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 Lafayette County Health Department whose principal business address is 729 Clay Street, PO Box 118, Darlington, WI 53530. The contact for the GRANTEE'S Contract Administrator is:

Ms Sue Matye
729 Clay Street, PO Box 118
Darlington, WI 53530

Telephone: 608/ 776-4895
Fax: 608/ 776-4885
E-mail: sue.matye@lafayettecountywi.org

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 #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015

Program: Immunization

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) Contractees must assure reported vaccine preventable diseases (VPD) are investigated and controlled as detailed in the most current edition Wisconsin Disease Surveillance Manual (EPINET) and/or written disease-specific guidance from DPH (e.g. Pertussis Guidelines). Local Health Departments (LHDs) should maintain regular contact with local required reporters of VPDs to encourage and assure prompt reporting. Contractees should solicit the help of the Wisconsin Immunization Program when needed to help assure that an adequate system is in place to report and investigate VPD.

    B) Contractees must annually formally evaluate immunization delivery and the use of vaccine preventable disease surveillance systems and improve the use of those systems in their jurisdictions where needed (e.g., the Wisconsin Electronic Disease Surveillance System (WEDSS).

    C) Contractees must work in collaboration with the Wisconsin Immunization Program to increase the use of existing electronic data collection systems for vaccine record keeping and vaccine preventable disease data systems.

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) Contractees must assure the delivery of immunization services in a safe, effective and efficient manner as detailed in the Wisconsin Immunization Program Policies and Procedures Manual and in section 252, HFS 145, Wis. Admin. Code. Contractees must assure the immunization of children is consistent with Healthy People 2020 goals.

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) Contractees must use the Wisconsin Immunization Registry (WIR) or an electronic immunization population-based data system that links with the WIR. The data system must have a tracking and recall function to identify children whose immunization records are behind schedule according to the ACIP recommendations. Tracking and recall shall be conducted at least every other month as required by the Wisconsin "Policies and Procedures Manual for Immunization Programs".

    B) Contractees immunization practice must assure the immunization of children, and share children's immunization records with parents or guardians, schools and day care centers and other healthcare providers as provided by the Wisconsin School Immunization Law HFS 144 (section 252).

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) Contractees must engage in community partnerships to identify and address the needs of high-risk populations, reduce racial and ethnic health disparities, and to educate families and the community on the importance of immunizations.

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) Contractees must coordinate immunization services with local child healthcare (service) providers: e.g., WIC projects, Medical Assistance programs, and other local public health programs to assess the immunization status of, refer, and provide immunization services to under-immunized children.

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

    A) Contractees must develop relationships among public and private healthcare providers to facilitate access by children and families to immunization services. Contractees should work with these providers to assure that current immunization guidelines are followed.

    B) The LHD should promote the medical home concept by referring vaccine recipients to their medical home provider for subsequent immunizations and coordinate with this medical provider to assure adherence to the recommended immunization schedule.

    C) LHDs should promote the exchange and sharing of immunization data using immunization registries.

    D) The LHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. When prompt reporting of a vaccine preventable disease does not occur, the LPHD will formally address the issue with the reporting agency to assure that reports are made according to the latest EPINet Manual.

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) Contractees will ensure program staff is competent in current immunization program policy and processes, including that provided through the Centers for Disease Control and Prevention (CDC) distance learning course and CDC updates.

    B) The LHD will follow the Wisconsin "Policies and Procedures Manual for Immunizations" developed and distributed by the Wisconsin Immunization Program, unless otherwise agreed upon; as well as Immunization Policy Memos issues periodically issued from the Wisconsin Immunization Program. The LHD must have written policies on the proper handling and storage of state-supplied vaccine as required by the Vaccines for Children (VFC) Program. These policies must be reviewed with all immunization program related staff on at least an annual basis.

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) Billing for payment of childhood immunization services is not required under this section.

    B) LHDs must assure that parents of children who are on Medical Assistance will not be charged a vaccine administration fee or be requested to make a donation for vaccine or vaccine related services. Administration fees cannot be mandatory and clients must be informed that failure to pay the administration fee or make a donation does not preclude them from receiving state-supplied vaccine. This information must be added to immunization advertising materials used by the LHD for state supplied

vaccines. The message must be given to the client in a way and in a language the client understands.

C) Grantees must screen for insurance eligibility in accordance with current DPH guidelines for state supplied vaccines.

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) Contractees must collect and analyze agency and available private provider immunization data for children 12-35 months of age, school immunization law reports and other available population-based information needed to identify strengths and weaknesses in local delivery systems and plan improvements. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.

B) LHDs will utilize the WIR for immunization level data analysis.

C) LHDs and Tribes will assure staff competence with the WIR system. LHD and Tribal health staff must attend at least one Regional WIR User Group Meetings or Wisconsin VFC Workshops where WIR is included in the agenda. Attendance at these meetings is necessary for staff to maintain a thorough working knowledge of the functionality of the WIR.

Contract Agreement Addendum: Exhibit I

Contract #: 27455 **Agency:** Lafayette 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.

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 #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015

Contract Source of Funds

Source	Program	Amount
Lafayette County	Immunization - Consolidated IAP	$6,787
Lafayette County	Maternal Child Health - Consolidated	$11,017
Lafayette County	Well Woman - WWWP GPR ss.255.06(2) LPHD	$5,044
	Contract Amount	**$22,848**

Contract Match Requirements

Program	Amount
Immunization	$0
MCH	$8,263
Well Woman	$0

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
Immunization	None Reported	$0
MCH	None Reported	$0
Well Woman	None Reported	$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015

	Immunization **Program Total Value $6,787**	
1	LHD Template Objective	$6,787
	By December 31, 2015, 60% children residing in Lafayette 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 $11,017**	
1	By December 31, 2015, the Keeping Kids Alive Initiative for CDR for year 2 will be implemented by the Lafayette County Health Department in collaboration with community partners.	$11,017
	Well Woman **Program Total Value $5,044**	
1	Template Objective 1:	$5,044
	By June 30, 2015, 8 Lafayette County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.	

Total of Contract Objective Values	$22,848
Total of Contract Statement Of Work Values	$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $6,787

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2015, 60% children residing in Lafayette 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 Lafayette County 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: $6,787

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

The percentage of Amish children included in the benchmark report will be identified.

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 #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015

Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $6,787

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 #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,017

Objective: Primary Details

Objective Statement

By December 31, 2015, the Keeping Kids Alive Initiative for CDR for year 2 will be implemented by the Lafayette 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: $11,017

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

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 #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,017

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%

Corresponding Percentage Recoupment

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015

Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,017

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27455 **Agency:** Lafayette County Health Department **Contract Year:** 2015
Program: Wisconsin Well Woman **Objective #:** 1 of 1 **Objective Value:** $5,044

Objective: Primary Details

Objective Statement

Template Objective 1:

By June 30, 2015, 8 Lafayette 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 Lafayette 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: $5,044

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