Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

2015 DPH Consolidated Contract Addendum

This contract addendum is specific to Columbia County Division of Health whose principal business address is 2652 Murphy Road, PO Box 136, Portage, WI 53901-0136. The contact for the GRANTEE'S Contract Administrator is:

Ms Susan Lorenz
2652 Murphy Road, PO Box 136
Portage, WI 53901-0136

Telephone: 608/ 742-9227
Fax: 608/ 742-9700
E-mail: susan.lorenz@co.columbia.wi.us

Section 6.D Funding Controls

Funding controls are summarized below. The 2015 Consolidated Contract Overview contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2015 are limited to 6/12th of the contract with the balance paid after July 1, 2015 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	159320	MCH
151734	Oral Health Supplement	159321	Reproductive Health
151735	Oral Health Mouth Rinse	159327	Family Planning
152002	Reproductive Health SLOH	181005	TPCP-WIS-WINS
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157720	Childhood Lead		

Payments through September 30, 2015 are limited to 9/12th of the contract with the balance paid after October 1, 2015 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 157000 (Well Woman) is limited to January 1, 2015 through June 30, 2015. No expenses incurred after June 30, 2015 will be reimbursed. The 2015 Consolidated Contract Overview contains current funding periods for all Profile IDs that are part of the consolidated contract.

2. Final Report Dates

The due date of the final fiscal report for Profile 150327 (Radon Outreach) shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 150327, 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.

The 2015 Consolidated Contract Overview contains final report due dates for all Profile IDs that are part of the consolidated contract.

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 #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015

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 #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015

Contract Source of Funds

Source	Program	Amount
Columbia County	Childhood Lead - Consolidated	$6,360
Columbia County	Immunization - Consolidated IAP	$13,087
Columbia County	Maternal Child Health - Consolidated	$20,760
Columbia County	WIC USDA	$163,798
Columbia County	Well Woman - WWWP GPR ss.255.06(2) LPHD	$7,834
	Contract Amount	**$211,839**

Contract Match Requirements

Program	Amount
Childhood Lead - Con	$0
Immunization	$0
MCH	$15,570
WIC	$0
Well Woman	$0

Program Sub-Contracts

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

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015

Childhood Lead - Con **Program Total Value $6,360**

1	Template Objective 5 - Comprehensive Follow-up for Blood Lead Levels >10 micrograms per deciliter	$6,360

Throughout the 2015 contract period, residents from the jurisdiction of the Columbia County Health Department will receive lead poisoning prevention and intervention services at a blood lead level greater than or equal to 10 mcg/dL.

Immunization **Program Total Value $13,087**

1	LHD Template Objective	$13,087

By December 31, 2015, 76% children residing in Columbia County Health Department 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 $20,760**

1	By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Columbia County Health Department in collaboration with community partners focusing on mental health.	$20,760

WIC **Program Total Value $163,798**

1	During the contract budget period of January 1, 2015 through December 31, 2015, the Columbia County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.	$163,798

Well Woman **Program Total Value $7,834**

1	Template Objective 1:	$7,834

By June 30, 2015, 28 Columbia County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Total of Contract Objective Values	$211,839
Total of Contract Statement Of Work Values	$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $6,360

Objective: Primary Details

Objective Statement

Template Objective 5 - Comprehensive Follow-up for Blood Lead Levels >10 micrograms per deciliter

Throughout the 2015 contract period, residents from the jurisdiction of the Columbia County Health Department will receive lead poisoning prevention and intervention services at a blood lead level greater than or equal to 10 mcg/dL.

Deliverable Due Date: 10/31/2016

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 20 micrograms per deciliter or two venous blood lead levels 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: $6,360

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

Capillary blood lead testing is offered to all WIC children one through four years of age who never had a lead screening. The goal is to have all WIC children screened for lead poisoning at one and two years of age. Testing may be refused on parental preference because the child was already tested by a physician.

Context

There is no designated value range for this objective. This objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program and individual interventions for children with high (or moderate?) level lead exposure. For this objective, a home visit is required for all children with one or more venous blood lead levels greater than or equal to 10 micrograms per deciliter. For this objective, an environmental lead hazard investigation is required for all children with one or more venous blood lead levels greater than or equal to 20 micrograms per deciliter or two venous blood lead levels greater than or equal to 15 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 7 of the WCLPPP Handbook (rev. 2014), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254).

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015

Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $6,360

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $13,087

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2015, 76% children residing in Columbia County Health Department 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: 10/31/2016

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in (insert health department) jurisdiction who turned 24 months of age in 2015 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 01/01/2013- 12/31/2013

Criteria for the 2015 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2013 - 12/31/2013

Evaluation date: 01/01/2016

Run date: 02/15/2016

Programs Providing Funds for this Objective

Immunization: $13,087

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2013 end of year population based standard benchmark report will be used to determine the baseline for the 2015 population based objective.

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

Birthdate Range: 01/01/2011 thru 12/31/2011

Evaluation Date: 01/01/2014

Run Date: After: 02/15/2014

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.

Guidelines for determining increase needed for progress towards 2015 goals:

2013 Calendar Year Baseline Required Increase:

50-59% - 5% Above Baseline;

60-69% - 4% Above Baseline;

70-79% - 3% Above Baseline;

80-85% - 2% Above Baseline;

86-89% - 1% Above Baseline;

> 90 - Maintain.

Agencies should consult with their Regional Immunization Program Advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

Context Continued

Input Activities

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.

Objective: Risk Profile

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015

Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $13,087

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 #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $20,760

Objective: Primary Details

Objective Statement

By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Columbia County Health Department in collaboration with community partners focusing on mental health.

Deliverable Due Date: 01/31/2016

Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by 1-31-15, updated throughout the year and completed by marking Final for Contract Year by 1-31-16.

2. A completed Partnership Report for the Focus Area(s) that directly align with the objective.

3. Documentation of the number of life course trainings held, audience, and the number of participants in SPHERE.

4. Completed evaluation surveys as requested by the MCH Program.

5. Documentation of agency participation in the MCH/KKA annual summit.

6. A completed Wisconsin Healthiest Families Report related to the step identified in the Objective Statement.

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: $20,760

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies

2. 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

3. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: health Teaching; Subintervention: Life Course Framework

4. Evaluation and/or survey tools

5. MCH/KKA Summit attendee list

6. Reporting forms related to selected step(s) for Wisconsin Healthiest Families (available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems)

Baseline for Measurement

Baseline information as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $20,760

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.

Context Continued

Primary Activities: 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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $20,760

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.

Input Activities

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

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2015; 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 ongoing basis with community partners and enter in SPHERE.

- Participate in MCH Program requests related to evaluation efforts throughout the contract year.

- Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.

- Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

- Request technical assistance from MCH contract administrator as needed.

- Promote the MCH Hotline.

- (Optional) Participate in a Learning Community.

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 #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $163,798

Objective: Primary Details

Objective Statement

During the contract budget period of January 1, 2015 through December 31, 2015, the Columbia County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Deliverable Due Date: 12/31/2015

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

Assigned caseload is 679 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: $163,798

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports

Baseline for Measurement

Current caseload is 679 participants.

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%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $163,798

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27428 **Agency:** Columbia County Division of Health **Contract Year:** 2015
Program: Wisconsin Well Woman **Objective #:** 1 of 1 **Objective Value:** $7,834

Objective: Primary Details

Objective Statement

Template Objective 1:

By June 30, 2015, 28 Columbia County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

An agency generated report to document an unduplicated count of Columbia 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: $7,834

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

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

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