

ATTESTATION

I, Bruce Kamradt, hereby attest and affirm that any funds paid to the Milwaukee County Wraparound Milwaukee program through this contract with the State of Wisconsin Department of Health Services for services to Medicaid recipients primarily benefit these Medicaid recipients. I furthermore understand that since the State administers these programs through risk-based contracts with public entities, CMS requests the State provide the Regional Office with this written assurance that any funds paid to these counties primarily benefit Medicaid beneficiaries.

Bruce Kamradt
(Signature)

Oct 12, 2012
(Date)

Bruce Kamradt,
(Print Name and Title)
Project Director

10-12-12
(Print Date)