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Department of Health Services

2015 DPH Consolidated Contract Addendum

This contract addendum is specific to Green County Health Department whose principal business address is N3150 Highway 81, Govt Svcs Bldg, Monroe, WI 53566. The contact for the GRANTEE’S Contract Administrator is:

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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 6/12 th 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 #: 27442

Agency: Green County Health Department

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.

Contract Agreement Addendum: Exhibit I

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

- 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 #: 27442

Agency: Green County Health Department

Contract Year: 2015

Contract Source of Funds		
Source	Program	Amount
Green County	Childhood Lead - Consolidated	\$4,224
Green County	Immunization - Consolidated IAP	\$10,745
Green County	Maternal Child Health - Consolidated	\$15,561
Green County	WIC USDA	\$143,568
Green County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$6,408
		Contract Amount
		\$180,506

Contract Match Requirements	
Program	Amount
Childhood Lead - Con	\$0
Immunization	\$0
MCH	\$11,671
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 #: 27442

Agency: Green County Health Department

Contract Year: 2015

Childhood Lead - Con

Program Total Value \$4,224

- 1 Template Objective 4 - Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter) \$4,224

Throughout the 2015 contract period, residents from the jurisdiction of the Green County Health Department will receive lead poisoning prevention and intervention services that are provided according to 2012 federal recommendations and state guidelines.

Immunization

Program Total Value \$10,745

- 1 LHD Template Objective \$10,745

By December 31, 2015, 79% children residing in Green 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 \$15,561

- 1 By December 31, 2015, the Keeping Kids Alive Initiative for CDR for year 2015 will be implemented by the Green County Health Department in collaboration with community partners. \$15,561

WIC

Program Total Value \$143,568

- 1 During the contract budget period of January 1, 2015 through December 30, 2015, the Green County Health Department WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load. \$143,568

Well Woman

Program Total Value \$6,408

- 1 Template Objective 1: \$6,408

By June 30, 2015, 17 Green County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Total of Contract Objective Values	\$180,506
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$4,224

Objective: Primary Details

Objective Statement

Template Objective 4 - Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter)

Throughout the 2015 contract period, residents from the jurisdiction of the Green County Health Department will receive lead poisoning prevention and intervention services that are provided according to 2012 federal recommendations and state guidelines.

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 5 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 5 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 5 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: \$4,224

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

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 low level lead exposure. 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 7 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, rev. 2014), 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

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$4,224

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442
Program: Immunization

Agency: Green County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$10,745

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2015, 79% children residing in Green 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: 10/31/2016

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Green County 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: \$10,745

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

Green County's baseline is 76%

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:

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442
Program: Immunization

Agency: Green County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$10,745

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442
Program: Immunization

Agency: Green County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$10,745

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,561

Objective: Primary Details

Objective Statement

By December 31, 2015, the Keeping Kids Alive Initiative for CDR for year 2015 will be implemented by the Green County Health Department in collaboration with community partners.

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 in SPHERE
3. Completed evaluation surveys as requested by the MCH Program.
4. Documentation of utilization of the KKA model in WI, including data entry
5. Documentation of agency participation in the MCH/KKA annual summit.
6. A completed KKA Assessment Tool Report or Planning and Implementation Report;

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: \$15,561

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
4. Evaluation and/or survey tools
5. MCH/KKA Summit attendee list
6. Reporting forms related to Keeping Kids Alive (available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>)

Baseline for Measurement

Baseline information as identified in the 2015 Keeping Kids Alive Supplement to GAC Objective.

Context

Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/>

Note: preventive interventions will be implemented via the Healthiest Families Initiative.

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes, <http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child's death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

In Wisconsin, the Division of Public Health (DPH) works with the Children's Health Alliance of Wisconsin (the Alliance) in an

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,561

effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths to integrate the Keeping Kids Alive in Wisconsin recommendations into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist

(taking into consideration fetal deaths along with infant and child deaths)

2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin

Model

3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths

4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current

prevention efforts and move review recommendations to action.

Context Continued

Primary Activities: Local public health departments will complete the following activities. Moving to the Wisconsin Healthiest Families objective for prevention activities may be undertaken at any time, as the community sees fit.

Initiation of a New Team

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,561

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams, fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.
2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
3. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Input Activities

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

1. 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.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.
5. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
6. Participate in MCH Program evaluation efforts throughout the contract year.
7. Engage in activities with community partners to accomplish assessment and/or planning and implementation, as identified in the 2015 Keeping Kids Alive Supplement to GAC Objective.
8. Request technical assistance from Children's Health Alliance of Wisconsin and/or MCH contract administrator as needed.
9. Promote the MCH Hotline.
10. (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%
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Corresponding Percentage Recoupment

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,561

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442

Agency: Green County Health Department

Contract Year: 2015

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$143,568

Objective: Primary Details

Objective Statement

During the contract budget period of January 1, 2015 through December 30, 2015, the Green County Health Department 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 598 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$143,568

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports.

Baseline for Measurement

Current caseload is 598 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%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 27442
Program: Wisconsin Well Woman

Agency: Green County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$6,408

Objective: Primary Details

Objective Statement

Template Objective 1:

By June 30, 2015, 17 Green 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 Green 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: \$6,408

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%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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