

PURCHASE OF SERVICES CONTRACT

This contract is made and entered into on the 1st Day of January 2023, by and between Sauk County, a Wisconsin Municipal Corporation represented by Sauk County Department of Human Services, referred to as “Agency”, and County of Clark, 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
Email: jessica.baldauf@saukcountywi.gov

Contractor:

Organization Name: County of Clark
Woodland Enhanced Health Services Commission
Address: W4266 Co Hwy X
Owen, WI 54660

Name of Contact Person: Jane Schmitz / Brandon Heglund
Telephone:
Fax:
E-mail: jane.schmitz@co.clark.wi.us

Contractor's fiscal year end: December 31st

II. CONTRACT INFORMATION

Contract No: 23P-34
Contract Period: January 1, 2023 – December 31, 2023
Maximum Payment
under this contract: \$34,675.00

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 County of Clark, Woodland Enhanced Health Services Commission.
- 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 12/22/2022
0A0B3AC600B7404...
Name: Brent Miller
Title: Administrator
SAUK COUNTY

For Agency: DocuSigned by:
Jessica Mijal 12/22/2022
ACE4125B9E1E41A...
Name: Jessica Mijal
Title: Director
SAUK COUNTY DEPT. OF HUMAN SERVICES

For Contractor: Jane Schmitz 4/11/2023
Name: Jane Schmitz
Title: Administrator
Date:

Name:
Title:

Date:

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 nonpayment. 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
925 Institution	Base	\$95.00 per day		1	\$34,675.00
				Total	\$34,675.00

*Define rate (example dollars/per unit time/per client) ** Specify hour, day, month, year

- 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 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.

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. 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. The Contractor shall return to the Agency any funds paid in excess of the amount earned under this contract. Upon 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

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 Administrative Code DHS 1.01-1.06.

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 transportation of consumers. We 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 on file.
 - 2. Insurance information. If the employees are using their own vehicle, a copy of the insurance must be included.
 - 3. Documentation of periodic vehicle 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.

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 actions, 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.

An individual has a right to an administrative hearing concerning eligibility and the Agency shall inform individuals of this right. The Agency shall provide clients with information concerning their eligibility and how to appeal actions affecting their rights.

X. 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.Administrative Code. DHS12
(online at 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).
- 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)

XI. LICENSE, CERTIFICATION, AND STAFFING

- A. The Contractor shall meet state and federal service standards and 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 of the applicable licensing and certification requirements.

XII. 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 utilized for compensation, any member, officer, or employee of Sauk County Human Services Department, or any person, whom, to the knowledge of the Contractor, has a conflict of interest.

XIII. 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.

XIV. 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.

XV. CLIENT FUNDS

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

XVI. 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. All reports shall be supported by the Contractor's records.
- 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.

XVII. 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.

XVIII. 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 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.

XIX. COST SHARING AND COST ALLOCATION PLAN

- A. All property, equipment, software, or services used by multiple programs or for multiple purposes, is 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.

XX. RECORDS

- A. Under Wis Stats.19.36(3), all records of the Contractor that are produced or collected under this Contract are 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.
- E. 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 Contract. The transfer of records includes transfer of any record, regardless of media, if that is the only method under which records were maintained.

XXI 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 (from any and all of its Counties or Divisions taken collectively) for all contracts 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)

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 require 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 is 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.

XXII. 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>

XXIII. RESERVES

The Contractor may retain a reserve 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.

XXIV. EXCESS / OVERPAYMENTS

The Contractor will return to the Agency any funds paid in excess of the allowable costs of services provided under this Contract 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 any funds paid in excess of the allowable cost of the services provided. Funds in excess of this Contract may be recovered from subsequent payments or may recover such funds by any legal means.

XXV. 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 (\$50,000.00) 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.

XXVI. 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. In order 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 may be 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 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.

XXVII. 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 Contractors 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.

XXVIII. 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.

XXIX. RENEGOTIATION BY EITHER PARTY

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.

XXX. 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. 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 or suspension or termination of this contract.

- D. Either party may terminate this contract by a thirty (30) day written notice to the other party.

Upon termination, the Agency's liability shall be limited to the costs incurred by the Contractor up to the date of termination. If the Agency terminates the contract for reasons other than non-performance by the Contractor, the Agency may compensate the Contractor for its actual allowable costs in an amount determined by mutual contract of both parties. If the Agency terminates the contract for the Contractor's breach, the Contractor may be liable for any additional costs the Agency incurs for replacement services.

XXXI. 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.

XXXII. 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.

XXXIII. 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 of the parties.

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT ("Agreement") is made and entered into as of the 1st day of January, 2023 ("Effective date"), by and between Sauk County ("Covered Entity"), and Clark County Rehabilitation & Living Center ("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 Clark County Rehabilitation and Living Center.
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, 2023, 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.

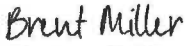
F. Waiver. No delay or failure of either party to exercise any right or remedy available hereunder, at law or in equity, shall act as a waiver of such right or remedy, and any waiver shall not waive any subsequent right, obligation, or default.

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

2021 Revision
12/15/21

FOR SAUK COUNTY

DocuSigned by:

Brent Miller

0A0B3AC680D7404

Name: brent.miller@saukcountywi.gov

Title: Administrator

Date: 12/22/2022

FOR THE BUSINESS ASSOCIATE

Jane Schmitz

Name: Jane Schmitz

Title:

Date: Administrator

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"> Recycle (tape over), Degauss or pulverize.
Electronic Data/ Hard Disk Drives including drives found in servers, workstations, printers, and copiers	<ul style="list-style-type: none"> Destroy data permanently and irreversibly through a DoD wipe, physical destruction (pulverize, shred, disintegrate, incinerate), Degaussing of it, or hard drive erasure software. 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.
Electronic Data/ Removable Media or devices including USB drives, SD cards, CDs, tapes, and cartridges	<ul style="list-style-type: none"> 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. 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. Shredding or pulverization is done for the final disposition of any removable Media when it is no longer usable.
Handheld devices including cell phones, smart phones, PDAs, tablets and similar devices.	<ul style="list-style-type: none"> Activate the Software on these devices that remotely wipes ("bit-wipe") data from them. When a handheld device is no longer reusable it is then bit-wiped and totally destroyed by recycling or by trash compacting
Optical Media	<ul style="list-style-type: none"> Optical disks cannot be altered or reused, making pulverization an appropriate means of destruction/disposal.
Microfilm/ Microfiche and X- rays	<ul style="list-style-type: none"> Recycle through a contracted BA or pulverize.
PHI Labeled Devices, Containers, Equipment, Etc.	<ul style="list-style-type: none"> 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 Obliterate the information (make it unreadable) with a heavy permanent marker pen. Ribbons used to print labels may contain PHI and are shredded or incinerated.
Paper Records	<ul style="list-style-type: none"> 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:

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">• Recycle (tape over) or pulverize.

Business Associate Compliance Questionnaire

Business Associate Information:

BA Name:	Clerk County Rehabilitation &		Date Completed:	9/11/2023
BA Address:	W 4266 County Highway Living Center			
BA Phone:	715-229-2122 X			
Number of employees:	255		Person Completing Questionnaire (name, title):	Jane Schatz, Administrator

Privacy Officer Name, Contact:	Lesly Hoff	
Security Officer Name, Contact:	Ashley Schmitt	

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): _____

☐ None

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

Home office at:
22 E. Mifflin Street – Suite 900
Madison, Wisconsin 53703

PUBLIC ENTITY LIABILITY INSURANCE

**Declarations - Public Entity General and Automobile Liability,
Uninsured and Underinsured Motorists Insurance and Medical Payments Coverage**

Policy Number: 11023 Renewal of Number: 11022
Named Insured: Clark County Mailing Address: 517 Court Street
Neillsville, WI 54456

Policy Period: From 1/1/2023 To 1/1/2024 12:01 A.M. Standard time at the Mailing Address above.

LIMITS OF INSURANCE

Public Entity Liability Limit of Insurance: \$10,000,000 inclusive of the amount of the deductible

Bodily Injury and Property Damage (Coverage A) Limit of Insurance:

\$10,000,000 per occurrence inclusive of the amount of the deductible

Personal Injury (Coverage B) and Errors and Omissions (Coverage C) Limit of Insurance:

\$10,000,000 per offense inclusive of the amount of the deductible

Criminal Defense Reimbursement (Coverage D) Limit of Insurance: \$100,000 per occurrence

Note: The Limit of Insurance for Bodily Injury and Property Damage (Coverage A) and the Limit of Insurance for Personal Injury (Coverage B) and Errors and Omissions (Coverage C) and Criminal Defense Reimbursement (Coverage D) are part of and not in addition to the Public Entity Liability Limit of Insurance.

Limit for Uninsured Motorist Liability: \$25,000 per person / \$50,000 per accident, inclusive of the amount of the deductible

Limit of Underinsured Motorist Liability: \$ n/a per person/\$ n/a per accident, inclusive of the amount of the deductible

Limit for Medical Payments Coverage: \$ n/a per person per accident, as per Endorsement WCMIC03103, if applicable

**RETROACTIVE DATE (COVERAGES A & B, excluding claims arising out of
the use, loading or unloading of an automobile):**

5/1/1986

(Enter Date or "None" if no Retroactive Date applies)

RETROACTIVE DATE (COVERAGE C):

1/1/1987

(Enter Date or "None" if no Retroactive Date applies)

DEDUCTIBLE: Liability Deductible as per Endorsement DED09 (10-09)

PREMIUM Net Premium: \$186,822.00

The Premium for this policy is determined by the rate for this entity for this period applied to the actual ratable operating expenditures taken from the 12/31/2021 Audited Financial Statement.

William Johnson Jr.

Chairman

Thomas Weyner

Secretary

2/24/2023

Date

Karen Flynn

Authorized Agent



WISCONSIN COUNTY MUTUAL INSURANCE CORPORATION

NURSING HOME LIABILITY ENDORSEMENT

Named Insured: Clark County

Date this endorsement takes effect: 1/1/2023

Endorsement number: 1

Policy Number: 11023

Policy Period: 1/1/2023 - 1/1/2024

(We will not fill in the above unless we issue this endorsement after we issue your policy.)

In consideration of the additional premium specified below, Section V – Exclusions C., is hereby deleted in its entirety and replaced with the following exclusion:

C. As respects coverage afforded under Section I, Coverage A – *Bodily Injury and Property Damage*, liability arising out of any hospital, mental health facility or other operation which provides *medical professional services*, but this exclusion does not apply to activities of: (1) a public health nurse while acting within the scope of his or her employment by you; (2) exclusively outpatient facilities for treatment of drug or alcohol dependency disabilities and their employees who are not physicians or physician's assistants; (3) *emergency medical personnel*; or (4) your owned and operated nursing home and its employees who are not physicians or physician's assistants. Coverage provided by this endorsement is subject to the following policy sublimit only:

Coverage A - \$3,000,000 per occurrence
\$3,000,000 policy aggregate

Name of Facility: CLARK COUNTY REHABILITATION & LIVING CENTER

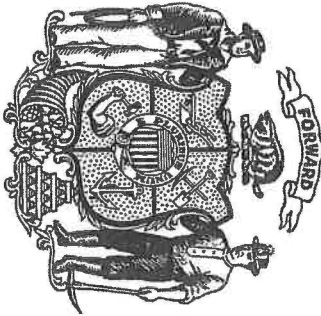
Annual premium: \$61,262.00

2/24/2023

Date

Karen Flynn

Authorized Agent



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

This is to certify that
doing business as
at the location

WOODLAND ENHANCED HEALTH SERVICES COMMISSION
CLARK COUNTY REHABILITATION & LIVING CENTER
W4266 COUNTY HIGHWAY X
OWEN, WI 54460

is licensed to operate a SKILLED CARE NURSING HOME in CLARK COUNTY, WISCONSIN

License Type: REGULAR

This license is granted for a maximum capacity of:

Private beds:	102
Non-Private beds:	<u>70</u>
Total beds:	172

The Facility Profile/Biennial Report is available at this facility for inspection upon request. This license will remain in effect unless expired, suspended, revoked or voluntarily surrendered. Any and all exceptions, stipulations, or conditions to this license shall be posted next to the license certificate.

Otis Woods, Administrator DQA

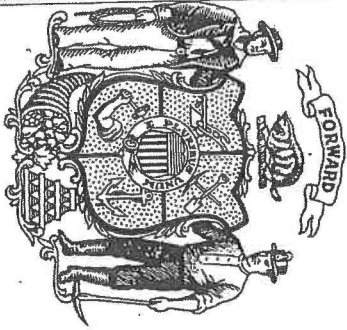
License Number: 2387

Initial Date: 01/01/1974

Effective Date: 03/03/2021

Karen E. Timberlake, Secretary DHS

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



The State of Wisconsin

Department of Health Services

Division of Quality Assurance

This is to certify that
doing business as
at the location

WOODLAND ENHANCED HEALTH SERVICES COMMISSION
CLARK COUNTY REHABILITATION & LIVING CENTER-RDD
W4266 COUNTY HIGHWAY X
OWEN, WI 54460

License Number: 3014
Initial Date: 10/30/1989
Effective Date: 02/01/2015

is licensed to operate a DEVELOPMENTALLY DISABLED NURSING HOME in CLARK COUNTY, WISCONSIN

License Type: REGULAR

This license is granted for a maximum capacity of:

Private beds:	12
Non-Private beds:	4
Total beds:	16

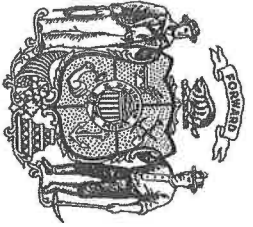
ADMISSIONS ARE RESTRICTED TO RESIDENTS WHO ARE DEVELOPMENTALLY DISABLED

The Facility Profile/Biennial Report is available at this facility for inspection upon request.
This license will remain in effect unless expired, suspended, revoked or voluntarily surrendered. Any and all exceptions, stipulations, or conditions to this license shall be posted next to the license certificate.

M.S. Rhoades

Kitty Rhoades, Secretary DHS

This license is not transferrable or assignable
Post in a conspicuous place on premises



State of Wisconsin

Department of Health Services
Division of Quality Assurance

COMMUNITY-BASED RESIDENTIAL FACILITY LICENSE

CLARK COUNTY HEALTH CARE CENTER

W4266 COUNTY HIGHWAY X

OWEN, WI 54460

IS LICENSED TO OPERATE A FACILITY KNOWN AS

WOODLAND CARE CBRF

W4266 COUNTY HIGHWAY X

OWEN, WI 54460

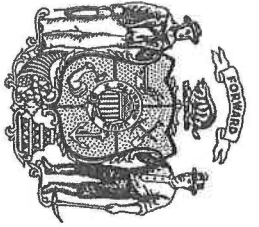
MAXIMUM CAPACITY:
LICENSE NUMBER:
DATE ISSUED:
CLIENT GROUPS SERVED:
CLASSIFICATION:

8
0014104
05/25/2012
AMENDED: 04/15/2015
DEVELOPMENTALLY DISABLED
EMOTIONALLY DISTURBED/MENTAL ILLNESS
Class C ambulatory (CA). A class C ambulatory CBRF may serve only residents who are ambulatory but one or more of whom are not mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

O. Woods
Otis Woods, Administrator
Division of Quality Assurance

Kitty Rhoades
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



State of Wisconsin

Department of Health Services
Division of Quality Assurance

ADULT DAY CARE CERTIFICATE

CLARK COUNTY HEALTH CARE CENTER
W4266 COUNTY HIGHWAY X
OWEN, WI 54460

IS CERTIFIED TO OPERATE A FACILITY KNOWN AS

WILLOW RIDGE ADULT DAY CARE I
W4266 COUNTY HIGHWAY X
OWEN, WI 54460

MAXIMUM CAPACITY: 16
CERTIFICATION NUMBER: 500004
DATE ISSUED: 12/21/1989
HOURS OF OPERATION: 0730A0345P
DAYS OF OPERATION: MONFRI
CLIENT GROUPS SERVED: DEVELOPMENTALLY DISABLED

AMENDED: 04/23/2015

EMOTIONALLY DISTURBED/MENTAL ILLNESS

IRREVERSIBLE DEMENTIA/ALZHEIMER'S

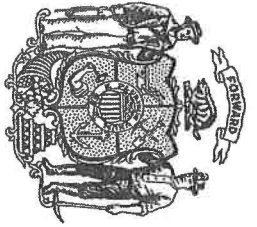
Handwritten signature of Otis Woods.

Otis Woods, Administrator
Division of Quality Assurance

Handwritten signature of Kitty Rhoades.

Kitty Rhoades, Secretary
Department of Health Services

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



State of Wisconsin

Department of Health Services
Division of Quality Assurance

ADULT DAY CARE CERTIFICATE

CLARK COUNTY HEALTH CARE CENTER
W4266 COUNTY HIGHWAY X
OWEN, WI 54460

IS CERTIFIED TO OPERATE A FACILITY KNOWN AS

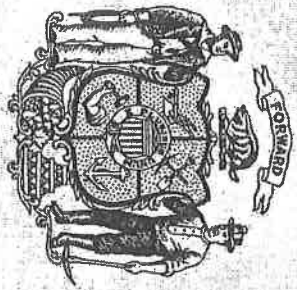
WILLOW RIDGE ADULT DAY CENTER II
W4266 COUNTY HIGHWAY X
OWEN, WI 54460

MAXIMUM CAPACITY: 6
CERTIFICATION NUMBER: 500011
DATE ISSUED: 01/01/1998
HOURS OF OPERATION: 0730A0345P
DAYS OF OPERATION: MON-FRI
CLIENT GROUPS SERVED: DEVELOPMENTALLY DISABLED

Olis Woods
Olis Woods, Administrator
Division of Quality Assurance

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

Kitty Rhoades
Kitty Rhoades, Secretary
Department of Health Services



State of Wisconsin

Department of Health Services
Division of Quality Assurance

ADULT DAY CARE CERTIFICATE

CLARK COUNTY REHABILITATION AND LIVING CENTER

W4266 CTH X
OWEN, WI 54460

IS CERTIFIED TO OPERATE A FACILITY KNOWN AS

WILLOW RIDGE ADULT DAY CARE SITE III
237 W 6TH ST APT 1
NEILLSVILLE, WI 54456

MAXIMUM CAPACITY:
CERTIFICATION NUMBER:

10
0016581

DATE ISSUED:

07/31/2017

HOURS OF OPERATION:
DAYS OF OPERATION:

0830A0300P
MON-FRI

CLIENT GROUPS SERVED:

ADVANCED AGED
IRREVERSIBLE DEMENTIA/ALZHEIMERS
TRAUMATIC BRAIN INJURY

DEVELOPMENTALLY DISABLED
PHYSICALLY DISABLED

EMOTIONALLY DISTURBED/MENTAL ILLNESS
TERMINALLY ILL

Otis Woods, Administrator
Division of Quality Assurance

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

POST IN A CONSPICUOUS PLACE ON PREMISES

Linda Seemeyer, Secretary
Department of Health Services

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165 (12/2021)

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

Clark County (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.

Wayne Hendrickson
SIGNATURE – Authorized Representative

Date: 1-14-22

Printed name: Wayne Hendrickson

Title: County Board Chair

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.

APPENDIX A-1: RECIPIENT CONTACT INFORMATION

Name of Recipient

Jennifer Brock

Date this form was completed 01/10/2022

Street Address

517 Court Street, Room 205

City

Neillsville

State

WI

Zip Code

54446

Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions:

Jennifer Brock

Address

517 Court Street, Room 205, Neillsville, WI 54456

Telephone Number

(715)743- 5298

Email Address

Jennifer.brock@co.clark.wi.us

Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities:

Christina Jensen

Address

517 Court Street, Neillsville, WI 54456

Telephone Number

(715)7435150

Email Address

Christina.jensen@co.clark.wi.us

Name and title of Recipient-Authorized Representative Making Assurances

Wayne Hendrickson-County Board Chairman

Address

517 Court Street, Neillsville, WI 54456

Telephone Number

(715)743-5225

Email Address

Wayne.hendrickson@co.clark.wi.us

Instructions for completing Recipient Contact Information

- 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).

APPENDIX A-2: FUNDING RELATIONSHIP TO DHS / DCF

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

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. <u>Attached</u> 2. 3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF <input checked="" type="radio"/> Yes	No	1. <u>Attached</u> 2. 3.	
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: <u>Western (WAEA)</u>	<input checked="" type="radio"/> Yes	No	1. 2. 3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities:	Yes	<input checked="" type="radio"/> 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.

	A	B	C
1			
2	GRANT / STATE AND FEDERAL AID FUNDING		
3			2022
4	TITLE / DESCRIPTION	GRANT / AID	GRANT / AID
5	GRANT / STATE OR FEDERAL AID	FUNDING SOURCE	AMOUNT
6			
7	Child Care Certification	DCF	9,002
8	Safe & Stable	DCF	42,827
9	Kinship Benefits	DCF	18,288
10	Kinship Assessments	DCF	1,829
11	Retention Incentives (Foster Parents)	DCF	5,000
12	Foster Parent Training	DCF	3,473
13	Youth Justice Innovation	DCF	25,000
14	JJ AODA	DCF	8,734
15	JJ Youth Aids	DCF	418,552
16	CHIPS Legal	DCF	4,160
17	BCA + State Match	DCF	940,887
18	TPR Adoption	DCF	10,920
19	WiSACWIS & Related Program Staff	DCF	2,390
20	DSP In-Home Safety Services	DCF	0
21	TSSF	DCF	42,800
22	Adult Protective Services	DHS	38,251
23	CST	DHS	60,000
24	BCA + State Match	DHS	95,809
25	WHEAP	DOA	60,000
26	Elder Abuse	GWAAR	18,821
27	EFSP Phase 36 Rental Assistance	Unitied Way	0
28	EFSP Phase 39 Rental Assistance	Unitied Way	5,284
29	IM/Child Care Auth & Elig	DHS	658,697
30			
31	DCF = Division of Children & Families		
32	DHS = Dept of Health Services		
33	DOA - Dept of Admin		
34	GWAAR - Greater WI Area Agency		

APPENDIX A-2: FUNDING RELATIONSHIP TO DHS / DCF

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

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="checkbox"/> Yes	No	1. See Attached Letterhead	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	
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: <u>WWPHRC</u> Western Wisconsin Public Health Readiness Consortium	<input checked="" type="checkbox"/> Yes	No	1. WWPHRC	\$6,950
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities:	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.



APPENDIX A-2: FUNDING RELATIONSHIP TO DHS/DCF

Contract or Program Name	Funding Amount (\$)
1. Immunization Action Plan	\$13,355
2. Maternal Child Health	\$32,966
3. Childhood Lead	\$4,752
4. Enhancing Detection – COVID	\$211,200
5. Lead Safe Homes	\$286,650
6. Women's Health/Family Planning	\$6,033
7. Women's Health/Family Planning GPR	\$35,890
8. TITLE X SERVICES	\$18,200
9. TPCP WI Wins	\$2,400
10. Prevention	\$11,402
11. Bioterrorism - Preparedness	\$35,129
12. Wisconsin Seal-A-Smile	\$23,200*
	*Award estimate, performance based.
13. ELC Cares – COVID19	\$16,200
14. Cares COVID19 Testing Coordination	\$72,400
15. Cares COVID19 Plan	\$30,000
16. COVID19 Contact Tracing	\$298,611
17. Communicable Disease Control and Prevention	\$4,000
18. Workforce Development	\$83,600
19. COVID Immunization Supplement	\$69,100
20. ARPA COVID Recovery Fund	\$453,100

APPENDIX A-2: FUNDING RELATIONSHIP TO DHS / DCF

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

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="checkbox"/> Yes	No	1. Birth to 3	\$90,014.00
			2. Children's COP	\$95,905.00
			3. Children's LTS Waiver	\$28,085.00
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	
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.	Yes	<input checked="" type="checkbox"/> No	1.	
2.				
3.				
Name of County or Consortium: _____				
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF.	Yes	<input checked="" type="checkbox"/> No	1.	
			2.	
			3.	
Name of the entity/entities:				

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.

APPENDIX A-2: FUNDING RELATIONSHIP TO DHS / DCF

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

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS Yes	No	1. 2. 3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	No	1. Child Support 2. 3.	167,493
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: _____	Yes	No	1. 2. 3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities:	Yes	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.

APPENDIX A-2: FUNDING RELATIONSHIP TO DHS / DCF

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

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. See attached	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	
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: <u>Marathon</u>	<input checked="" type="radio"/> Yes	No	1. Marathon county ADRC	Cost per meal
			2.	
			3.	
Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. Name of the entity/entities:	<input checked="" type="radio"/> Yes	No	1. GWAAR	See Attached
			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.

Department	Name of Grant	Grant Amount	CFDA # or State ID #	Pass-through Agency	Pass Through Entity ID #	Grant Start Date	Grant End Date
ADRC	Aging and Disability Resource Center Grant	292,874.00		Dept. of Health & Human Services		1/1/2022	12/31/2022
ADRC	Medicare Improvements for Patients and providers Act	3,939.00		Dept. of Health & Human Services		9/1/2021	8/31/2022
ADRC	Expanding Access to COVID-19 vaccines via the Aging networks	5,450.00		93.044 Dept. of Health & Human Services		4/1/2021	12/31/2021
ADRC	EBS SPAP REIMB	5,432.00		560328 Dept of Health Services		1/1/2021	12/31/2021
ADRC	Health Ins Informa TN SHIP	4,470.00		560432 Dept of Health Services		4/1/2021	3/31/2022
ADRC	COVID-19 Vaccination Community Outreach Grant	7,500.00		560201 Dept of Health Services		3/1/2021	8/31/2021
Aging	ARRA IIIB Supportive Services	25,252.00		93.044 ARPA			
Aging	ARRA IIIC-1 Cong Meal Program	23,993.00		93.045 ARPA			
Aging	ARRA IIIC-2 Home Delivered Meals	20,070.00		93.045 ARPA			
Aging	ARRA IIID Preventive Health	3,965.00		93.043 ARPA			
Aging	ARRA IIIE Family Caregiver Support	6,560.00		93.052 ARPA			
Aging	Nutrition Services Incentive Program (NSIP)	29,585.00		93.053 GWAAR		10/1/2021	9/30/2022
Aging	(HDCS) Consolidated Appropriations ACT, 2021 suppl. Funding, nutrition OAA Title III-C2	18,139.00		GWAAR		1/1/2021	12/31/2021
Aging	Alzheimer's Family Caregiver Support Program (AFCSP)	15,948.00		GWAAR		1/1/2021	12/31/2021
Aging	Title IIIB Supportive Services	49,352.00		93.044 GWAAR		1/1/2021	12/31/2021
Aging	Title IIIC-1 Cong Meal Program	139,133.00	435-560350	GWAAR		1/1/2021	12/31/2021
Aging	Title IIIC-2 Home Delivered Meals	27,261.00		93.045 GWAAR		1/1/2021	12/31/2021
Aging	Title IIID Preventive Health	7,792.00	435-560360	GWAAR		1/1/2021	12/31/2021
Aging	Title IIIE Family Caregiver Support	27,711.00		93.045 GWAAR		1/1/2021	12/31/2021
Aging	Senior Community Services Program	8,412.00		93.052 GWAAR		1/1/2021	12/31/2021
Aging	Alzheimer's Family Support	15,948.00	435-560321	GWAAR		1/1/2021	12/31/2021

Funding Relationship to DHS/DCF/DWD and/or another Recipient

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

			Contract or Program Name	Funding Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding.	DHS <input checked="" type="radio"/> Yes	No	1. Medicaid FFS	2,928,453
			2. WIC	174,650
			3. Family Care	4,282,036
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO) with DCF to receive Federal funding	DCF Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO) with DWD to receive Federal funding	DWD Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	
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/DWD. Name of County or Consortium? _____	<input checked="" type="radio"/> Yes	No	1. Barron	Varies
			2. Chippewa	Varies
			3. Eau Claire, Florence, Outagamie, Pepin, Portage, Price, Rusk, Taylor, Walworth, Wood	Varies
Our agency/entity has a sub-contract with another entity that receives Federal funding from DHS/DCF/DWD. Name of the entity/entities: _____	Yes	<input checked="" type="radio"/> No	1.	
			2.	
			3.	

Instructions for completing Funding Relationship to DHS, DCF or DWD

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.

APPENDIX A-3: FUNDED PROGRAMS CHECKLIST

- Completing this Section will allow DHS or DCF to identify the Federally funded programs and activities that you administer.
- The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the Federal program, grant, or agreement in the section titled "Other: specify."

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):

<p>HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:</p> <p><input checked="" type="checkbox"/> BadgerCare Plus</p> <p><input checked="" type="checkbox"/> Birth to 3</p> <p><input checked="" type="checkbox"/> Children's Long Term Support Waiver</p> <p><input checked="" type="checkbox"/> Children's Community Options Program</p> <p><input checked="" type="checkbox"/> Family Care</p> <p><input checked="" type="checkbox"/> Family Planning Only</p> <p><input checked="" type="checkbox"/> IRIS</p> <p><input type="checkbox"/> Katie Beckett</p> <p><input checked="" type="checkbox"/> Medicaid for the Elderly, Blind, or Disabled</p> <p><input checked="" type="checkbox"/> Medicaid Purchase Plan</p> <p><input type="checkbox"/> PACE</p> <p><input checked="" type="checkbox"/> SeniorCare</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> Well Women Medicaid</p> <p><input type="checkbox"/> Other: Specify</p> <p>Please list your specific Federal grant/funding source if not listed above.</p>	<p>USDA (FNS) programs:</p> <p><input checked="" type="checkbox"/> FoodShare/SNAP</p> <p><input type="checkbox"/> Food Stamp Employment and Training (FSET)</p> <p><input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP)</p> <p><input checked="" type="checkbox"/> Women Infants and Children (WIC)</p> <p><input type="checkbox"/> Commodity Supplemental Food Program</p> <p><input checked="" type="checkbox"/> WIC Farmer's Market Nutrition Program</p> <p><input type="checkbox"/> Senior Farmer's Market Nutrition Program</p> <p><input type="checkbox"/> Other: Specify</p>
--	---

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 checked="" type="checkbox"/> Promoting Safe and Stable Families
<input type="checkbox"/> Brighter Futures Initiative	<input type="checkbox"/> Refugee Assistance and Services
<input checked="" type="checkbox"/> Child Abuse and Neglect - Child Protective Services	<input type="checkbox"/> Runaway Youth Services
<input checked="" type="checkbox"/> Child Abuse and Neglect – Prevention Services	<input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First
<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Child Support	
<input checked="" type="checkbox"/> Child Welfare Case Management Services	
<input type="checkbox"/> Community Services Block Grant Services	
<input type="checkbox"/> Domestic Violence/Domestic Abuse	
<input checked="" type="checkbox"/> Foster Care Payments	
<input type="checkbox"/> Home Visiting Services	
<input type="checkbox"/> Independent Living Services	
<input type="checkbox"/> Indian Child Welfare	
<input checked="" 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.