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DIVISION OF PUBLIC HEALTH

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2014 DPH Consolidated Contract Addendum

This contract addendum is specific to LaCrosse County Health Department whose principal business address is 300 North Fourth Street, La Crosse WI, 54601-3299. The contact for the GRANTEES Contract Administrator is:

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Section 6.D Funding Controls

Payments through June 30, 2014 are limited to 6/12th of the contract with the balance paid after July 1, 2014 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12th Funding Controls			
Profile ID	**Name**	**Profile ID**	**Name**
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157000	WWWP		

Payments through September 30, 2014 are limited to 9/12th of the contract with the balance paid after October 1, 2014 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 159220 is limited to January 1, 2014 through August 31, 2014. No expenses incurred after August 31, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014.

2. Final Report Dates

The due date of the final fiscal report for Profile 154710 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 154710, 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.

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Program: Preventive Health and Health Services Block Grant
Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) Involvement of key policymakers and the general public in the development of comprehensive public health plans.

    B) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.

    C) Identification of the scientific basis (evidence base) for the intervention.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) There are no separate sub-criterion to this Quality Criteria Category.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) There are no separate sub-criterion to this Quality Criteria Category.

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.

    B) Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.

    C) All materials produced with PHHS Block Grant funds must include the following statement: "This publication was made possible by the PHHS Block Grant from the Centers for Disease Control and Prevention."

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

    A) There are no separate sub-criterion to this Quality Criteria Category.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

    A) There are no separate sub-criterion to this Quality Criteria Category.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

    A) Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

    A) Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

    A) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit I

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Program: Radon Indoor Radon RICs

Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) Contractee must assess surveillance data (including their own data) for prevalence of homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at www.lowradon.org.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) Cultural competence and other qualifications of persons delivering radon services must be the same as those of employees of local health agencies, such as environmental sanitarians and public health nurses.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) Contractee must maintain a database of measurements carried out by the public with agency assistance and, to the extent possible, follow cases of elevated exposures to promote appropriate interventions and outcomes. However, the ability to follow-up may be limited in some instances, since indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector.

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can't provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation services where appropriate.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

    A) Contractee must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.

    B) Contractee must participate in radon outreach training by their regional Radon Information Center, and coordinate outreach for the Radon Action Month media blitz in January with them.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

    A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and Web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is www.lowradon.org.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

A) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA's booklets: Citizen's Guide to Radon, Consumer's Guide to Radon Reduction, and Home Buyers and Seller's Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.

B) Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

A) Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

A) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.

B) Contractee's report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

Contract Agreement Addendum: Exhibit I

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Program: Wisconsin Well Woman
Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) There are no separate sub-criterion to this Quality Criteria Category.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) The following information applies only to breast cancer screening: 1) Each coordinating agency must ensure it focuses its breast cancer screening outreach efforts on women ages 50-64. Seventy-five percent of women receiving mammograms should be between the ages of 50 and 64. 2) Each coordinating agency must document attempts to contact annually 100% of the women enrolled in the program, where rescreening is clinically indicated, to arrange mammography rescreening examinations, and must assure that at least 50% of these women are rescreened for breast cancer. 3) Each coordinating agency must follow the program standards for median days between abnormal mammography results and final diagnosis for women enrolled in the program. The median days between an abnormal mammography result and final diagnosis shall be less than 60 days, with not more than 25% over 60 days. 4) Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious breast cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.

    B) The following information applies only to cervical cancer screening: 1) Each

    coordinating agency must follow the program standards for median days between abnormal Pap smear results and final diagnosis for women enrolled in the program. The median days between an abnormal Pap smear result and final diagnosis shall be less than 60 days, with no more than 25% over 60 days. 2)Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious cervical cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) Each coordinating agency must maintain a paper system or a computerized tracking database of women from its county enrolled in the program. At a minimum, the database should include annual eligibility determination, results of screening services provided, documentation of follow-up in situations of abnormal screening results, and recommended rescreening dates.

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) Each coordinating agency must document contacts made to recruit new WWWP clients with special emphasis on women 50-64 years of age. The agency must provide information and education about covered services and rescreening at appropriate intervals.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

    A) There are no separate sub-criterion to this Quality Criteria Category.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

    A) Each coordinating agency is responsible for recruiting new providers to the WWWP as needed.

    B) Women diagnosed with breast and/or cervical cancer will be referred to Well Woman Medicaid as appropriate.

    C) Each coordinating agency must document contacts with each of its WWWP providers as needed, but at least quarterly, to access program status, identify needs, and share information.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

    A) There are no separate sub-criterion to this Quality Criteria Category.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

    A) Each coordinating agency must ensure accurate eligibility determination whether completed by the local coordinating agency or the provider.

    B) Each coordinating agency must document attempts to ensure that billing problems between the providers and the fiscal agent are resolved.

    C) Each coordinating agency is responsible for educating clients on program-covered services and client responsibility for non-covered services.

    D) Each coordinating agency is responsible for educating providers on the WWWP and billing practices.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

    A) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit II

Program Objectives

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Contract Source of Funds

Source	Program	Amount
La Crosse County	Childhood Lead - Consolidated	$11,049
La Crosse County	Immunization - Consolidated IAP	$24,875
La Crosse County	Maternal Child Health - Consolidated	$50,511
La Crosse County	Prevention - Consolidated	$4,351
La Crosse County	Radon Regional Information Centers	$6,572
La Crosse County	WIC USDA	$412,225
La Crosse County	Well Woman - WWWP GPR ss.255.06(2) LPHD	$37,247
	Contract Amount	**$546,830**

Contract Match Requirements

Program	Amount
Childhood Lead	$0
Immunization	$0
MCH	$37,883
Prevention	$0
Radon-RICs	$0
WIC	$0
Well Woman	$0

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead	None Reported	$0
Immunization	None Reported	$0
MCH	None Reported	$0
Prevention	None Reported	$0
Radon-RICs	None Reported	$0
WIC	None Reported	$0
Well Woman	None Reported	$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Childhood Lead **Program Total Value $11,049**

1 Template Objective 5 $2,497

By December 31, 2014, 8 contractors, rental property owners or maintenance staff from laCrosse County will demonstrate knowledge of lead-safe renovation through completion of a course conducted by a certified training provider.

2 Template Objective 1 $4,500

By December 31, 2014, 250 children at risk for lead poisoning who reside in La Crosse County will receive an age-appropriate blood lead test.

3 Template Objective 4 $4,052

Throughout the 2014 contract period, residents from the jurisdiction of the La Crosse County Health Department will receive lead poisoning prevention and intervention services that are provided according to state guidelines.

Immunization **Program Total Value $24,875**

1 LHD Template Objective $24,875

By December 31, 2014, 76% children residing in La Crosse County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

MCH **Program Total Value $50,511**

1 Template Objective 1 $50,511

By December 31,2014, an assessment and plan for the Wisconsin Healthiest Families Initiative will be undertaken by the La Crosse County Health Department in collaboration with community partners focusing on family supports. (Steps 1 & 2).

Prevention **Program Total Value $4,351**

1 Template Objective 9 - National Public Health Standards $4,351

By August 31, 2014, La Crosse County Health Department will conduct one activity to prepare for voluntary accreditation by updating and revising agency policies and procedures.

Radon-RICs **Program Total Value $6,572**

1 This objective is for calendar year 2014. $6,572

WIC **Program Total Value $412,225**

1 Template Objective 1 $412,225

During the contract budget period of January 1, 2014 through December 30, 2014, the La Crosse County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Well Woman **Program Total Value $37,247**

1 Template Objective 1: $37,247

By December 31, 2014, 88 La Crosse County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Total of Contract Objective Values	$546,830
Total of Contract Statement Of Work Values	$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Childhood Lead Consolidated **Objective #:** 1 of 3 **Objective Value:** $2,497

Objective: Primary Details

Objective Statement

Template Objective 5

By December 31, 2014, 8 contractors, rental property owners or maintenance staff from laCrosse County will demonstrate knowledge of lead-safe renovation through completion of a course conducted by a certified training provider.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document: 1) the number of contractors, rental property owners or maintenance staff who gained knowledge of lead-safe renovation, as evidenced by successful completion of a post-test; and 2) the name of the certified training provider that conducted the lead-safe renovation course.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $2,497

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report; or SPHERE System Report, including information from the following screens: (1) System Activity-all required fields, including audience focus and documentation of additional information in the Results/Outcome field, and (2) Health Teaching Topic Environmental Lead Exposure.

Baseline for Measurement

Context

Acceptable value for this objective is up to $260 per anticipated course attendee. A certified training provider must conduct this standardized 8-hour, lead-safe renovation training course. The training components include: 1) health effects of lead poisoning; 2) regulations; 3) pre-renovation education requirements; 4) preparing the worksite; 4) non-abatement lead hazard control activities; and 5) clean-up and disposal; 6) final cleaning verification; and 7) recordkeeping. Successful completion of the course requires a score of at least 70% on a post-test given by the certified training provider.

The Wisconsin Lead-Safe Renovation Rule (DHS 163) protects occupants, especially children, from being exposed to lead-based paint hazards during and after renovation, repair and painting activities that disturb painted surfaces. The rule regulates renovation, repair and painting activities performed for compensation in housing and child-occupied facilities built prior to 1978.

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Childhood Lead Consolidated **Objective #:** 1 of 3 **Objective Value:** $2,497

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Childhood Lead Consolidated **Objective #:** 2 of 3 **Objective Value:** $4,500

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, 250 children at risk for lead poisoning who reside in La Crosse County will receive an age-appropriate blood lead test.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document the number of unduplicated children at risk for lead poisoning residing in La Crosse County who received a blood lead test at the appropriate ages: age 1 and age 2, or, if no prior test was done at age 1 or 2, between the ages 3 to 5.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $4,500

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report; or a SPHERE Individual/Household Report, including information from the Lead-testing screen.

Baseline for Measurement

Context

Acceptable value for this objective is up to $18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ¿ ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf, CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf, 2002).

Context Continued

Input Activities

$

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Childhood Lead Consolidated **Objective #:** 3 of 3 **Objective Value:** $4,052

Objective: Primary Details

Objective Statement

Template Objective 4

Throughout the 2014 contract period, residents from the jurisdiction of the La Crosse County Health Department will receive lead poisoning prevention and intervention services that are provided according to state guidelines.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document the extent to which assurance of each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 10 micrograms per deciliter and the number who received a venous confirmation test; 2) the number of families with children with a venous blood lead level greater than or equal to 10 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and treatment, and 3) the number of children with a venous blood lead level greater than or equal to 15 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $4,052

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

1) From January 1 - September 30, 2013 received results on three children with two having a capillary and one having a venous blood lead test greater than or equal to 10 micrograms per deciliter. The two children who had an elevated capillary result received a venous confirmation test.

2) Two children had a venous blood lead level greater than or equal to 10 micrograms per deciliter and one received a home visit to provide information on lead poisoning prevention and treatment. One child/family received education but child was placed in foster care and moved out of the home.

3) Zero children had a venous blood lead level greater than or equal to 15 micrograms per deciliter.

Context

There is no designated value range for this objective; it is automatically accepted if the entire Childhood Lead Poisoning Prevention Program (CLPPP) allocation is $6000 or less. If the allocation is greater than $6000 and the agency wants to select this objective, negotiation for the value of this objective is required. This assurance objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child¿s primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf, 2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Context Continued

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Childhood Lead Consolidated **Objective #:** 3 of 3 **Objective Value:** $4,052

Input Activities

Along with the Contract Deliverable, a feasability study will be conducted on:

-Following children with a capillary blood lead level between 5-9 micrograms per deciliter to receive a confirmatory venous blood lead test

-Provide a home visit for those with a venous blood lead level greater than or equal to 5 micrograms per deciliter to provide information on lead poisoning prevention and treatment.

Assessment of healthcare providers current education and recommendations on lead prevention and poisoning.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $24,875

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 76% children residing in La Crosse County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in La Crosse County jurisdiction who turned 24 months of age in 2014 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

For your information the cohort of children for this objective is:

Date of Birth 01/01/2012- 12/31/2012

Criteria for the 2014 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2012 ¿ 12/31/2012

Evaluation date: 01/01/2015

Run date: 02/15/2015

Programs Providing Funds for this Objective

Immunization: $24,875

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2012 end of year population based standard benchmark report will be used to determine the baseline for the 2014 population based objective. There is no percentage increase for 2014; health departments need to meet or exceed the baseline percentage.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2010 thru 12/31/2010

Evaluation Date: 01/01/2013

Run Date: After: 02/15/2013

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Context Continued

Input Activities

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $24,875

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories

- Tracking

- Coordination of immunization services with other LHD programs

- Sharing information with area physicians

- Requesting that information is entered into the WIR.

- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter

- Phone call

- Home visit

- Email

- Text message

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHD's may want to consider in order to achieve this objective.

Coordination of the Coulee Region Immunization Coalition (CRIC) as it relates to the strategies of increasing immunization rates for children up to age 24 months of age.

The CRIC has identified the following strategies to focus on:

-Engage and collaborate with regional partners to:

-provide clear, consistent educational messages to the public about the importance

and benefits of vaccines

-prevent and control seasonal influenza with vaccine

-provide an optimal community response in the event of a vaccine shortage or epidemic

-Identify populations with low immunization rates and develop strategies to improve them

-Provide continuing education for healthcare providers

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $24,875

-Advocate the use of state immunization registries to all healthcare providers

-Advocate for legislative policy that supports improving vaccination rates

-Compile and compare annual vaccination rates data to evaluate success of interventions

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $50,511

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31,2014, an assessment and plan for the Wisconsin Healthiest Families Initiative will be undertaken by the La Crosse County Health Department in collaboration with community partners focusing on family supports. (Steps 1 & 2).

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

1. A completed 2014 baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking " Final for Contract Year" by January 31, 2015.

2. Documentation of participation in the MCH/KKA Annual Conference.f(Nov. 5 & 6, 2014 in Wisconsin Dells).

3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

4. Documentation of the number of life course trainings held, audience, and the number of participants.

5. A completed 2014 Partnership Report for the Safety/Injury Focus Area that directly aligned with the objective.

6. An updated assessment report showing the 2013 data used for both the Family Supports and Injury Prevention efforts.

7. An updated Community Logic Model.

8. A completed 2014 Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website.

Reporting forms are available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.]

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $50,511

Agency Funds for this Objective:

Data Source for Measurement

SPHERE Report of the MCH Core Competencies; MCH Conference Attendee List; Webinar Evaluation; SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.

SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership; Community Logic Model; Implementation Report; Project-specific data sources to document results of activities.

Reporting forms are available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.]

Baseline for Measurement

In 2013, it was apparent that the prior community assessment conducted in 2011 did not capture adequate data in the initial assessment phase to produce a comprehensive analysis of the MCH needs nor was it well supported by a larger community MCH network. Large community collaboratives like the Family Policy Board or the Population Health Committee were not brought in nor was the CHA, CHIP or other supporting data utilized during the assessment phase. Instead of assessing the broader scope of MCH needs to see what focus areas emerged, staff chose the focus areas based on familiarity and expertise. Because the assessment was limited in its scope, we are unsure which focus areas; Child Development, Family Support or Safety & Injury are truly where the needs lie in our community. The limitations of the assessment also produced input activities that were fragmented and not well

supported by the data or a broader community partnership.

Our Department also struggled a bit as staff working under the MCH contract were from 3 separate divisions and disciplines. Completion of the Core Competency Assessment was done together but the assessment, planning and implementation activities under the 3 different focus areas were completed individually. This produced fragmentation and a plan that was not well coordinated. Because of this, staff formed an internal MCH team in 2013 and started developing an internal MCH strategic plan by initiating a SWOC analysis. This team formation has been the building blocks for staff learning to work together across disciplines instead of just working individually and only in their area(s) of expertise. Activities will now be conducted across disciplines with a more coordinated approach.

Trainings in the past provided by DHS were received but after our assessment and planning phases were complete. With our current knowledge and continued training, we will be better able to apply this knowledge.

Our recommendations after evaluating our progress is to return to Step 1 (Assessment) and 2 (Plan) so that a more comprehensive community assessment and plan that is well supported by a broader MCH network can be conducted and developed collectively.

Context

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $50,511

Context Continued

Steps: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency¿s jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan ¿ In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation ¿ The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Step 4: Evaluation and Sustainability ¿ Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

REQUIRED SUPPORT ACTIVITES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include the following:

Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.

Participate in education to support the ongoing development of MCH Core Competencies.

Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.

Participate in MCH Program evaluation efforts throughout the contract year.

Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $50,511

Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Input Activities

LCHD will conduct a comprehensive MCH community assessment and develop a plan through the execution of the following:

Meet with the Family Policy Boards Executive Committee and the Leadership of the Population Health Committee to partner on the assessment of MCH needs and the creation of a plan that addresses the strengths and gaps identified in the assessment to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes.

Identify tools to gather data and analyze results from resources provided by the MCH Wisconsin Healthiest Families Initiative or other sources.

Review sources such as Community Health Assessment, Community Health Improvement Plan, and multiple local and state data sources.

Engage other community partners/coalitions already working towards improving MCH outcomes to review their strategic plans or efforts to identify what is already happening in the community for the purpose of identifying strengths and gaps.

Determine focus area(s) based on the strengths and gaps identified in the assessment and identify strategies and specific activities that map out the process to complete the initiative.

The plan will be accepted by the partnerships and reported as a Community Logic Model.

REQUIRED SUPPORT ACTIVITES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include the following:

Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.

Participate in education to support the ongoing development of MCH Core Competencies.

Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.

Participate in MCH Program evaluation efforts throughout the contract year.

Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.

Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $50,511

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Preventive Health and Health Services Block Grant **Objective #:** 1 of 1 **Objective Value:** $4,351

Objective: Primary Details

Objective Statement

Template Objective 9 - National Public Health Standards

By August 31, 2014, La Crosse County Health Department will conduct one activity to prepare for voluntary accreditation by updating and revising agency policies and procedures.

Deliverable Due Date: 09/30/2014

Contract Deliverable (Evidence)

A report entered into an electronic data collection tool that describes:

1. Description of strategies implemented and outcomes measured

2. Challenges or barriers to success

3. Actions to address challenges

4. Indicate and describe if Prevention funded activities were used to obtain additional funding, donations or in-kind contributions

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: $4,351

Agency Funds for this Objective:

Data Source for Measurement

Agency report to be entered into an electronic data collection tool to be provided by the WI Division of Public Health.

Baseline for Measurement

This is a continuing initiative.

Context

Local public health agencies selecting this objective will conduct one of the following activities to prepare for voluntary accreditation by:

- updating and revising agency policies and procedures

Context Continued

Input Activities

We are updating our policies and procedures utilizing the e-PHAB site and everything will be loaded into those documents. This is a very time consuming activity and we sometime have to update policies and we are trying to make sure that all documents are within the past 2-3 years according to e-PHAB standards.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Radon Indoor Radon RICs **Objective #:** 1 of 1 **Objective Value:** $6,572

Objective: Primary Details

Objective Statement

This objective is for calendar year 2014.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Six-month reports, emailed by 7/31/14 and 1/31/15 to the Division of Public Health, document the activities and progress toward the negotiated annual target quantities specified in the Context section of this contract. Each report should be emailed as a single file, with all documents, photographs, etc. incorporated in the file, as required for our reports to US EPA.

Programs Providing Funds for this Objective

Radon Indoor Radon RICs: $6,572

Agency Funds for this Objective:

Data Source for Measurement

Agency records:

Report ot DHS bi-annually on the: number of media responses to news releases and other outreach with journal publications and broadcasts: journal and/or broadcast station names; the dates, lengths, and scanned images or the media's website versions of the stories. For Outreach to Professional, Trade and Other Groups needing to know about radon for their work: names of meetings and shows, venues, dates, attendance, and supporting information like announcements and agendas. For Response to Requests for Radon Information and Consulting: A tally of public requests from all channels: telephone, email, walk-in, etc. For Radon Proficiency Certification: Who at the agency is currently certified for radon measurement and mitigation proficiency. For Training and Stocking of Cooperating Local Agencies: A list of local public health agencies in the region and how they are trained and stocked with handouts, detectors and literature as appropriate, with brief information on what they have done. For Statewide and Regional Meetings: meetings RIC staff attended. For Database Development: Summary of measurement results added to the database. Field Site Visits: Number of sites visited.

Baseline for Measurement

Same as 2013

Context

These activities shall be completed in 2014: 1) OUTREACH VIA MEDIA: Staff will have issued news releases and other public outreach, stimulating reports on radon risk, testing, and mitigation in major journal and broadcast media. Some of the outreach will have been done during January (National Radon Action Month), for synergy with outreach by other LPHAs, WI DPH and US EPA. Media interviewing the RIC will have been encouraged to also contact local businesses and residents for their radon stories; and to include the RIC telephone number and state website address, www.lowradon.org. 2) OUTREACH TO PROFESSIONAL AND TRADE GROUPS: Presentations will have been delivered by staff at meetings, shows, or conferences of groups that need to deal with radon as part of their work, such as realtors, home builders, code officials and health professionals. 3) RESPONSE TO REQUESTS FOR RADON INFORMATION: Respond to public requests for radon information and consulting. 4) RADON PROFICIENCY CERTIFICATION: National proficiency certification for radon measurement and mitigation will have been maintained by at least one staff working on radon, unless they have attended all recent annual RIC meetings, in which case after eight years of an individual being certified they may let their certification lapse. 5) TRAINING AND STOCKING OF COOPERATING LOCAL AGENCIES: Staff will traing cooperating local public health agencies in their region as interest arises and help with follow-up for elevated measurement results as needed. 6) MEETINGS: Staff will attend statewide conference calls and meetings of RICs and DPH. 7) DATABASE DEVELOPMENT: Staff will have add new results of radon measurements that they facilitated to a database. 8) FIELD SITE VISITS: Staff will visit sites to consult and become informed about challenging radon mitigations or measurements as funding and schedules permit.

Context Continued

Input Activities

See Context above.

Objective: Risk Profile

Percent of Objective Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Program: Radon Indoor Radon RICs **Objective #:** 1 of 1 **Objective Value:** $6,572

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $412,225

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2014 through December 30, 2014, the La Crosse County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation, 3-month average participation, and/or 12-month average participation per the monthly participation report will be maintained and monitored by the State WIC

Office.

Programs Providing Funds for this Objective

Women, Infants, and Children (WIC) Supplemental Nutrition:

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is ___ participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: $412,225

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

Context

WIC participation means the number of "total participating" on the monthly participation report maintained and monitored by the State WIC Program Office. It is defined as the number of WIC participants, who receive WIC food instruments for one calendar month,

including the number of exclusively breastfed infants.

Context Continued

Input Activities

Policies and procedures as outlined in the Wisconsin WIC Operations Manual.

Objective: Risk Profile

Percent of Objective Accomplished

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014

Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $412,225

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24174 **Agency:** La Crosse County Health Department **Contract Year:** 2014
Program: Wisconsin Well Woman **Objective #:** 1 of 1 **Objective Value:** $37,247

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, 88 La Crosse County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

An agency generated report to document an unduplicated count of La Crosse County residents ages 35-64 years who received screening services through the Wisconsin Well Woman Program.

Programs Providing Funds for this Objective

Wisconsin Well Woman: $37,247

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

From January 1 - September 30, 2013 78 unduplicated women received screening and case management services through WWWP. The 2013 objective for La Crosse County is 88 unduplicated women to receive screening services through WWWP.

Context

Screening services supported by the Wisconsin Well Woman Program include breast cancer and cervical cancer. Refer to the program boundary statement and program updates for exceptions for women ages 35-44.

The Wisconsin Well Woman Program also provides staged assessment for Multiple Sclerosis for high risk women.

Context Continued

Input Activities

Outreach activities will focus on the uninsured / underinsured, rural, minority populations, and those who have not had breast and cervical cancer screenings for > 5 years. Focus will also include those women who received WWWWP services in 2013 to continue breast and cervical cancer screenings in 2014.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive