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2016 DPH Consolidated Contract Addendum

This contract addendum is specific to Door County Health Department whose principal business address is 421 Nebraska Street, Sturgeon Bay, WI 54235-0670. The contact for the GRANTEE'S Contract Administrator is:

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Section 6.D Funding Controls

Funding controls are summarized below. The 2016 Consolidated Contract Overview contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2016 are limited to 6/12th of the contract with the balance paid after July 1, 2016 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12th Funding Controls			
Profile ID	**Name**	**Profile ID**	**Name**
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181005	TPCP-WIS-WINS

Payments through September 30, 2016 are limited to 9/12th of the contract with the balance paid after October 1, 2016 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 2016 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 the following Profile IDs shall be sixty (60) days after the Grant Agreement Period ending date.

- 157720 (Childhood Lead Consolidated)
- 155020 (Immunization Consolidated)
- 159320 (Maternal Child Health Consolidated)

Expenses incurred during the Grant Agreement period on these profiles, 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 2016 Consolidated Contract Overview contains final report due dates for all Profile IDs that are part of the 2016 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 #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016

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) 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) 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) 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) 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.

b. Contractees should engage in improving health literacy for the public and for the healthcare personnel working with immunizations to better understand, evaluate, and communicate immunization information.

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 public and private 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 s 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 II

Program Objectives

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

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016

Contract Source of Funds			
Source	**Program**		**Amount**
Door County	Childhood Lead - Consolidated		$4,284
Door County	Immunization - Consolidated IAP		$6,311
Door County	Maternal Child Health - Consolidated		$10,225
Door County	WIC USDA		$108,926
		Contract Amount	**$129,746**

Contract Match Requirements	
Program	**Amount**
Childhood Lead - Con	$0
Immunization	$0
MCH	$7,669
WIC	$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

Contract Agreement Addendum: Exhibit II(A)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016

Childhood Lead - Con **Program Total Value $4,284**

1	Template Objective 1 - Blood Lead Testing	$4,284

By December 31, 2016, 240 children at risk for lead poisoning who reside in Door County will receive an age-appropriate blood lead test.

Immunization **Program Total Value $6,311**

1	Template Objective 2 - LHD	$6,311

By December 31, 2016, 81% children residing in Door 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 $10,225**

1	Template Objective 5 - Adolescent Suicide	$10,225

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy number 1 to decrease rates of adolescent suicides.

WIC **Program Total Value $108,926**

1	Template Objective 1	$108,926

During the contract budget period of January 1, 2016 through December 30, 2016, the Door County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Total of Contract Objective Values	$0
Total of Contract Statement Of Work Values	$129,746

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016
Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $4,284

Objective: Primary Details

Objective Statement

Template Objective 1 - Blood Lead Testing

By December 31, 2016, 240 children at risk for lead poisoning who reside in Door County will receive an age-appropriate blood lead test.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

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

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $4,284

Agency Funds for this Objective:

Data Source for Measurement

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

Baseline for Measurement

In 2014, 352 children were tested for lead. Public Health tested 263 children and other providers tested 89 children.

Context

Acceptable value for this objective is up to $18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ¿ ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf, CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (https://www.dhs.wisconsin.gov/publications/p00660.pdf, rev. 2014).

Context Continued

Input Activities

Educational materials are given to all parents of the children screened. Our target group continues to be WIC children. They are screened 1 time yearly.

A mailing is sent to all parents when their babies are about 1 to 2 months old. This mailing includes information regarding preventing lead poisoning. We continue to answer questions received from community members regarding preventing lead poisoning. We distribute Lead Paint Safety pamphlets to individuals doing home remodeling and renovating. The results of all lead tests performed on children whose medical provider is at the Ministry North Shore Medical Clinic are being reported to that provider. This prevents the duplication of lead tests and keeps the pediatrician informed of the results of testing done on their patients. The medical providers refer parents to us to receive additional information regarding preventing lead poisoning. We provide education regarding preventing lead poisoning to all our PNCC clients. Since the lead levels triggering intervention were lowered, our department has spent much more time in following up with families. We work in collaboration with our County Sanitarian for environmental health issues.

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 #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016

Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $4,284

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $6,311

Objective: Primary Details

Objective Statement

Template Objective 2 - LHD

By December 31, 2016, 81% children residing in Door County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Door County jurisdiction who turned 24 months of age in 2016 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 01/01/2014- 12/31/2014

Criteria for the 2016 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2014 - 12/31/2014 Evaluation date: 01/01/2017

Run date: 02/15/2017

Programs Providing Funds for this Objective

Immunization: $6,311

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2014 end of year population based standard benchmark report will be used to determine the baseline for the 2016 population based objective.

For the baseline the following parameters will be used to run the benchmark report: Birthdate Range: 01/01/2012 thru 12/31/2012

Evaluation Date: 01/01/2015

Run Date: After: 02/15/2015

Baseline for all Door County children at 24 months of age is 78%. Late up-to-date was 85%.

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 2016 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

Percent of Objective Accomplished

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016

Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $6,311

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $10,225

Objective: Primary Details

Objective Statement

Template Objective 5 - Adolescent Suicide

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy number 1 to decrease rates of adolescent suicides.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

1. A completed MCH Performance Measure Strategy Report to document: 1) strategy, 2) reach of the strategy, 3) partners engaged in the strategy, 4) change that occurred as a result of the strategy.

2. Documentation of agency participation in the 2016 MCH Summit.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $10,225

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Performance Measure Strategy Report

2. MCH Summit attendee list.

Baseline for Measurement

Baseline information as identified in the 2016 Supplement to GAC Objectives

Context

The MCH/CYSHCN Program Parameters apply to this objective. This work will address the Title V National Performance Measure for adolescent injury prevention: Rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19.

Context Continued

Input Activities

1. Implement and evaluate the selected strategy with activity details identified in the 2016 Supplement to GAC Objectives.

Strategy 1: Coordinate and/or facilitate evidence-based suicide prevention practices with community groups.

Core Activities:

¿ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to promote QPR (Question, Persuade and Refer) training.

¿ Collaborate with law enforcement and other partners on strategies to restrict means such as distribution of firearm locks and access to medication drop boxes.

Strategy 2: Promote Zero Suicide principles and practices with health care providers and health care systems.

Core Activities:

¿ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to implement the Zero Suicide toolkit. (http://zerosuicide.sprc.org/toolkit) with health care providers and health care systems.

¿ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to coordinate and/or provide training to Emergency Departments utilizing available resources (e.g. ED focused tools from Zero Suicide, CALM

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $10,225

(Counseling on Access to Lethal Means) training) and include planning for continuity of care after an ED visit.

2. Collaborate with community partners including consumers/families.

3. Participate in quarterly Learning Community meetings/calls to support progress on the MCH National Performance Measure related to Adolescent Suicide Prevention.

4. Attend the 2016 MCH Summit.

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 #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016
Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $108,926

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2016 through December 30, 2016, the Door County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation counts and participation trends will be monitored by the State WIC Office; the contracted caseload may be adjusted as needed.

Programs Providing Funds for this Objective

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

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is 427 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: $108,926

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

Context

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

including the number of exclusively breastfed infants.

Context Continued

Input Activities

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

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30513 **Agency:** Door County Health Department **Contract Year:** 2016

Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $108,926

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive