PROFILE NAME: WWWW-Screen Refer Casemgt
DIVISION RESPONSIBLE: DPH
PROFILE TYPE: F – Contract Controlled
CONTRACT TYPE: Other
REIMBURSEMENT PERCENTAGE: 100.000
LIMITATIONS: N/A
EXPENSES ROLL TO THIS PROFILE FROM: N/A
EXPENSES ROLL FROM THIS PROFILE TO: 157030
EXPENSES ALLOCATE TO THIS PROFILE FROM: N/A
EXPENSES ALLOCATE FROM THIS PROFILE TO: N/A
CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER: N/A
PROFILE DESCRIPTION: 1. DHFS allowable cost policy manual applies.
2. Allowable expenditures will be reported on Form DMT-855.
3. Services provided by grantee for the Wisconsin Well-Woman program.
   From the appropriations under 20.435(1)(cb), the agency shall provide any one or a combination of the following activities to low-income, underinsured, and uninsured women:
   - reimbursements for health care screenings
   - referrals
   - follow-ups
   - case management
   - patient education