



CONTRACT FOR SERVICES
between
State of Wisconsin Department of Health Services (DHS)
and
PO
for
Program of All-Inclusive Care for the Elderly (PACE)

This Contract is between the State of Wisconsin Department of Health Services (DHS), at 1 West Wilson Street, Madison, Wisconsin 53703, and PO. at [address]. With the exception of the terms being modified by this Contract modification, all other terms and conditions of the existing contract, including funding, remain in full force and effect. This Modification, including any and all attachments herein and the existing contract, collectively, are the complete contract of the parties and supersede any prior contracts or representations. DHS and the Contractor acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing contract as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

Contract ID Number:

Contract Amount: See per member per month capitation rates in contract, effective January 1, 2020 and in this amendment

Contract Term: January 1, 2020 to December 31, 2021

Optional Renewal Terms: n/a

DHS Division: Division of Medicaid Services

DHS Contract Administrator: Dana Raue, Dana.Raue@dhs.wisconsin.gov

DHS Contract Manager: John Kivisaari, John.Kivisaari@dhs.wisconsin.gov

Contractor Contract Administrator:

Contractor Telephone:

Contractor Email:

Modification Description: Expansion of PACE service area to include Kenosha County

Effective August 1, 2021

Article XIX. PACE Specific Contract Terms

...

E. Capitation Rate

Kenosha County, Milwaukee County, Racine County, and Waukesha County

Level of Care	Target Group	Administrative	Long Term Care	Medical
Nursing Home – Monthly	Developmentally Disabled			

(Dual Eligible)				
Nursing Home – Monthly (Dual Eligible)	Physically Disabled			
Nursing Home – Monthly (Dual Eligible)	Frail Elder			
Nursing Home – Monthly (Non-Dual Eligible)	Developmentally Disabled			
Nursing Home – Monthly (Non-Dual Eligible)	Physically Disabled			
Nursing Home – Monthly (Non-Dual Eligible)	Frail Elder			

**State of Wisconsin
Department of Health Services**

Authorized Representative

Name: James D. Jones

Title: Medicaid Director

Signature: _____

Date: _____

Contractor

Contractor Name: _____

Authorized Representative

Name: _____

Title: _____

Signature: _____

Date: _____