- Visits to family/friends</li> </ul> </li> </ul> <p><u>Provided directly by Contractor:</u></p> <ul style="list-style-type: none"> <li>• Medical appointments</li> <li>• Religious services</li> <li>• Community activities <ul style="list-style-type: none"> <li>- Shopping</li> <li>- Banking</li> <li>- Hair care</li> <li>- Religious activities</li> <li>- Government meetings</li> <li>- Voting</li> <li>- Social/recreational events</li> <li>- Visits to family/friends</li> </ul> </li> </ul>
--	--

Specific Services	Optional detail about included activities:
Personal care	<p>Provide training, prompts, or transitional services for, or assistance with:</p> <ul style="list-style-type: none"> <li>• Eating</li> <li>• Toileting</li> <li>• Personal hygiene</li> <li>• Dressing</li> <li>• Grooming</li> <li>• Bathing</li> <li>• Transferring</li> <li>• Mobility</li> </ul>
Independent living skills	<ul style="list-style-type: none"> <li>• Arrange for adaptive devices to foster independence</li> <li>• Teach or support maintaining skill related to: <ul style="list-style-type: none"> <li>-Education</li> <li>-Money management</li> <li>-Food preparation</li> <li>-Shopping</li> <li>-Use of public transportation</li> <li>-Laundry care</li> <li>-Cleaning the resident's living area</li> </ul> </li> <li>• Provide assistance with self-direction</li> </ul>

Socialization	<ul style="list-style-type: none"> <li>• Dealing with anger</li> <li>• Conflict resolution</li> <li>• Strengthening personal relationships</li> </ul>
Activity programming for persons with irreversible dementia (in addition to activities listed in Attachment 1)	<ul style="list-style-type: none"> <li>• Participation in household tasks</li> <li>• Activities for sensory stimulation</li> <li>• Activities to stimulate memory and retrieve information from the past</li> <li>• Activities based on earlier life experiences</li> </ul>
Monitoring symptom status	<p>Keep the following persons informed of changes in symptom status in areas specified by the following persons:</p> <ul style="list-style-type: none"> <li>• Case manager</li> </ul>
Telephone access	<ul style="list-style-type: none"> <li>• Local</li> <li>• Long-distance</li> </ul>

## **XII. CIVIL RIGHTS GRIEVANCES**

The Contractor shall have a formal written grievance procedure. The Contractor shall, prior to or at the time of admission to the program, provide oral and written notification to each client of his or her rights and the grievance procedure. The Contractor shall post the client rights and the grievance procedure in an area readily available to clients and staff of the Contractor.

## **XIII. CLIENT FUNDS**

When necessary, client funds shall be handled by the Agency. The Contractor shall not handle client funds.

## **XIV. CAREGIVER BACKGROUND CHECKS**

- A. The Agency and the Contractor agree that the protection of the clients served under this contract is paramount to the intent of this contract. In order to protect the clients served, the Contractor shall comply with the provisions of Wis. Admin. Code DHS 12,  
(online at [http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/12](http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12))
- B. The Contractor shall conduct caregiver background checks at its own expense of all employees assigned to do work for the Agency under this contract if such employee has actual, direct contact with the clients of the Agency or otherwise required by law. The Contractor shall retain in its personnel files all pertinent information, to include a Background Information Disclosure Form and/or search results from the Department of Justice, the Department of Health Services, and

the Department of Safety and Professional Services, as well as out of state records, tribal court proceedings and military records, if applicable.

After the initial background check, the Contractor must conduct a new caregiver background search every four years, or at any time within that period when the Contractor has reason to believe a new check should be obtained.

- C. The Contractor shall maintain the results of background checks on its own premises for at least the duration of the contract. The Agency may audit the Contractor's personnel files to assure compliance with the State of Wisconsin Caregiver Program Manual.  
(online at [www.dhs.wisconsin.gov/caregiver/index.htm](http://www.dhs.wisconsin.gov/caregiver/index.htm)).
- D. The Contractor shall not assign any individual to conduct work under this contract who does not meet the requirement of this law.
- E. The Contractor shall notify the Agency in writing and via registered mail within one (1) business day upon the occurrence of any event listed in Wis. Admin. Code DHS 12.07(2).  
(online at [http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/12](http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/12))

#### **XV. LICENSE, CERTIFICATION, AND STAFFING**

- A. The Contractor shall meet state and federal service standards, applicable state licensure, and certification requirements as expressed by state and federal rules and regulations applicable to the services covered by this contract. Upon execution of this contract, the Contractor shall attach copies of its license or certification document and the most recent licensing or certification report and letter concerning the Contractor when returning the signed contract to the Agency. During the contract period, the Contractor shall also send the Agency copies of any licensing inspection reports within five (5) business days of receipt of such reports.
- B. The Contractor shall ensure that staff providing services are properly supervised and trained; they are over eighteen (18) years of age; and that they meet all the applicable licensing and certification requirements.

#### **XVI. CONFLICT OF INTEREST**

- A. The Contractor shall ensure the establishment of safeguards to prevent employees, consultants, or members of the board from using their position for purposes that are or give the appearance of being motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties.
- B. During the period of this Contract, Contractor shall not hire, retain, or utilize for compensation, any member, officer, or employee of the Sauk County Human

Services Department, or any person, whom, to the knowledge of the Contractor has a conflict of interest.

**XVII. CONFIDENTIALITY**

- A. The Contractor shall not use or disclose any information concerning eligible clients who receive services from Contractor for any purpose not connected with the administration of Contractor's or Agency's responsibilities under this contract, except with the informed, written consent of the eligible client or the client's legal guardian.
- B. Except for documents identifying specific clients, the contract and all related documents are not confidential.
- C. The Contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the Contractor provides or purchases with funds provided under this contract.

**XVIII. CONTRACTOR RESPONSIBILITIES**

- A. The Contractor shall comply with the reporting requirements of Agency. All reports shall be in writing and, when applicable, in the format specified by the Agency. The Contractor's records shall support all reports.
- B. Contractor shall cooperate with the Agency in establishing rate for reimbursement purposes.
- C. Contractor shall transfer a client from one category of care or service to another only with the written approval of the Agency.
- D. If the Contractor obtains services for any part of this contract from another vendor, the Contractor is responsible for the fulfillment of the terms of the contract and shall give written notification of such to the Agency for approval.

**XIX. CONDITIONS OF THE PARTIES OBLIGATIONS**

- A. This contract is contingent upon authorization of Wisconsin and United States laws and any material amendment or repeal of the same affecting relevant funding or authority of the Department of Health Services shall serve to terminate this contract, except as further agreed to be the parties hereto.
- B. Nothing contained in this contract shall be construed to supersede the lawful powers or duties of either party.
- C. It is understood and agreed that the entire contract between the parties is contained herein, except for these matters incorporated herein by reference, and

that this contract supersedes all oral contracts and negotiations between the parties relating to the subject matter thereof.

- D. Agency shall be notified in writing of all complaints filed in writing against the Contractor. Agency shall inform the Contractor in writing with their understanding of the resolution of the complaint.

## **XX. DEBARMENT AND SUSPENSION**

The Contractor certifies through signing this contract that neither the Contractor nor any of its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in federal assistance programs by any federal department or agency. In addition, the Contractor shall notify the Agency within five (5) business days in writing and sent by registered mail if the Contractor or its principals receive a designation from the federal government that they are debarred, suspended, proposed for debarment, or declared ineligible by a federal agency.

## **XXI. COST SHARING AND COST ALLOCATION PLAN**

- A. All property, equipment, software, or services used by multiple programs or for multiple purposes, are subject to cost allocation procedures. The Contractor will appropriately adjust claimed expenditures under a cost-sharing allocation plan if automation equipment, software, or other services, including staffing services, are used for any purpose other than child support program administration.
- B. The Contractor shall submit a copy of their cost allocation plan to the Agency upon request. Costs must be allocated in a manner consistent with these plans. The plans must be in accordance with the requirements of applicable Federal cost policies.

## **XXII. RECORDS**

- A. Under Wis Stats.19.36(3), all records of the Contractor that are produced or collected under this Contract is subject to disclosure pursuant to a public records request.
- B. The Contractor shall maintain such records and financial statements (in either written or electronic form) as required by the State and Federal law and as required by program policies. The Contractor shall retain records and financial statements in a secure environment for no less than the retention period specified in the law or policy. Records or financial statements for periods which are under audit or subject to dispute or litigation, must be retained until the audit/dispute/litigation, and any associated appeal periods, have ended.
- C. The Contractor shall permit appropriate representatives of the Agency to have timely access to all records and financial statements written and/or electronic



information available to the Agency upon request to review Contractor's compliance, insofar as is permitted under State and Federal law.

- D. The Contractor shall cooperate with Agency in the fulfillment of open record requests in accordance with Wisconsin's Open Meeting Law and the Freedom of Information Act.

At the expiration of the Contract, the Contractor will transfer, upon request by the Agency, at no cost to the Agency, records regarding the individual recipients who received services from the Contractor under this Agreement. The transfer of records includes transfer of any record, regardless of media, if that is the only method under which records were maintained.

### **XXIII. AUDIT REQUIREMENTS**

- A. Unless waived by the Agency, the Contractor shall submit an annual audit to the Agency if the total amount of annual (i.e., calendar year) funding provided by the Agency, and all its Counties or Divisions taken collectively, is \$100,000.00 or more. In determining the amount of annual funding provided to the Contractor, the Contractor shall consider both: (1) funds provided through direct contracts with the Agency and (2) funds from another Agency, which has one or more contracts with the Contractor.

1. 2 CFR 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 federal agency rules for accepting federal sub-awards.

(online at [https://ecrf.io/Title-02.cfr30\\_main](https://ecrf.io/Title-02.cfr30_main))

2. The State Single Audit Guidelines (SSAG) expand on the requirement 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 are not required to have a Single Audit but need to comply with DHS Provider audit requirements. An audit report is due the Agency if the Contractor receives more than \$100,000.00 in pass-through money from the Agency as determined by Wisconsin Statute s.46.036.

- B. The audit shall be in accordance with the generally accepted auditing standards Wis Stats. 46.036, Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions under this contract. In addition, the Contractor is responsible for ensuring that the audit complies with other standards that may be applicable depending on the types of services

provided and the nature and amount of financial reimbursement received. The audit shall also be in accordance with the following department standard:

- C. Reporting Package: The Contractor shall submit to the Agency a reporting package that includes:
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 audit performed in accordance with Government Audit 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.
  7. \*Reserve Supplemental Schedule.
  8. \*Allowable Profit Supplemental Schedule.
  9. \*Additional Supplemental Schedule(s) Required by Funding Agency may be required.

\*Note: These schedules are only required for certain types of entities or specific financial conditions.

- D. Submitting the Reporting Package: The Contractor shall submit the required reporting package to the Agency within 180 days of the end of the Contractor's fiscal year.
- E. Access to auditor's work papers: When contracting with an audit firm, the Contractor shall authorize its auditor to provide access to work papers, reports, and other materials generated during the audit to the appropriate representatives of the Agency. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, upon which records/working papers are stored.
- F. Failure to comply with the requirements of this section: In the event that the Contractor fails to have an appropriate audit performed or fails to provide a complete audit report to the Agency within the specified time frames, the Agency may:
1. Conduct an audit or arrange for an independent audit of the Contractor and charge the cost of completing the audit to the Contractor.

2. Charge the Contractor for all loss of Federal or State aid or for penalties assessed to the Agency because the Contractor did not submit a complete audit report within the required time frame.
  3. Disallow the cost of audits that do not meet these standards.
  4. Withhold payment, cancel the contract, or take other actions deemed by the Agency to be necessary to protect the Agency's interests.
  5. Require modified monitoring and/or reporting provision.
  6. Assess financial sanctions or penalties.
- G. Requests to waive the audit requirement must be submitted to the Agency in writing. The request must state reason for audit waiver and suggest an alternate method of monitoring program funding.

**Audit waiver requests must be completed at the time of contracting process and prior to signing the contract. These requests will be reviewed by the Agency. When the request is considered to be reasonable, the Agency will forward the request for authorization to the State Strategic Finance Regional Office. Requests for audit waivers after the contract is signed will be entertained in exceptional situations only.**

#### **XXIV. ALLOWABLE COSTS**

The Agency will make payments for costs that are consistent with the Department of Children and Families and/or the Department of Health Services Allowable Cost Policy Manual and Federal Allowable cost policies. Program expenditures and descriptions of allowable costs are further described in 2 CFR Part 225 and Part 230 or the program policy manual. See office of Management and Budget website for links to Code of Federal Regulations.

(CFR) sections: <http://www.whitehouse.gov/omb/information-for-agencies/circulars>

#### **XXV. RESERVES**

The Contractor may retain a surplus or profit of funds, consistent with Wis.Stats.49.34(5m) that will occur with the reconciliation at the end of the Contract period. Calculation of the annual surplus amounts and the portion of surplus that the Contractor may retain in a year will be based on the Department of Children and Families and/or the Department of Health Services Allowable Cost Policy Manual.

#### **XXVI. EXCESS / OVERPAYMENTS**

The Contractor will return to the Agency any funds paid in excess of the allowable costs of services provided under this agreement within thirty (30) days of notification by the Agency. If the Contractor fails to return funds paid in excess of the allowable costs of the

services provided, the Department of Children and Families and/or the Department of Health Services may recover funds paid in excess of the allowable cost of the services provided. Funds in excess of this agreement may be recovered from subsequent payments or may recover such funds by any legal means.

## **XXVII. AFFIRMATIVE ACTION/CIVIL RIGHTS COMPLIANCE**

- A. Contractor shall comply with the requirements of the current Civil Rights Compliance (CRC) Plan, which is online at <http://www.dhs.wisconsin.gov/civilrights/CRC/requirements.htm>.

Upon execution of this contract, Contractors 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 contract. Contractors that have less than fifty (50) employees or receive less than a total of fifty thousand dollars (\$50,000) must develop and attach a Letter of Assurance to this contract. If an approved plan has been received during the previous calendar year, a plan update is acceptable. The plan may cover a four (4) year period.

## **XXVIII. INDEMNITY AND INSURANCE**

- A. Contractor agrees that it will at all times during the existence of this contract indemnify Agency against any and all loss, damages, and costs or expenses which Agency may sustain, incur, or be required to pay by reason of any eligible client's suffering, personal injury, death or property loss resulting from participating in or receiving the care and services to be furnished by the Contractor under this contract; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by Agency.
- B. To protect itself and Agency, its officers, boards, commissions, agencies, employees, and representatives under the indemnity provisions of this contract, Contractor shall obtain, and at all times during the term of this contract keep in full force and effect comprehensive general liability and auto liability insurance policies (*as well as professional malpractice or errors and omissions coverage, if the service being provided are professional services*). The policy or policies shall be issued by a company or companies authorized to do business in the State of Wisconsin and licensed by the Wisconsin Office of the Commissioner of Insurance, with liability coverage provided for therein in the following amounts: comprehensive general liability of at least \$1,000,000.00 CSL (Combined Single Limits) and auto liability of at least \$500,000 CSL. Coverage afforded shall apply as primary. If Contractor receives any claim or legal process based on an act, error, or omission related to services rendered under the terms of this Contract or has reason to believe a demand for damages maybe made, Contractor shall immediately notify Agency.

- C. Agency shall be given ten (10) days advance notice of cancellation or non-renewal. Upon execution of this contract, Contractor shall furnish Agency with a certificate of insurance listing Agency as an additional insured and, upon request, certified copies of the required insurance policies.
- D. If Contractor's insurance is underwritten on a Claims-Made basis, the retroactive date shall be prior to or coincide with the date of this contract, the Certificate of Insurance shall state that coverage in Claims-Made and indicate the retroactive date, Contractor shall maintain coverage for the duration of this Contract and for two years following the completion of this contract.
  - 1. Contractor shall furnish Agency, annually on the policy renewal date, a Certificate of Insurance as evidence of coverage.
  - 2. It is further agreed that Contractor shall furnish the Agency with a thirty, (30) day notice of aggregate erosion, in advance of the retroactive date, cancellation or renewal.
  - 3. It is also agreed that on Claims-Made policies, either Contractor or Agency may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by the Contractor.
- E. In the event any action, suit or other proceeding is brought against Agency upon any matter herein indemnified against, Agency shall give reasonable notice by registered mail to the Contractor and shall cooperate with Contractor's attorneys in the defense of the actions, suit, or other proceeding.
- F. Contractor shall furnish evidence of adequate Worker's Compensation Insurance

#### **XXIX. EQUIPMENT USAGE**

Equipment provided by Sauk County Department of Human Services is the property of Sauk County Department of Human Services. Upon termination of the Contractor's employee using the equipment, or termination of the contract between Sauk County DHS and the said Contractor, the equipment must be returned within (5) five working days. If the equipment is damaged or not returned, the Contractor will be held responsible for the replacement cost of the equipment. Sauk County may withhold from future payments the replacement cost of the said equipment or take any other necessary action.

#### **XXX. INDEPENDENT CONTRACTOR**

Nothing in this contract shall create a partnership or joint venture between the Agency and the Contractor. The Contractor is at all times acting as an independent contractor and is in no sense an employee, agent, or volunteer of the Agency

### **XXXI.RENEGOTIATION**

This contract or any part thereof may be renegotiated in the case of 1) increased or decreased volume of services; 2) changes required by federal or state laws or regulations or court action; or, 3) monies available affecting the substance of this contract.

### **XXXII.CONTRACT REVISIONS AND/OR TERMINATION'S**

- A. Failure to comply with any part of this contract may be considered cause for revision, suspension, or termination of this contract.
- B. Revisions of this contract must be agreed to by Agency and Contractor by an addendum signed by the authorized representatives of both parties.
- C. A resident temporarily transferred to an institution will not be involuntarily discharged when the absence is for twenty-one (21) days or less. The Contractor shall provide to the resident, guardian, or designated representative a written explanation of the need for an involuntary discharge and shall provide assistance in relocating the resident. A living arrangement suitable to the resident shall be located prior to the involuntary transfer of the resident s per DHS 83.31.
- D. Contractor shall notify Agency whenever it is unable to provide the required quality or quantity of services. Upon such notification, Agency and Contractor shall determine whether such inability will require a revision, suspension, or termination of this contract.
- E. Either party may terminate this contract or terminate a single resident's occupancy by a twenty-eight (28) day written notice to the other party. If the Agency terminates the contract or terminates the occupancy of a single resident for reasons other than non-performance by the Contractor, and the Agency does not give a twenty-eight (28) day written notice, the Agency may compensate the Contractor for the contracted daily rate of the residents/resident from the date the written notice is given and not to exceed twenty-eight (28) days. If anytime within the twenty-eight (28) day notice period the Agency fills the vacated occupancy with another resident, the Agency will only owe for the unoccupied days within that twenty- eight (28) day period for the previous resident. If the Agency terminates the contract or terminates a resident's occupancy for the Contractor's breach or non-performance, a twenty-eight (28) day written notice is not necessary and the Agency will only be responsible for the costs incurred up to the date the notice is given. The Contractor may also be liable for any additional costs the Agency incurs for replacement services.
- F. Both parties understand that if the cancellation of the contract by either party results in the closing of a CBRF, both parties have certain statutory obligations. Chapter 50.03 (14), Stats. governs the closing of a Community Based Residential Facility (CBRF). It states that, among other things, that upon DHS approval of the facility's plan to relocate its residents (or the imposition of such a plan by the

DHS), the facility must establish a closing date not earlier than 90 days from the date of DHS approval or imposition of the relocation plan when 5 to 50 residents will be relocated. This same statute also requires a minimum 120-day period when more than 50 residents will be relocated.

In addition, s.50.03 (14) (b), Wis Stats., mandates that county agencies of the county in which the facility is located shall participate in the development and implementation of individual relocation plans. It also requires that any county department of another county shall participate in the development and implementation of individual relocation plans for those residents, in place of the county department of the county in which the facility is located, if the county department accepts responsibility for the resident, or is delegated responsibility for the resident by the department or by a court. Therefore, county agencies clearly have a responsibility to be actively involved in resident relocation when a CBRF is closing.

- G. Contractor is aware that Agency is responsible to fiscally manage limited funds provided through County Levy or State and Federally Funded Grants.

#### **XXXIII. RESOLUTION OF DISPUTES**

The Contractor may appeal decisions of the Agency in accordance with the terms and conditions of the contract and Sauk Co. Code ch. 33.

#### **XXXIV. CONTROLLING LAW AND REVENUE**

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. Venue for any legal proceedings shall be in the Sauk County Circuit Court.

#### **XXXV. LIMITATIONS OF AGREEMENT**

This contract is intended to be a contract solely between the parties hereto and for their benefit only. No part of this contract 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 of either party.

**BUSINESS ASSOCIATE AGREEMENT**

THIS BUSINESS ASSOCIATE AGREEMENT ("Agreement") is made and entered into as of the 1st day of January, 2022 ("Effective date"), by and between Sauk County ("Covered Entity"), and Tellurian, Inc. ("Business Associate").

The parties to this Agreement are committed to complying with the Health Insurance Portability and Accountability Act of 1996 and its amendments and the regulations promulgated thereunder (collectively "HIPAA"). In order to ensure such compliance, this Exhibit sets forth the terms and conditions pursuant to which Protected Health Information that is provided to, or created by, the Business Associate from or on behalf of Covered Entity will be handled.

I. Definitions

A. Catch-all definition: 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, Electronic Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

B. Specific definitions:

1. Business Associate. "Business Associate" shall generally have the same meaning as the term "Business Associate" in 45 CFR 160.103, and in reference to the party to this agreement, shall mean Kiefer Adult Family Home.

2. 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 to this agreement, shall mean Sauk County.

3. HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164 and any amendments thereto, as set forth in section VI of this document.

4. Protected Information. "Protected Information" shall mean any information considered private, confidential, proprietary or sensitive for which access or release is restricted by policy, rule, regulation or law.

5. Telehealth. The remote provision of care utilizing specialized communication technologies.

6. Workforce. "Workforce" shall mean the Employees, volunteers, trainees, students, contractors, and other persons whose conduct, in the performance of work for



Business Associate, is under the direct control of the Business Associate, whether or not they are paid by the Business Associate.

II. Obligations and Activities of Business Associate:

Business Associate agrees to:

A. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

B. Use appropriate safeguards, and comply 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;

C. 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 of which it becomes aware (see Section IV. IV.below);

D. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, 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, evidenced by written agreement with subcontractor;

E. Make available protected health information in an Individual's designated record set to the Individual as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;

F. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;

G. Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity, a third party or individual as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;

H. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and

I. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

J. Mitigation: to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

K. Tracking and Accounting of Disclosures. So that Covered Entity may meet its accounting obligations under the Privacy Rule, Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. For each Disclosure of PHI that Business Associate makes to Covered Entity or to a third party that is subject to Disclosure under 45 CFR § 164.528, Business Associate will record (i) the Disclosure date, (ii) the name and (if known) address of the person or entity to whom Business Associate made the Disclosure, (iii) a brief description of the PHI disclosed, and (iv) a brief statement of the purpose of the Disclosure. For repetitive disclosures which Business Associate makes to the same person or entity, including the Covered Entity, for a single purpose, Business Associate may provide (i) the Disclosure information for the first of these repetitive disclosures, (ii) the frequency, duration or number of these repetitive disclosures, and (iii) the date of the last of these repetitive disclosures. Business Associate will make this log of Disclosure information available to the Covered Entity within five (5) business days of the Covered Entity's request. Business Associate must retain the Disclosure information for the six-year period preceding Covered Entity's request for the Disclosure information.

L. Audit. For purposes of determining Business Associate's or Covered Entity's compliance with HIPAA, upon request of Covered Entity or the Secretary of Health and Human Services, Business Associate shall: (i) make its HIPAA policies and procedures, related documentation, records maintained, and any other relevant internal practices and books relating to the Use and Disclosure of PHI, available to the Secretary of Health and Human Services or to Covered Entity and (ii) provide reasonable access to Business Associate's facilities, equipment, hardware and software used for the maintenance or processing of PHI. Business Associate shall promptly notify Covered Entity of communications with the Secretary regarding PHI and shall provide Covered Entity with copies of any information Business Associate has made available to the Secretary under this Section of the Agreement.

M. Response to Subpoena. In the event Business Associate receives a subpoena or similar notice or request from any judicial, administrative or other party which would require the production of PHI received from, or created for, Covered Entity, Business Associate shall promptly forward a copy of such subpoena, notice or request to Covered Entity to afford Covered Entity the opportunity to timely respond to the demand for its PHI as Covered Entity determines appropriate according to its state and federal obligations.

N. Information Security. Business Associate shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information (ePHI) that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity. At a minimum, Business Associate's safeguards for the protection of Protected Information shall include:

1. limiting access of Protected Information to Authorized Persons;

2. securing business facilities, data centers, paper files, servers, back-up systems and computing equipment, including, but not limited to, all mobile devices and other equipment with information storage capability;
3. implementing network, device application, database and platform security;
4. securing information transmission, storage and disposal;
5. implementing authentication and access controls within media, applications, operating systems and equipment;
6. encrypting Protected Information stored on any mobile media;
7. encrypting Protected Information transmitted over public or wireless networks;
8. strictly segregating Protected Information from information of Business Associate or its other customers so that Protected Information is not commingled with any other types of information;
9. implementing appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks consistent with applicable law; and
10. providing appropriate privacy and information security training to Business Associate's employees.

O. Upon Covered Entity's written request, Business Associate shall provide Covered Entity with a network diagram that outlines Business Associate's information technology network infrastructure and all equipment used in relation to fulfilling of its obligations under this Agreement, including, without limitation:

1. connectivity to Covered Entity and all third parties who may access Business Associate's network to the extent the network contains Personal Information;
2. all network connections including remote access services and wireless connectivity;
3. all access control devices (for example, firewall, packet filters, intrusion detection and access-list routers);
4. all back-up or redundant servers; and
5. permitted access through each network connection.

P. Telehealth. If the Business Associate utilizes telehealth to provide services, such services must meet the same standards for information security set forth in section N. above. In addition, Business Associate must ensure that the provision of these services meets with any applicable HIPAA standards, these include, but are not limited to:

1. Only authorized users shall have access to telehealth records.
2. End to end encryption of telehealth data transmission.
3. Ability to audit telehealth session access and monitor communications to prevent either accidental or malicious disclosures.

4. Business Associate has entered into a Business Associate Agreement with platform provider, or utilizes a platform provided by Sauk County for which Sauk County has a current Business Associate Agreement.
5. Business Associate has obtained required patient consents for telehealth.

Q. Workforce Training. Business Associate shall provide Workforce members with appropriate training to comply with the HIPAA Privacy and Security Rules in accordance with 45 CFR 164.530(b)(1) and 45 CFR 164.308(a)(5) and provide records of such training to the Covered Entity upon request.

### III. Permitted Uses and Disclosures by Business Associate

A. Business associate may only use or disclose protected health information as follows:

1. Necessary to perform the services set forth in Service Agreement.
2. Business associate may use or disclose protected health information as required by law.
3. Business Associate shall not request, use or disclose more than the minimum amount of PHI necessary to accomplish the purpose of the Use, Disclosure, or request, consistent with Covered Entity's minimum necessary policies and procedures.
4. Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity except for the specific uses and disclosures set forth below.
5. Business associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
6. Business associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
7. Business associate may provide data aggregation services relating to the health care operations of the Covered Entity only with the written consent of the Covered Entity.

B. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

1. Covered entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

2. Covered entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.

3. Covered entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

C. Permissible Requests by Covered Entity

Covered entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

IV. Reports of Nonpermitted Uses or Disclosures, Security Incidents or Breaches by the Business Associate.

Reporting required under this section shall be made to the Sauk County Privacy Officer at the following address;

Sauk County Administrative Coordinator  
Attn.: Privacy Officer  
505 Broadway, Baraboo, WI 53913  
Ph: 608-355-3273

A. Reports of Nonpermitted Use or Disclosure: Business Associate agrees to promptly report to Covered Entity any Use or Disclosure of PHI not provided for by this Agreement and cooperate with Covered Entity in its investigation of such event.

B. Reports of Security Incidents. For purposes of this Section, "Security Incident" shall have the same meaning as "Security Incident" in 45 CFR § 164.304.

1. Business Associate agrees to promptly notify Covered Entity of any Security Incident involving PHI of which it becomes aware and cooperate with Covered Entity in the investigation.

2. Business Associate will report attempted but unsuccessful Security Incidents that do not result in any unauthorized access, Use, Disclosure, modification or destruction of PHI, or interference with an information system at Covered Entity's request, at least annually even in the absence of the Covered Entity's request.

### C. Reports Related to Potential Breach of Unsecured PHI.

1. Following the discovery of a Breach of Unsecured PHI, Business Associate shall notify Covered Entity of the Breach. Such notification shall be made without unreasonable delay after discovering the Breach, but no later than ten (10) calendar days after its discovery.
2. Business Associate's notice shall include, to the extent possible, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used, or disclosed during or as a result of the Breach. Business Associate shall also provide Covered Entity with at least the following information: a description of the Breach, including the date of Breach and the date of discovery of the Breach, if known; a description of the types of Unsecured PHI involved in the Breach; any steps Individuals should take to protect themselves from potential harm resulting from the Breach; a brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches; and any other information requested by Covered Entity related to the Breach. Business Associate shall promptly supplement such notice with additional information as it becomes available, even if such information becomes available after Individuals have been notified of the Breach.
3. Business Associate agrees to cooperate with Covered Entity in the investigation of a Breach of Unsecured PHI and to cooperate with and participate in, to the extent requested by Covered Entity, the notification of Individuals, the media, and the Secretary of any Breach of Unsecured PHI.
4. In the event that: (i) a Breach of Unsecured PHI occurs because of the action or inaction of Business Associate, its employees, agents, representatives, or Subcontractors; or (ii) a Breach occurs involving Unsecured PHI in Business Associate's possession, or PHI created, maintained, transmitted, or received by Business Associate or its employees, agents, representatives, or Subcontractors, Business Associate agrees that Covered Entity may, in its sole discretion, require Business Associate to provide such notification as may be required of Covered Entity by 45 CFR §§ 164.404, 164.406, and 164.408. Covered Entity shall have the right to review, direct, and approve or reject the contents or manner of such notification.

### V. Term and Termination

- A. Term. The Terms of this Agreement shall be effective as of January 1, 2022, and shall remain in effect until all PHI is returned to Covered Entity or destroyed in accordance with the terms of this Agreement.
- B. Termination for Cause. Business associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated any term of the Agreement.
- C. Obligations of Business Associate Upon Termination.

Upon termination of this Agreement for any reason, Business Associate shall, and shall ensure its Subcontractors that possess PHI or data derived from PHI shall, return to Covered Entity [or, if agreed to by Covered Entity, destroy ] all protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that the Business Associate still maintains in any form, as promptly as possible but not more than thirty (30) days after notice of termination of this agreement. Business associate, and subcontractor, if applicable, shall retain no copies of the protected health information, and shall certify under oath in writing to Covered Entity that such return has been completed

D. Survival. The obligations of Business Associate under this Section shall survive the termination of this Agreement.

VI. Miscellaneous.

A. Automatic Amendment. Upon the effective date of any amendment to HIPAA, the Privacy Rule or the Security Rule promulgated by HHS with regard to PHI, this Agreement shall automatically amend so that the obligations imposed on Business Associate remain in compliance with such regulations

B. Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and Business Associate to comply with HIPAA.

C. Independent Contractor Status. The parties agree that in performing the Services and satisfying the obligations of this Agreement, Business Associate shall at all times be an independent contractor for Covered Entity and nothing in this Agreement shall be construed as creating an agency, employment, joint venture, partnership or other relationship. Covered Entity shall neither have nor exercise any control or direction over Business Associate. Business Associate shall avoid taking any action or making any representation or warranty whatsoever with respect to its relationship with Covered Entity which is inconsistent with its independent contractor status.

D. Conflicts. Any provision of the Underlying Agreement that is directly contradictory to one or more terms of this Agreement ("Contradictory Term") shall be superseded by the terms of this Agreement only to the extent of the contradiction, as necessary for the parties' compliance with HIPAA and to the extent that it is reasonably impossible to comply with both the Contradictory Term and the terms of this Agreement.

E. Integration. This Agreement contains the entire understanding between the parties hereto relating to the subject matter herein and shall supersede any other oral or written agreements, discussions and understandings of every kind and nature, including any provision in any services agreement.

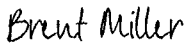
F. Waiver. No delay or failure of either party to exercise any right or remedy available hereunder, at law or in equity, shall act as a waiver of such right or remedy, and any waiver shall not waive any subsequent right, obligation, or default.

This agreement is binding upon the parties on the Effective Date indicated above:

2021 Revision  
12/15/21

FOR SAUK COUNTY

DocuSigned by:

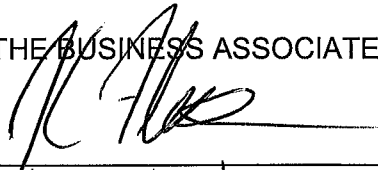


0A0B3A6C690D7404  
Name: Brent Miller

Title: Administrator

Date: 1/10/2022

FOR THE BUSINESS ASSOCIATE



Name: Kevin Florek

Title: President & CEO

Date: 3/9/2022



Sauk County's Protected Information is to be destroyed/disposed/Sanitized using a method that ensures the Protected Information cannot be recovered or reconstructed. The following table contains a list of acceptable methods by media type.

Medium	Method Used
Audiotapes	<ul style="list-style-type: none"> <li>Recycle (tape over), Degauss or pulverize.</li> </ul>
Electronic Data/ Hard Disk Drives including drives found in servers, workstations, printers, and copiers	<ul style="list-style-type: none"> <li>Destroy data permanently and irreversibly through a DoD wipe, physical destruction (pulverize, shred, disintegrate, incinerate), Degaussing of it, or hard drive erasure software.</li> <li>Methods of reuse: overwrite data with a series of characters or reformatting the disk (destroying everything on it). Deleting a file on a disk does not destroy the data, but merely deletes the filename from the directory, preventing easy access of the file and making the sector available on the disk so it may be overwritten.</li> </ul>
Electronic Data/ Removable Media or devices including USB drives, SD cards, CDs, tapes, and cartridges	<ul style="list-style-type: none"> <li>Overwrite data with a series of characters or reformat it (destroying everything on it). Total data destruction does not occur until the data has been overwritten.</li> <li>Magnetic Degaussing that leaves the sectors in random patterns with no preference to orientation, rendering previous data unrecoverable. Magnetic Degaussing will leave the sectors in random patterns with no preference to orientation, rendering previous data unrecoverable.</li> <li>Shredding or pulverization is done for the final disposition of any removable Media when it is no longer usable.</li> </ul>
Handheld devices including cell phones, smart phones, PDAs, tablets and similar devices.	<ul style="list-style-type: none"> <li>Activate the Software on these devices that remotely wipes ("bit-wipe") data from them.</li> <li>When a handheld device is no longer reusable it is then bit-wiped and totally destroyed by recycling or by trash compacting</li> </ul>
Optical Media	<ul style="list-style-type: none"> <li>Optical disks cannot be altered or reused, making pulverization an appropriate means of destruction/disposal.</li> </ul>
Microfilm/ Microfiche and X- rays	<ul style="list-style-type: none"> <li>Recycle through a contracted BA or pulverize.</li> </ul>
PHI Labeled Devices, Containers, Equipment, Etc.	<ul style="list-style-type: none"> <li>Reasonable steps should be taken to destroy or de-identify any PHI information prior to disposal of this medium. Remove labels or incineration of the medium; or</li> <li>Obliterate the information (make it unreadable) with a heavy permanent marker pen.</li> <li>Ribbons used to print labels may contain PHI and are shredded or incinerated.</li> </ul>
Paper Records	<ul style="list-style-type: none"> <li>Paper records are destroyed/disposed of in a manner that leaves no possibility for reconstruction of the information. Appropriate methods for destroying/disposing of paper records include:</li> </ul>

Medium	Method Used
	burning, shredding, pulping, and pulverizing. If shredded, use cross cut shredders which produce particles that are 1 x 5 millimeters or smaller in size.
Videotapes	<ul style="list-style-type: none"><li>• Recycle (tape over) or pulverize.</li></ul>

## Business Associate Compliance Questionnaire

### Business Associate Information:

BA Name:	Tellurian Inc	Date Completed:	9.23.2022
BA Address:	5900 Monona Dr #1300		
BA Phone:	608-663-2120		
Number of employees:	170	Person Completing Questionnaire (name, title):	Heather Butler Senior Revenue Analyst

Privacy Officer Name, Contact:	Kelly Crooks	608-772-7311
Security Officer Name, Contact:	Dan Piorowski IT	608-663-2120 x.108

### Compliance Questions:

- 1 When was the last time you updated your documented privacy and information security policies and procedures?

- ☐ Within the last 6 months
- ☐ Less than a year ago
- ☒ 1 to 2 years ago
- ☐ More than 2 years ago
- ☐ Never

Additional Information:

---



---

- 2 Describe how the privacy and information security policies and procedures are communicated to all personnel, and made available for them to review at any time. Check all that apply.

- ☒ By email
- ☐ By company intranet / internet

- ☒ Hard copy
- ☐ Management policy binders
- ☐ Via Compliance system / portal
- ☐ Other – Explain:
- 
- 

3 Do you provide annual training and ongoing awareness communications for information security and privacy for all your workers?

- ☒ Yes
- ☐ No

- a. If No, What is your regular training interval? \_\_\_\_\_
- b. What is the date of most recent training? \_\_\_\_\_

4 Do you conduct annual security risk assessments?

- ☒ Yes
- ☐ No

- a. Date of most recent assessment: \_\_\_\_\_

5 Do you require all types of sensitive information, including personal information and health information, to be encrypted when it is sent through public networks and when it is stored on mobile computers and mobile storage devices?

- ☒ Yes
- ☐ No

6 Do you have retention policies for sensitive information?

- ☒ Yes
- ☐ No

- 7 Do you require sensitive information, in all forms, to be disposed of using secure methods?

☒ Yes

☐ No

- a. Do you maintain records of such disposals?

☐ Yes

☐ No

- 8 Do you regularly make backups of business information, and have documented disaster recovery and business continuity plans?

☒ Yes

☐ No

- 9 How quickly are new employees trained on your privacy and security policies?

☒ Within one week

☐ within 30 days

☐ within 60 days

☐ after more than 60 days

☐ Never

☐ Other – Explain:

---

---

---

---

10 Do you have a formal Breach Notification process?

☒ Yes

☐ No

11 Do you have an internal team to support the Breach Notification process?

☒ Yes

☐ No

12 Do you have a documented procedure for the reporting of privacy and security incidents and breaches?

☒ Yes

☐ No

13 Do you outsource any activities involving Sauk County's protected data?

☐ Yes

☒ No

a. If "Yes" Explain:

---

---

b. If you answered yes to #13, do you have a Business Associate Agreement with each subcontractor used?

☐ Yes

☐ No

14 Check all the following standards for which you can verify compliance:

☒ HIPAA Privacy/

☒ HIPAA HITECH

☒ Other (Please Specify): PCI

☐ None

15 Please include any other information you consider relevant to your proof of privacy and security compliance:

---

---

---

---

---

---



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> M3 Insurance Solutions, Inc. 828 John Nolen Drive Madison WI 53713		<b>CONTACT NAME:</b> Julie Zeller <b>PHONE (A/G, No, Ext):</b> 608-288-2819 <b>FAX (A/G, No):</b> 608-273-1726 <b>E-MAIL ADDRESS:</b> julie.zeller@m3ins.com		
<b>INSURED</b> Tellurian, Inc. TFI Foundation, Inc. 5900 Monona Drive, Suite 300 Madison WI 53716		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: West Bend Mutual Insurance Com		15350
		INSURER B: SFM Companies		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES** **CERTIFICATE NUMBER: 2083894650** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		0452228	4/1/2021	4/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		0452228	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	73531.106	4/1/2021	4/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		0452228	4/1/2021	4/1/2022	Each Occurrence Aggregate 1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Sauk County Dept. of Human Services  
PO Box 29  
Baraboo WI 53913

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Julie Zeller*



**APPENDIX A  
CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE**

Children and Families  
DCF-F-154-E

Health Services  
F-00165

Civil Rights Compliance Period: January 1, 2022 to December 31, 2025:

Tellurian, Inc. (hereinafter "Recipient") agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services and the Department of Children and Families (the "State Agencies"). This assurance is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period, or as long as Federal financial assistance is extended to Recipient, whichever is shorter. The State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

**By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.**

*Erica Mueller*  
SIGNATURE – Authorized Representative

Date: 1/4/2022

Printed name: Erica Mueller

Title: Quality Assurance Specialist

**Instructions for completing Letter of Assurance**

- Complete this signature page
- Include Appendices A-1, A-2 and A-3 with the signature page
- Updates to appendices should be submitted if there are staff or funding changes

**RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE  
FEDERAL CIVIL RIGHTS LAWS:**

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.
8. Provide accessible programs, facilities, and reasonable accommodations to service participants/customers with disabilities.
9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.

**RECIPIENT CONTACT INFORMATION**

Name of Recipient Tellurian, Inc.		Date this Form was Completed 1/10/2022
Street Address 5900 Monona Drive #300		
City Monona	State WI	Zip Code 53716
Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions Erica Mueller		
Address 5900 Monona Dr #300 Monona, WI 53716		
Phone Number 608-204-8547	Email Address emueller@tellurian.org	
Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities Erica Mueller		
Address 5900 Monona Dr. #300 Monona, WI 53716		
Phone Number 608-204-8547	Email Address emueller@tellurian.org	
Name and title of Recipient-Authorized Representative Making Assurances Erica Mueller		
Address 5900 Monona Dr. #300 Monona, WI 53716		
Phone Number 608-204-8547	Email Address emueller@tellurian.org	
<b>Instructions for completing Recipient Contact Information</b> Fill in all the blanks on this form. Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative).		

**FUNDING RELATIONSHIP TO DHS / DCF**

- Recipients may receive Federal funding through one or more State Agencies to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State Agencies identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

			Contract or Program Name	Funding Amount (\$)
<b>DHS</b>				
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3.	
<b>DCF</b>				
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	
			2.	
			3.	
<b>DHS / DCF</b>				
Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS. Name of County or Consortium:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Adams Co.	N/A
			2. Columbia Co.	105,062.00
			3. Dodge Co.	N/A
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	

**Instructions for completing Funding Relationship to DHS or DCF**

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

Continued from above: . 5. Human Service Center 5. N/A

6. Jackson 6. 83,777.00  
 7. Jefferson 7. 95,000.00  
 8. Juneau 8. N/A  
 9. Lafayette 9. N/A  
 10. Marquette 10. N/A  
 11. Richland 11. N/A  
 12. Sauk 12. N/A  
 13. Unified Community Services 13. N/A  
 14. LaCrosse 14. 603,450.00  
 15. Dane 15. 1,883,371.00  
 16. Pierce 16. 28,298.00  
 17. Walworth 17. 108,925.00  
 18. Crawford 18. 18,670.00  
 19. Wood 19. 67,640.00

## FUNDED PROGRAMS CHECKLIST

Completing this section will allow DHS or DCF to identify the Federally funded programs and activities that you administer.  
**Check the type of program or funding applicable to your entity.**

### Use this checklist for Department of Health Services (DHS)

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

#### HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) Programs:

- ☐ BadgerCare Plus
- ☐ Birth to 3
- ☐ Children's Long Term Support Walver
- ☐ Children's Community Options Program
- ☐ Family Care
- ☐ Family Planning Only
- ☐ IRIS
- ☐ Katie Beckett
- ☐ Medicaid for the Elderly, Blind, or Disabled
- ☐ Medicaid Purchase Plan
- ☐ PACE
- ☐ SeniorCare
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Well Women Medicaid
- ☒ Other, specify: Residential Detoxification, Outpatient, Day Treatment Substance Abuse, Mental Health Services

#### USDA (FNS) Programs:

- ☐ FoodShare/SNAP
- ☐ Food Stamp Employment and Training (FSET)
- ☐ Temporary Emergency Food Assistance Program (TEFAP)
- ☐ Women Infants and Children (WIC)
- ☐ Commodity Supplemental Food Program
- ☐ WIC Farmer's Market Nutrition Program
- ☐ Senior Farmer's Market Nutrition Program
- ☐ Other, specify:

### Use this checklist for Department of Children and Families (DCF)

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF):

- ☐ Adoption Assistance Program
- ☐ Adoption Finalization and Post Adoption Services
- ☐ Brighter Futures Initiative
- ☐ Child Abuse and Neglect - Child Protective Services
- ☐ Child Abuse and Neglect - Prevention Services
- ☐ Child Care Certification or Licensing
- ☐ Child Care Resource and Referral
- ☐ Child Care Quality Improvement
- ☐ Child Placing Agencies - Foster Care
- ☐ Qualified Residential Treatment Providers, Child Residential Care Centers & Group Homes
- ☐ Child Support
- ☐ Child Welfare Case Management Services
- ☐ Community Services Block Grant Services
- ☐ Domestic Violence/Domestic Abuse

- ☐ Foster Care Payments
- ☐ Home Visiting Services
- ☐ Independent Living Services
- ☐ Indian Child Welfare
- ☐ Kinship Care Payments
- ☐ Milwaukee Child Welfare Program Service Provider
- ☐ Promoting Safe and Stable Families
- ☐ Refugee Assistance and Services
- ☐ Runaway Youth Services
- ☐ TANF Funded Services - Including Transitional Jobs and Children First
- ☐ Wisconsin Shares - Child Care Subsidy Program
- ☐ Wisconsin Works (W-2) Programs
- ☐ Youth Aids and Youth Justice grants
- ☐ Other, specify:

**Please list your specific Federal grant/funding source if not listed above.**

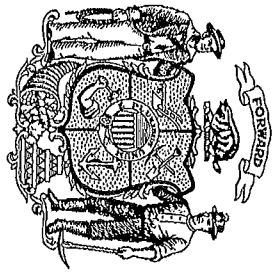
**Note:** The checklist is not an exhaustive list of programs funded through the DHS or DCF with HHS and USDA-FNS. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the program, grant or funding agreement administered by the agency/entity.

**Use this checklist for Department of Children and Families (DCF)**

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

<input type="checkbox"/> Adoption Assistance Program	<input type="checkbox"/> Milwaukee Child Welfare Program Service Provider
<input type="checkbox"/> Adoption Finalization and Post Adoption Services	<input type="checkbox"/> Promoting Safe and Stable Families
<input type="checkbox"/> Brighter Futures Initiative	<input type="checkbox"/> Refugee Assistance and Services
<input type="checkbox"/> Child Abuse and Neglect - Child Protective Services	<input type="checkbox"/> Runaway Youth Services
<input type="checkbox"/> Child Abuse and Neglect – Prevention Services	<input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First
<input type="checkbox"/> Child Care Certification or Licensing	<input type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program
<input type="checkbox"/> Child Care Resource and Referral	<input type="checkbox"/> Wisconsin Works (W-2) Programs
<input type="checkbox"/> Child Care Quality Improvement	<input type="checkbox"/> Youth Aids and Youth Justice grants
<input type="checkbox"/> Child Placing Agencies - Foster Care	<input type="checkbox"/> Other Service: Specify
<input type="checkbox"/> Child Residential Care Centers & Group Homes	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Child Welfare Case Management Services	
<input type="checkbox"/> Community Services Block Grant Services	
<input type="checkbox"/> Domestic Violence/Domestic Abuse	
<input type="checkbox"/> Foster Care Payments	
<input type="checkbox"/> Home Visiting Services	
<input type="checkbox"/> Independent Living Services	
<input type="checkbox"/> Indian Child Welfare	
<input type="checkbox"/> Kinship Care Payments	

**Note:** The checklist is not an exhaustive list of programs funded through the DHS or DCF with HHS and USDA-FNS. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the program, grant or funding agreement administered by the agency/entity.



**The State of Wisconsin**  
**Department of Health Services**  
**Division of Quality Assurance**

This is to certify that **Tellurian, Inc**  
at the location **2914 Industrial Drive**  
**Madison, WI 53713**

is an approved facility under Chapter 51 of the Wisconsin Statutes for the following program(s):

CSAS-Day Treatment  
CSAS-Medically Monitored Residential Detox

DHS 75.12  
DHS 75.07

Biennial  
Certificate Number: 1904  
Effective Period: 11/01/2021 to 10/31/2023

<u>Begin Date</u>	<u>End Date</u>
11/01/2021	10/31/2023
11/01/2021	10/31/2023

*Otis Woods*  
Otis Woods, Administrator DQA

This certificate is not transferable or assignable.  
Post in a conspicuous place on premises.

*Karen E. Timberlake*  
Karen E. Timberlake, Secretary DHS

Tony Evers  
Governor



DIVISION OF QUALITY ASSURANCE  
BUREAU OF HEALTH SERVICES  
BEHAVIORAL HEALTH CERTIFICATION  
PO BOX 2969  
MADISON WI 53701-2969

Karen E. Timberlake  
Secretary

State of Wisconsin  
Department of Health Services

Telephone: 608-261-0658  
Fax: 608-261-0655  
TTY: 711 or 800-947-3529  
[DHSDQAMentalHealthAODA@dhs.wisconsin.gov](mailto:DHSDQAMentalHealthAODA@dhs.wisconsin.gov)

October 26, 2021

Ann Gile  
Tellurian, Inc  
2914 Industrial Drive  
Madison, WI 53713

RE: Certificate: #1904  
2914 Industrial Drive  
Madison, WI 53713

Dear Ann Gile:

Under the authority of Section 51.42 of the Wisconsin Statutes, the Department of Health Services has reviewed and approved your facility for the certified program/service(s) listed on the enclosed certificate. The enclosed certificate of approval recognizes your facility's compliance with these standards. The effective dates of certification are 11/01/2021-10/31/2023. The certificate of approval must be displayed in a conspicuous place, such as a lobby, waiting area, or admitting office. The certificate is not transferable.

You must notify the Behavioral Health Certification Section of the Division of Quality Assurance of any substantive changes in status or service provisions, including changes of administration, ownership, location, clinic name, or program changes that could affect compliance. The Department reserves the right to verify, at any time, your continued compliance with certification standards.

Your facility may be recertified for a two-year period when your current certification expires on the date noted above. However, a program certification fee is required. You will receive application materials for recertification prior to the expiration date.

**NOTE: This certificate does not constitute approval as a Medicaid provider. Please refer to the Medicaid Provider Enrollment home page at [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov) for enrollment information. For enrollment questions, call Provider Services at (800) 947-9627.**

If you have any questions regarding the review process or must notify us of changes in status or service provisions, please contact Tina Dary at (608) 220-4084.

Sincerely,

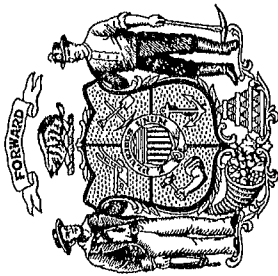
A handwritten signature in cursive script that reads "Cindy O'Connell".

Cindy O'Connell, Chief  
Behavioral Health Certification Section  
Bureau of Health Services

Enclosure: Certificate of Approval

cc: Tina Dary, Health Services Specialist





**The State of Wisconsin**  
**Department of Health Services**  
**Division of Quality Assurance**

This is to certify that Tellurian, Inc  
at the location 300 Femrite Drive  
Monona, WI 53716

Certificate Number: Biennial  
Effective Period: 1900  
01/01/2021 to 05/31/2022

is an approved facility under Chapter 51 of the Wisconsin Statutes for the following program(s):  
DHS 75.11  
CSAS-Medically Monitored Treatment

Begin Date 01/01/2021  
End Date 05/31/2022

*Otis Woods*

Otis Woods, Administrator DQA

*Andrea Palm*

Andrea Palm, Secretary DHS

This certificate is not transferable or assignable.  
Post in a conspicuous place on premises.

Tony Evers  
Governor



DIVISION OF QUALITY ASSURANCE  
BUREAU OF HEALTH SERVICES  
BEHAVIORAL HEALTH CERTIFICATION  
PO BOX 2969  
MADISON WI 53701-2969

Andrea Palm  
Secretary

State of Wisconsin  
Department of Health Services

Telephone: 608-261-0656  
Fax: 608-261-0655  
TTY: 711 or 800-947-3529  
DHSDQAMentalHealthAODA@dhs.wisconsin.gov

December 3, 2020

Autumn Shaffer  
Tellurian, Inc  
300 Femrite Drive  
Monona, WI 53716

RE: Certificate: #1900  
300 Femrite Drive  
Monona, WI 53716

Dear Autumn Shaffer:

Under the authority of Section 51.42 of the Wisconsin Statutes, the Department of Health Services has reviewed and approved your facility for the certified program/service(s) listed on the enclosed certificate. The enclosed certificate of approval recognizes your facility's compliance with these standards. The effective dates of certification are 1/1/21-5/31/22. The certificate of approval must be displayed in a conspicuous place, such as a lobby, waiting area, or admitting office. The certificate is not transferable.

You must notify the Behavioral Health Certification Section of the Division of Quality Assurance of any substantive changes in status or service provisions, including changes of administration, ownership, location, clinic name, or program changes that could affect compliance. The Department reserves the right to verify, at any time, your continued compliance with certification standards.

Your facility may be recertified for a two-year period when your current certification expires on the date noted above. However, an annual program certification fee is required. You will receive application materials for recertification prior to the expiration date.

**NOTE: This certificate does not constitute approval as a Medicaid provider. Please refer to the Medicaid Provider Enrollment home page at [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov) for enrollment information. For enrollment questions, call Provider Services at (800) 947-9627.**

If you have any questions regarding the review process or must notify us of changes in status or service provisions, please contact Tina Dary at (608) 220-4084.

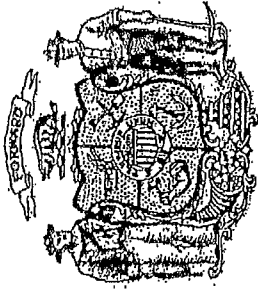
Sincerely,

A handwritten signature in cursive script that reads "Cindy A. O'Connell".

Cindy O'Connell, Chief  
Behavioral Health Certification Section  
Bureau of Health Services

Enclosure: Certificate of Approval

cc: Tina Dary, Health Services Specialist



# State of Wisconsin

Department of Health Services  
Division of Quality Assurance

## COMMUNITY-BASED RESIDENTIAL FACILITY LICENSE

TELLURIAN UCAN INC  
300 Fernrite Drive  
Monona WI 53716

IS LICENSED TO OPERATE A FACILITY KNOWN AS

TELLURIAN UCAN ADULT RESIDENTIAL SERVICES  
300 Fernrite Drive  
Monona WI 53716

MAXIMUM CAPACITY: 38

CLASSIFICATION:

Class C nonambulatory (CNA). A class C nonambulatory CBRF may serve residents who are ambulatory, semiambulatory or nonambulatory but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting

CLIENT GROUPS SERVED: Alcohol/Drug dependent; Emotionally disturbed/Mental illness

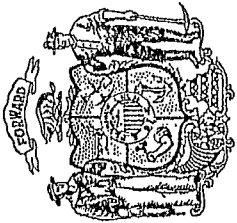
ISSUED: 02/05/1997

AMENDED: 09/17/2008

Otis Woods, Administrator  
Division of Quality Assurance

Karen E. Timberlake, Secretary  
Department of Health Services

THIS LICENSE IS EFFECTIVE UNLESS REVOKED, SUSPENDED OR VOLUNTARILY SURRENDERED AND IS NOT TRANSFERABLE OR ASSIGNABLE



# State of Wisconsin

Department of Health Services  
Division of Quality Assurance

## COMMUNITY-BASED RESIDENTIAL FACILITY LICENSE

KEVIN FLOREK  
5900 MONONA DR STE 300  
MONONA, WI 53716

IS LICENSED TO OPERATE A FACILITY KNOWN AS

CARE CENTER  
4647 MORMON COULEE RD  
LACROSSE, WI 54601

MAXIMUM CAPACITY: 10  
LICENSE NUMBER: 0013220  
DATE ISSUED: 05/18/2010

ALCOHOL/DRUG DEPENDENT

EMOTIONALLY DISTURBED/MENTAL ILLNESS

CLIENT GROUPS SERVED:

CLASSIFICATION:

Class A semiambulatory (AS). A class A semiambulatory CBRF may serve only residents who are ambulatory or semiambulatory and are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

Otis Woods, Administrator  
Division of Quality Assurance

Kitty Rhoades, Secretary  
Department of Health Services

THIS LICENSE IS EFFECTIVE UNLESS REVOKED, SUSPENDED OR VOLUNTARILY SURRENDERED AND IS NOT TRANSFERABLE OR ASSIGNABLE  
POST IN A CONSPICUOUS PLACE ON PREMISES