

**Exhibit 32 – Opt-in Certification**  
**Certification to opt into Electronic Signature Process for**  
**Modifying Section 218 Agreement**

The State of \_\_\_\_\_, acting through the undersigned State official (the State), hereby opts into the electronic signature process described in the Social Security Administration’s (SSA’s) Program Operations Manual System (POMS) State & Local Coverage Handbook (SL) 40001.421 (“Electronic Signatures for Modifications and Notices”).

The State hereby agrees that, under the electronic signature process, the State and the Commissioner of Social Security (Commissioner) may execute modifications and notifications to the State’s Section 218 Agreement in Portable Document Format (PDF) using electronic signatures applied through Adobe Acrobat Sign, DocuSign, or an equivalent product or service that the parties have agreed upon.

The State further agrees that neither it nor a political subdivision of the State will challenge the validity of a modification or notice executed through the electronic signature process after the Commissioner’s receipt of this Certification on the basis of a conforming electronic signature added by the State or Commissioner, or on the basis that the executed modification or notice is an electronic rather than paper document.

The State hereby certifies that the electronic signature process complies with applicable State law. Further, the State agrees to notify the Commissioner promptly of any changes to State law that affect the terms or validity of the Certification or the State’s ability to opt into the electronic signature process.

\_\_\_\_\_  
Name/Title of Designated State Official

\_\_\_\_\_  
Signature date

\_\_\_\_\_  
Date that SSA received  
Certification