

**DIVISION OF PUBLIC HEALTH
DPH CONTRACT 24140
AMENDMENT 2**

The Department of Health Services, on behalf of the Division of Public Health and Brown County Health Department agree to amend their original Consolidated Contract for the programs titled Infrastructure (72000) and HIV Prevention (155957) as follows:

REVISION: SECTION 5. SERVICES

Additional projects to be completed as detailed in attached Exhibit(s).

REVISION: SECTION 34.A.1 CONTRACT PERIOD

Insert: "The contract period for Profile 72000 is limited to January 1, 2014 through September 29, 2014. No expenses incurred after September 29, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014."

REVISION: SECTION 34.A.2 FINAL REPORT DATES

Insert: "The due date of the final fiscal report for Profile 72000 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 72000, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement."

Adjustment will be made to the Community Aids Reporting System (CARS) based on the information in the table below.

Agency #	Agency Type	Profile #	Current Contract Level	Contract Change Amount	New Contract Level	Contract Period
5	430	72000	\$0	\$0	\$9400	1/1/14-9/29/14
5	430	155957	\$0	\$0	\$12000	1/1/14-12/31/14

All other terms and conditions of the original agreement remain unchanged.

GRANTEE's Authorized Representative
Name:
Title:

Date

GRANTOR's Authorized Representative
Donna J. Moore
Operation Director, acting for
Administrator / Deputy Administrator, Division of Public Health
Department of Health Services

Date

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140
Program: INFRASTRUCTURE & QI

Agency: Brown County Health Department
Objective #: 1 of 3

Contract Year: 2014
Objective Value: \$3,000

Objective: Primary Details

Objective Statement

Template Objective 1

By September 29, 2014, Brown County and DePere health departments will complete a self-assessment identifying strengths and weaknesses related to PHAB Standards and Measures. (Planning)

Deliverable Due Date: 10/31/2014

Contract Deliverable (Evidence)

Completed self-assessment. Using a template provided by DPH, a mid-year (interim) report is due March 31, 2014 and an end-of-year (EOY) report is due October 31, 2014.

Programs Providing Funds for this Objective

INFRASTRUCTURE & QI: \$3,000

Agency Funds for this Objective:

Data Source for Measurement

Sompleted assessment.

Baseline for Measurement

Completed assessment.

Context

Refer to RFA. Announcement Fall 2013. Funding begins January 2014.

Context Continued

Input Activities

Tool will be selected, line staff/management will complete self-assessment, assessments will be summarized, and info will be completed for report.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140
Program: INFRASTRUCTURE & QI

Agency: Brown County Health Department
Objective #: 2 of 3

Contract Year: 2014
Objective Value: \$3,000

Objective: Primary Details

Objective Statement

Template Objective 2

By September 29, 2014, Brown County and De Pere health departments will have developed a quality improvement (QI) plan addressing weaknesses identified in the self-assessment. (Planning)

Deliverable Due Date: 10/31/2014

Contract Deliverable (Evidence)

QI Plan indicating areas needing improvement, proposed projects to address those areas and responsible staff. Using a template provided by DPH, a mid-year (interim) report is due March 31, 2014 and an end-of-year (EOY) report is due October 31, 2014.

Programs Providing Funds for this Objective

INFRASTRUCTURE & QI: \$3,000

Agency Funds for this Objective:

Data Source for Measurement

QI plan developed.

Baseline for Measurement

QI plan developed.

Context

Refer to RFA. Announcement Fall 2013. Funding begins January 2014.

Context Continued

Input Activities

Workgroups of staff will be formed to work with management re to specific areas needing improvement plans, and a list of needed improvements, projects, priorities, timetable, and assigned staff will be developed.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140
Program: INFRASTRUCTURE & QI

Agency: Brown County Health Department
Objective #: 3 of 3

Contract Year: 2014
Objective Value: \$3,400

Objective: Primary Details

Objective Statement

Template Objective 3

By September 29, 2014, Brown County and De Pere health departments will have completed at least one quality improvement (QI) project identified in the quality improvement plan. (Planning)

Deliverable Due Date: 10/31/2014

Contract Deliverable (Evidence)

A report documenting the results of the QI process. Using a template provided by DPH, a mid-year (interim) report is due March 31, 2014 and an end-of-year (EOY) report is due October 31, 2014.

Programs Providing Funds for this Objective

INFRASTRUCTURE & QI: \$3,400

Agency Funds for this Objective:

Data Source for Measurement

Written summary of completed quality improvement project including activities and results.

Baseline for Measurement

Written summary of completed quality improvement project including activities and results.

Context

Refer to RFA. Announcement Fall 2013. Funding begins January 2014.

Context Continued

Input Activities

Assigned staff will organize to address highest priority, achievable project for quality improvement, workplan for improvement of selected priority will be developed, workplan will be implemented, and project activities and results will be summarized in a report.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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2014 HIV Prevention Contract: Special Provisions

As noted in Section XXIV of your 2014 contract, *Special Provisions*, HIV prevention and testing programs must be carried out in accordance with the policies, procedures and guidelines generated by the Wisconsin DHS AIDS/HIV Program.

Summaries of some key policies and procedures are listed below. The full text of policies, procedures and guidelines are available through the listed internet links, and/or by request to your Program Contact Monitor.

Fiscal Management

- I. As in previous years, contract billing and fiscal management of these contracts will be managed through the Department's *Community Aids Reporting System (CARS)*. When you receive your contract for signature, carefully review the *CARS Payment Information* section and contact your contract monitor immediately if any of the information is out-of-date or needs to be corrected. Information about CARS can be found at <http://www.dhs.wisconsin.gov/bfs/CARS/index.htm>.
- II. Contract funds are to support activities outlined in the contract agreement, and should not support activities that fall outside the agreement or are already supported by other sources.
- III. All contractees receiving grants of \$25,000 or above are required to perform an audit on an annual basis, as determined by the contractee's fiscal year.
- IV. Materials provided by the state for program use - including but not limited to HIV test kits and condoms - are *not* to be re-sold or charged for use when services are provided to individuals or agencies.
- V. Additional information about *allowable costs*, *audits* and other fiscal policies can be found in the *Fiscal Management Manual*, available at:

<http://dhsweb.dhs.wistate.us/fiscal/ADMIN/FiscalManuals.htm>.

Staffing

- I. **Staffing plans** – Your proposed 2014 budget should include complete staffing information. For each position supported with HIV Prevention contract funds in 2014, your budget should reflect:
 - o TITLE of the position being funded
 - o NAME of the current staff person in each position
 - o TIME this person will spend on contract activities (as % of full time employee [FTE] based on a 40-hour work week). If your agency will institute employee furloughs, temporary salary reductions or similar mechanisms as a cost-saving measure in 2014, your budget should indicate the *actual* staff time/salary for each employee *AFTER* the application of any anticipated cost-saving measures.

- II. **Mid-year staff changes** - notifying AIDS/HIV Program staff promptly about staff changes is a contractual obligation. Contractees are asked to comply with the following guidelines:
- 1) Inform your Contract Monitor *within 48 hours* upon the departure of any staff person (including volunteers) with *Evaluation Web* access. This is vital to ensure the security of *EvaluationWeb* data.
 - 2) Inform your Contract Monitor within 10 working days of the departure of any staff named in your agency's *2014 Intervention Plan* or listed on your agency's 2014 budget.
 - 3) For any position left unfilled for 60 calendar days, agencies will be contacted by their Contract Monitor to collaboratively develop a staff recruitment plan and/or budget revision to ensure continuity of coverage for prevention program efforts.
 - 4) As per section XVI(3) of the contract, budget changes with the potential to impact program performance, including staff changes, must be communicated promptly to your Contract Monitor. Agencies submitting billing for staff positions that are not currently filled are in danger of violation of their contract terms, and subject to potential penalties including termination of the contract.

Protecting the health and wellbeing of minors

- I. **HIV Testing and Disclosure**- As per Wisconsin statute 252.15 (2m)(c), and as affirmed in *2009 Wisconsin Act 209*, minors over the age of 14 are considered authorized to consent for their own HIV testing, and test results must be provided only to the minor or their authorized representative, and *"...only the minor or his or her authorized representative may consent to or decline an HIV test. In addition, with regard to such a minor, only the minor or his or her authorized representative may exercise the test subject's authority to disclose the HIV test results."*
- II. **Implementation of Trauma Informed Care (TIC) - addressing adverse childhood experiences (ACEs)** Abuse, neglect and household dysfunction during a person's first 18 years of life has been shown to have a lasting impact on their health and wellbeing throughout adulthood. As part of addressing the social determinants of HIV risk, the Program will be working with providers to address the following recommendations from the *Wisconsin Children's Trust Fund ACEs report*
[_\(<http://wichildrenstrustfund.org/index.php?section=adverse-childhood>.\)](http://wichildrenstrustfund.org/index.php?section=adverse-childhood)
 - Increase awareness of ACEs and their impact on health and well-being.
 - Increase assessment of and response to ACEs in health care settings.
 - Enhance the capacity of communities to prevent and respond to ACEs.
 - Continue to collect Wisconsin-specific data on the relationship between ACEs and health outcomes.

Contractees will be expected to participate in the development of *Trauma Informed Care* protocols for their agency, including attending trainings and meetings as required by the AIDS/HIV Program.

- All new agency staff who routinely have client contact will be required to watch the Program's webinar series on *Adverse Childhood Experiences (ACEs)* and *Trauma Informed Care (TIC)* as part of their orientation process. This should be completed within 30 days of the new employee's start date.
- Selected staff will be required to attend periodic trainings on development and implementation of TIC protocols during the 2014 grant year. Agencies should select staff members who conduct mental health assessments and services to clients. The list of staff to attend must be approved by the Contract Monitor.

Service Delivery and Data Security Policy and Procedures

- I. Providers are required to be familiar with the policies, procedures and guidelines appropriate to the HIV prevention services they are delivering under this contract.
- II. All users of *EvaluationWeb* need to review and sign the CDC's *Rules of Behavior for CDC Data Systems Users*. A copy of this document can be found on the *EvaluationWeb* login page.
- III. Providers delivering CTR services must do so in compliance with the *CTR Policy and Procedure Guidelines* developed by the AIDS/HIV Program.
- IV. Providers delivering rapid result HIV testing services must do so in compliance with the *Rapid HIV Testing Policy and Procedure Guidelines* developed by the AIDS/HIV Program.
- V. Providers delivering HIV Partner Services must do so in compliance with the *HIV Partner Services Policy and Procedure Guidelines* developed by the AIDS/HIV Program.
- VI. All providers developing materials utilizing grant funds – including audiovisual, print and web-based education - must follow the *Materials Development and Review* guidelines developed by the AIDS/HIV Program.
- VII. Providers must record program activities utilizing *EvaluationWeb* and/or *HIV PS Web* as instructed, and following the *Data Recording and Reporting Procedure* developed by the AIDS/HIV Program.
- VIII. Copies of all the current policy, procedure and reporting guidelines can be found at

<https://wi-ew.lutherconsulting.com/Wisconsin/>