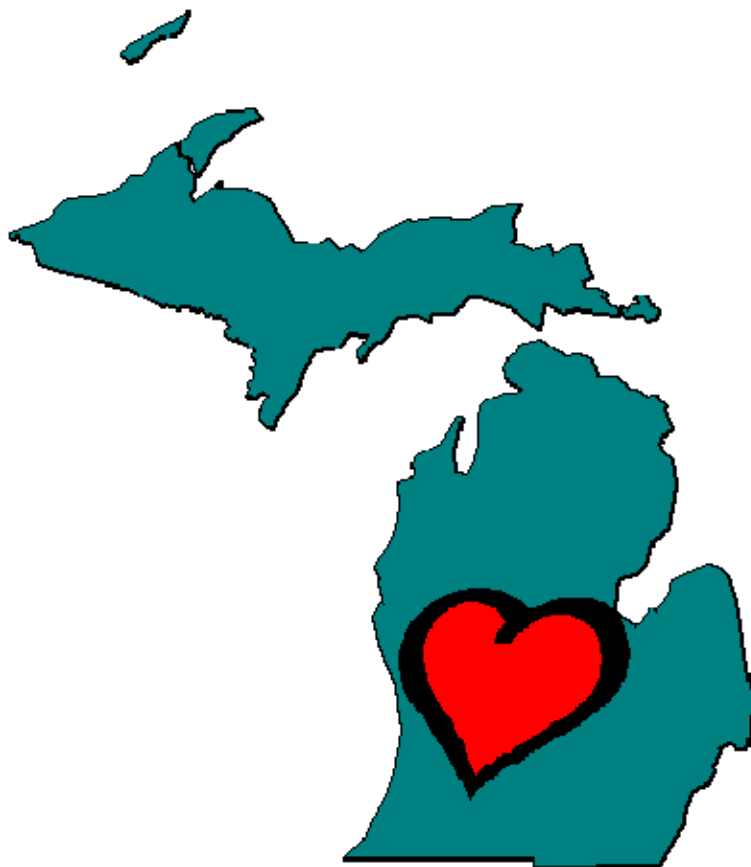


Michigan WISEWOMAN Program

Request for Proposals

Attachments



WISEWOMAN

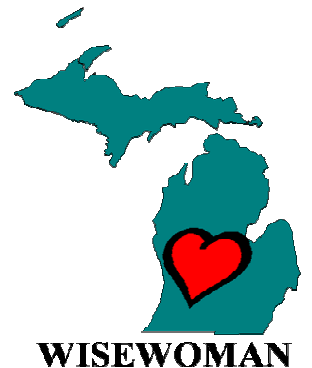


WISEWOMAN RFP Attachment List

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Attachment 1

WISEWOMAN Program Description





WISEWOMAN Program Description

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program is an extension of the Michigan Department of Community Health's (MDCH) Breast and Cervical Cancer Control Program (BCCCP). Women are only eligible for the WISEWOMAN Program if they are first enrolled in the BCCCP.

Health care providers are reimbursed for specific Current Procedural Terminology (CPT) Codes associated with screening services, lifestyle counseling contacts and limited follow-up medical services. This document describes specific information related to services eligible for reimbursement.

For each participant, the WISEWOMAN Program begins with an accurate assessment of chronic disease risk factors by conducting a health history, a lifestyle assessment, and a clinical screening.

The health history and lifestyle assessment allow the participant to tell us about her personal and family medical history as well as her current health behaviors.

At the clinical screening, the clinical staff:

1. measure the participant's height and weight in order to calculate her body mass index (BMI),
2. measure her blood pressure,
3. assess her pulse regularity, and
4. collect a drop of blood from the participant's finger in order to determine her total cholesterol, high density lipoprotein (HDL) cholesterol, and glucose.

The program participant receives appropriate medical referrals based on the results of her clinical screening.

A lifestyle counselor at the screening site communicates the participant's risk factors to her in a risk reduction counseling session and works with the participant to identify small steps she can take toward better health.

Each participant, regardless of her risk factors will:

1. receive risk reduction counseling;
2. agree on how she can make small steps toward better health; and
3. receive referrals to Michigan State University Extension Family Nutrition Program and other community resources

After that, her participation in lifestyle interventions (follow-up by a lifestyle counselor) depends on her self-reported readiness to make changes and her risk factors as determined by the lifestyle counselor.

Participants who are ready are offered lifestyle counseling to assist them in making healthy lifestyle behavior changes. The focused areas of change are:

WISEWOMAN Program Description

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- 1) dietary behavior,
- 2) physical activity and
- 3) smoking.

Each participant is encouraged to determine the areas in which she wants to make changes. The lifestyle counselor works with her to develop goals related to these areas.

Lifestyle counselors make referrals to smoking cessation counseling, low/no-cost physical activity programs, and low/no-cost nutritional counseling/classes as appropriate. Lifestyle counselors provide face-to-face and telephone lifestyle counseling contacts to support the participant in making progress toward her identified goals.

Program Focus Areas

The WISEWOMAN program has three main focus areas.

1. Identify and communicate risk factors for cardiovascular disease (CVD), stroke, diabetes, and other chronic diseases. The participant is better able to determine where she wants to focus her change efforts if she understands her chronic disease risk factors.
2. Encourage healthy lifestyle choices. Lifestyle counselors assist participants in making lifestyle behavior changes that will positively impact their current chronic disease risk factors and symptoms as well as prevent or delay the development of new chronic disease risk factors.
3. Work with partners to create healthy lifestyle opportunities in WISEWOMAN communities. When local health departments partner within their own communities to bring about policy and environmental changes, those changes benefit the WISEWOMAN participant, but they also benefit the entire community.

5 A's

Each participant will receive each of the 5 A's.

1. Assess each participant using her Healthy Lifestyle Assessment, Health History, and Screening results
2. Advise each participant by conducting Risk Reduction Counseling
3. Agree with each participant on small steps she can take toward better health based on the Risk Reduction Counseling
4. Assist the participant with tools and tips that will help her achieve the small steps she has decided to take toward better health
5. Arrange connections with community resources to help participant with health behavior change

WISEWOMAN Program Flow

Below are guidelines to be used in the implementation of the WISEWOMAN Program.

Baseline Screening

The baseline WISEWOMAN screening initiates a one-year cycle. The WISEWOMAN screening **must** take place at the same time as the BCCCP screening, during the same office visit.

The **Screening Component** assesses for chronic disease risk factors and includes:

- **One Assessment of Blood Pressure**
 - Measure the participant's blood pressure two times following the procedures outlined in the Blood Pressure & Pulse Screening Section of the WISEWOMAN Policies and Procedures Manual. Determine the category by averaging the two measurements.
 - The procedure for measuring the blood pressure on the lower arm (outlined in the Blood Pressure & Pulse Screening Section of the WISEWOMAN Policies and Procedures Manual) should only be used if the upper arm is too large for a large adult cuff and an appropriate sized cuff is not available.
 - **Optimal Blood Pressure:** <120 (systolic) & <80 (diastolic)

- **One Assessment of Plasma Glucose and Total and HDL Cholesterol**
 - Measure the participant's Glucose and Total and HDL Cholesterol using the Cholestech LDX Machine in order to obtain immediate results.
 - When making the WISEWOMAN screening appointment, suggest that the participant fast for 9 hours prior to the appointment in order for the glucose screening to be conducted when the participant is fasting.
 - If the participant is not able to fast for 9 hours prior to the appointment, she can still be screened. There is a spot on the screening form to note whether a participant is fasting.
 - Follow the procedures outlined in the Cholesterol Screening Section of the WISEWOMAN Program Policies and Procedures Manual when conducting the cholesterol screening.
 - If the result of the Total Cholesterol screening is >400 mg/dL, take a second measurement. Reimbursement of a second Total Cholesterol measurement will only be authorized if the first measurement is >400 mg/dL. (See the Screening and Referral Protocols in the Screening and Referral Protocols Section of the WISEWOMAN Program Policies and Procedures Manual for additional protocols related to a cholesterol measurement of >400 mg/dL.)
 - **Optimal Plasma Glucose:** <100 (Fasting)
 - **Optimal Total Cholesterol:** <200
 - **Optimal HDL Cholesterol:** ≥40

- **One Assessment of Pulse Regularity**
 - Assess the participant's Pulse Regularity according to the procedures outlined in the Blood Pressure & Pulse Screening Section of the WISEWOMAN Program Policies and Procedures Manual.

WISEWOMAN Program Description

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- **Optimal Pulse Rhythm:** Regular
- **Assess the following based on responses on the WISEWOMAN Health History Questions Form:**
 - Personal history of diabetes
 - ♦ Diabetes
 - ♦ Gestational diabetes
 - ♦ Pre-diabetes
 - Family history of diabetes
 - ♦ Parent, sibling, or child
 - Family History of Coronary Heart Disease (CHD)
 - ♦ Father, brother or son before age 55
 - ♦ Mother, sister or daughter before age 65
 - Personal history of CHD
 - **Optimal Health History:** No personal or family history of CHD or diabetes
- **Assess the following based on responses on the WISEWOMAN Health Risk Questions Form:**
 - Physical Activity
 - ♦ Frequency of activity and time spent in activity
 - Cigarette Use
 - **Optimal Physical Activity Level:** Participation in planned physical activity at least 30 minutes per day, at least 5 days per week.
 - **Optimal Cigarette Use Level:** Not at all
- **Assess the following based on information from the WISEWOMAN Screening Form:**
 - Body Mass Index (BMI)
 - **Optimal BMI:** <30 for risk of CVD and <25 for optimal health

In addition to the assessment of chronic disease risk factors, assess each participant's consumption of fruits, vegetables, dairy and grain products based on her responses on the WISEWOMAN Health Risk Questions Form. Use this information to help participants who want to develop nutrition goals. Nutrition recommendations are based on the 2005 Dietary Guidelines for Americans. The optimal consumption for each assessed food group is:

- **Fruits and Vegetables:** 5 cups per day (at least 2 cups fruits and 3 cups vegetables per day) focusing on a variety of colors; to include 3 cups of dried beans or legumes each week
 - Examples of what equals 1 cup of fruits and vegetables are:
 - ♦ 1 small apple (2.5" diameter)
 - ♦ 1 cup applesauce
 - ♦ ½ cup dried fruit
 - ♦ 1 cup cooked greens or spinach
 - ♦ 2 cups raw spinach or leafy greens
 - ♦ 1 cup whole, mashed or cooked dry beans or peas
- **Dairy:** 3 cups fat-free or low-fat milk or an equivalent amount of fat-free/low-fat yogurt and/or fat-free/low-fat cheese every day

WISEWOMAN Program Description

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- Examples of what equals 1 cup of dairy are (Most should be fat-free or low-fat.):
 - 1 cup milk
 - 1 regular container (8 fluid ounces) of yogurt
 - 1½ ounces hard cheese
 - 2 ounces processed cheese
 - ½ cup ricotta cheese
 - 1½ cups ice cream
- **Grains and Grain Products:** 6 ounces per day with at least half of the products being whole-grain cereals, breads, crackers, rice, or pasta
 - Examples of what equals 1 ounce of grains are:
 - 1 slice of bread
 - 1 cup dry cereal
 - 5 whole wheat crackers
 - 7 square or round crackers
 - ½ cup cooked oatmeal
 - ½ cup cooked rice
 - ½ cup cooked pasta

Risk Reduction Counseling

Each participant, regardless of her risk factors will receive risk reduction counseling at the time of screening using the WISEWOMAN *My Health Information* pamphlet, geared to low or marginal literacy readers. The pamphlet defines and identifies the participants BMI, blood pressure, total cholesterol, HDL cholesterol, glucose and pulse.

During the risk reduction counseling, the lifestyle counselor will:

- Assess the participant's current risk factors by reviewing the My Health Information pamphlet with the participant.
- Advise the participant about small steps she can take toward better health
- Agree with the participant on the small steps the participant is interested in taking
- Assist the participant with those small steps by providing her with tips and tools
- Arrange for a referral to the Michigan State University Extension Family Nutrition Program and other community resources that will help the participant

Lifestyle Intervention

The participant's risk factors and willingness to change will determine the type of lifestyle intervention she receives. Participants indicating that they are ready and willing to make a change will be offered further assistance with goal setting. Using the Healthy Lifestyle Goals form, the lifestyle counselor and the participant will determine which goal(s) she wants to focus on.

Lifestyle counselors use client-driven goal setting that focuses on identifying small steps in making behavior change. By accomplishing small changes the woman feels empowered to make bigger changes and can be ultimately more successful in making long term behavioral change.

Level 3 Intervention – for participants who are ready to make changes:

- The lifestyle counselor will help the participant develop goals using the Healthy Lifestyle Goals form.
 - It is expected that the Healthy Lifestyle Goals form will be completed in a face-to-face session and that it will take at least 30 minutes to develop.
 - The Healthy Lifestyle Assessment and Health History forms should be utilized when developing healthy lifestyle goals.
 - Provide information, as appropriate, related to lifestyle behavior goals (i.e., nutrition, physical activity and smoking cessation).
- The lifestyle counselor will conduct at least two and up to five additional lifestyle-counseling contacts following healthy lifestyle goals development. The purpose of these contacts is to provide support and assistance related to lifestyle behavior change goals.
 - The first contact should take place 2 – 4 weeks after her initial baseline screening visit.
 - Lifestyle counseling contacts can range from 15 minutes to one hour. Contacts can be face-to-face or telephone. Face-to-face contacts can be individual or in a group setting. Individual contacts are reimbursable at 15, 30, 45 and 60 minutes and group contacts are reimbursable at 30 and 60 minutes.
 - A Lifestyle Counseling Contact Form must be completed for each of these contacts.
 - Agency staff will need to develop a tracking system to ensure Level 3 program participants develop Healthy Lifestyle Goals and receive **at least two** lifestyle-counseling contacts (following completion of the Healthy Lifestyle Goals form).

Level 2 Intervention – for participants who are not ready to make changes but have at least two risk factors:

- The participant will NOT develop goals.
- The lifestyle counselor will contact the participant 2 – 4 weeks after her initial baseline screening visit.
 - This contact, either face-to-face or by phone, will allow the lifestyle counselor to provide encouragement and support toward making small steps toward healthy behavior changes and any additional health education information that the participant might be interested in.
 - If, at this point, the woman expresses a readiness to change she will receive an additional 1 – 3 follow-up contacts (same protocol as participants who express a willingness to change at the initial screening visit).

Level 1 Intervention – for participants who are not ready to make changes and have less than two risk factors:

- The participant will NOT develop goals.
- The participant will receive health education information related to her risk factors and information about community resources that can assist her with making healthy behavior changes when she is ready.

Medical Referrals

- You should refer program participants to a health care provider under the following conditions:
 - **Immediate Medical Care** if any of the following symptoms are present:
 - Shortness of breath
 - Chest pain
 - Sudden weakness/numbness of face, arms or legs
 - Temporary difficulty with or loss of speech
 - Loss of vision/double vision
 - Unsteady on feet/loss of balance/dizziness
 - Difficulty functioning (mentally or physically)
 - Change in ability to remember/understand
 - Sudden severe headache
 - **Alert Values:**
 - BP is **greater than 180** (systolic) and/or **greater than 110** (diastolic)
 - Total Cholesterol is **greater than 400**
 - Glucose is **greater than 375** (fasting or casual)
 - **Abnormal or Elevated Values**
 - BP **160-180** (systolic) **and/or 100-110** (diastolic)
 - BP **140-159** (systolic) **and/or 90-99** (diastolic)
 - Total Cholesterol **240-400**
 - Total Cholesterol **200-239** with HDL **<40** or 2 or more risk factors **or** history of Coronary Heart Disease **or** history of diabetes (Use Borderline Cholesterol Worksheet.)
 - HDL is **less than 40** and Total Cholesterol is **less than 200**
 - Fasting Plasma Glucose **100-375** (After fasting at least 9 hours)
 - Casual Plasma Glucose **160-375 and participant reporting symptoms** (increased thirst, frequent urination, increased hunger, fatigue, unexplained weight loss, blurred vision, sores that do not heal)
 - Casual Plasma Glucose **100-159 with one or more risk factors** (Use Diabetes Risk Factor Worksheet.) – Refer participant for a Fasting Plasma Glucose. Refer for diagnostic exam if FPG ≥ 100 .
 - Newly detected irregular pulse
- WISEWOMAN funds will pay for one diagnostic exam, one fasting lipoprotein profile and one follow-up fasting plasma glucose per cycle. Subsequent treatment and follow-up care is not covered by WISEWOMAN funds. Health care providers must agree to provide treatment and follow-up care free or at reduced fees.
- It is expected that health care providers will follow treatment and clinical follow-up care guidelines as recommended by the Adult Treatment Panel III and the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7), including drug therapy and periodic re-evaluation and re-administration of diagnostic tests.

- It is expected that health care providers will refer participants diagnosed with diabetes to a local diabetes self-management training (DSMT). Agencies are required to obtain contracts or letters of agreement with diabetes self-management training programs that indicate willingness to see WISEWOMAN participants free or at reduced fees following a diagnosis of diabetes.

NOTE: WISEWOMAN funds may not be used to reimburse for diabetes self-management training.

- **Note:** If an irregular pulse is identified in addition to elevated Blood Pressure and/or Total Cholesterol and/or undesirable HDL Cholesterol, include this on the Referral for Diagnostic Exam Form submitted to the health care provider.

Medical Care Case Management

- If a program participant's blood pressure and/or cholesterol and/or glucose measurements fall into the alert range, she will receive Medical Care Case Management. (Less than 3% of program participants will have values in the alert range.) Alert values are:
 - BP is **greater than 180** (systolic) **and/or greater than 110** (diastolic)
 - Total Cholesterol is **greater than 400**
 - Glucose is **greater than 375** (fasting or casual)
- Medical Care Case Management involves establishing, brokering, and sustaining a system of available clinical (screening, diagnostic, and treatment) and support services for all enrolled women with Alert values.
- For women receiving Medical Care Case Management, the case manager must:
 - Assist the program participant with addressing barriers to attending appointments and obtaining needed medications.
 - Track diagnostic exam results and initiation of treatment for all program participants who qualify for Medical Care Case Management.
 - Obtain diagnostic exam results from the health care provider, and submit those results to MDCH.
 - Complete a Medical Care Case Management Form for each program participant who qualifies for Medical Care Case Management.
 - Mail the completed form to MDCH within ten business days after the scheduled diagnostic exam appointment. MDCH staff will enter the appropriate data and authorizations into the MBCIS WISEWOMAN module.
- Medical Care Case Management concludes when the program participant initiates treatment or is no longer eligible for the WISEWOMAN Program.

WISEWOMAN Program Description

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- Once the program participant initiates treatment, she will receive either the Level 2 or Level 3 lifestyle intervention. The lifestyle counselor should also encourage the participant to follow-through with medical care and indicated treatment.
- The organization can bill once during each cycle for reimbursement of Medical Care Case Management services provided to eligible program participants. Each organization will determine the way(s) in which they will support the participant in obtaining the needed medical evaluation and subsequent care, if indicated.

Prescription Assistance

WISEWOMAN organizations must obtain prescription assistance for program participants who indicate need for such services. This may include providing prescription assistance directly and/or ensuring participating health care providers are able to secure prescription assistance for the participant.

Tracking System

WISEWOMAN organizations must develop a system to track lifestyle counseling contacts to ensure each program participant receives the appropriate number of lifestyle counseling contacts based on her intervention level. Follow-up lifestyle contacts should be made as follows:

- First contact made 2 – 4 weeks after the goal setting visit (Intervention Level 3)
Or 2-4 weeks after screening (Intervention Level 2)
- Second contact made 2 – 4 weeks after first contact (Intervention Level 3)
- Subsequent contacts scheduled as needed (Intervention Level 3)

The organization should also use the tracking system to remind participants to attend their BCCCP and WISEWOMAN screening appointments 12 to 18 months after their baseline WISEWOMAN screening.

Community Programs to Support Behavior Change

All WISEWOMAN participants should have the opportunity to participate in programs to support identified goals (e.g., smoking cessation, nutrition and physical activity). Some examples include cooking classes, community gardens, gardening classes, and walking clubs.

- Agencies may choose to develop programming for WISEWOMAN participants and other community members. Agencies may be reimbursed for participation by WISEWOMAN participants in a group contact setting within the limits described in the Lifestyle Counseling Protocols and the Billing and Reimbursement Protocols.
- In the absence of local agency programming, WISEWOMAN participants should be referred to appropriate free/low cost community programs to support identified goals. These referrals are not covered by WISEWOMAN funds.

Rescreening

At least 95% of WISEWOMAN program participants who return to be screened by BCCCP within 12 to 18 months of their initial baseline WISEWOMAN screening should receive WISEWOMAN rescreening services. After the initial baseline screening and the 12-18 month

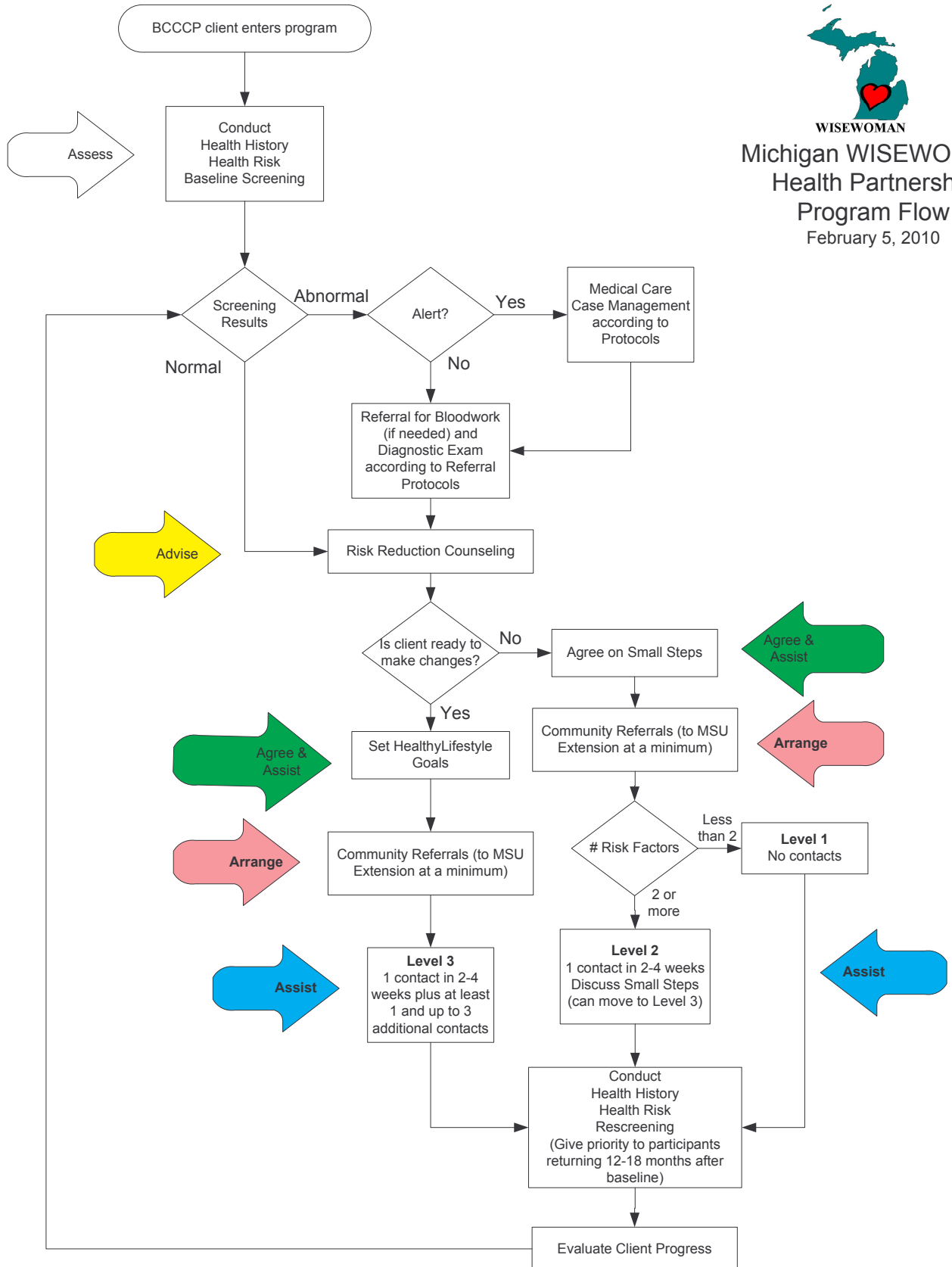
WISEWOMAN Program Description

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rescreening, the participant may continue to be rescreened every year. However, priority should be given to participants returning for their 12-18 month rescreening.



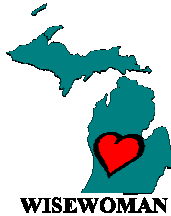
WISEWOMAN
Michigan WISEWOMAN
Health Partnership
Program Flow
February 5, 2010



Attachment 2

WISEWOMAN Program
Health Partnership
Lifestyle Counseling Protocols





WISEWOMAN Program Health Partnership Lifestyle Counseling Protocols

Risk Reduction Counseling

Each participant, regardless of her risk factors will receive risk reduction counseling at the time of screening using the WISEWOMAN *My Health Information* pamphlet, geared to low or marginal literacy readers. The pamphlet defines and identifies the participants BMI, blood pressure, total cholesterol, HDL cholesterol, glucose and pulse.

During the risk reduction counseling, the lifestyle counselor will:

- Assess the participant's current risk factors by reviewing the My Health Information pamphlet with the participant.
- Advise the participant about small steps she can take toward better health.
- Agree with the participant on the small steps the participant is interested in taking.
- Assist the participant with those small steps by providing her with tips and tools.
- Arrange for a referral to the Michigan State University Extension Family Nutrition Program and other community resources that will help the participant make small steps toward better health.

Intervention Levels

The lifestyle counselor will determine the participant's readiness to make lifestyle changes based on the Lifestyle Assessment form and the lifestyle counselor's application of Stages of Change theory. This assessment will determine the level of intervention for the participant.

Level 3 Intervention – for participants who are ready to make changes:

- The lifestyle counselor will help the participant develop goals using the Healthy Lifestyle Goals form. (See Healthy Lifestyle Goals Development below)
- The lifestyle counselor will conduct at least two and up to five additional lifestyle-counseling contacts following healthy lifestyle goals development. The purpose of these contacts is to provide support and assistance related to lifestyle behavior change goals.
- Agency staff will implement a tracking system to ensure Level 3 program participants develop Healthy Lifestyle Goals and receive **at least two** lifestyle-counseling contacts (following the initial visit to develop healthy lifestyle goals).

Level 2 Intervention – for participants who are not ready to make changes but have at least two risk factors:

- The participant will NOT develop goals.
- The participant will receive health education information related to her risk factors and information about community resources that can assist her with making healthy behavior changes when she is ready.
- The lifestyle counselor will contact the participant two to four weeks after her initial baseline screening visit to provide encouragement and support as the participant works on her small steps toward better health.

WISEWOMAN Program
Lifestyle Counseling Protocols
Page 2

- If the participant indicates a readiness to change, the lifestyle counselor will set up another face-to-face visit to develop healthy lifestyle goals and follow the protocol for Level 3 Intervention.
- If the participant does not indicate a readiness to change, no further follow-up will be required.

Level 1 Intervention – for participants who are not ready to make changes and have less than two risk factors:

- The participant will NOT develop goals.
- The participant will receive health education information related to her risk factors and information about community resources that can assist her with making healthy behavior changes when she is ready.

Healthy Lifestyle Goals Development

Level 3 program participants will devote one lifestyle counseling contact to developing goals using the Healthy Lifestyle Goals form.

- The lifestyle counselor will spend at least 30 minutes face-to-face with the participant, to complete the Healthy Lifestyle Goals Form.
- The counselor should use information from the Healthy Lifestyle Assessment and Health History forms to help the participant develop appropriate lifestyle behavior goals. The first priority should be on developing goals the participant is interested in achieving.
- The lifestyle counselor must document information related to each lifestyle counseling contact in order to ensure appropriate authorization for payment and timely payment by the Third Party Administrator. The Healthy Lifestyle Goals form itself is the documentation of this lifestyle counseling contact.
- The lifestyle counselor will provide educational materials and referrals to appropriate community resources related to lifestyle behavior goals (i.e., nutrition, physical activity and smoking cessation).
- The lifestyle counselor will provide appropriate tools to the participant; such as the WISEWOMAN Goal Progress Chart for tracking progress on lifestyle behavior goals and developing new goals as previously set ones are reached.
- The WISEWOMAN Program Organization will be responsible for entering data from the Healthy Lifestyle Goals Form into the WISEWOMAN Module of the Michigan Breast and Cervical Cancer Information System (MBCIS).

Lifestyle Counseling Contacts

- Lifestyle counseling contacts can range from 15 minutes to one hour. Contacts can be face-to-face or telephone. Face-to-face contacts can be individual or in a group setting. Individual contacts are reimbursable at 15, 30, 45 and 60 minutes and group contacts are reimbursable at 30 and 60 minutes.
- During the contact, the lifestyle counselor will:
 - Complete a Lifestyle Counseling Contact Form for each contact.
 - Provide assistance, as appropriate, to help the participant overcome barriers to successfully reaching goals.

WISEWOMAN Program
Lifestyle Counseling Protocols
Page 3

- Provide additional educational materials and referrals to appropriate community resources related to lifestyle behavior goals (i.e., nutrition, physical activity and smoking cessation).
- Help the participant develop new goals as she reaches and feels comfortable with previous goals.
- The WISEWOMAN Program Organization will be responsible for entering data from the Lifestyle Counseling Contact Form into the WISEWOMAN Module of MBCIS.
- Level 3 program participants will receive at least two and up to five lifestyle counseling contacts throughout the year (either face-to-face, in a group, or by telephone) to provide support and assistance related to lifestyle behavior change goals on their Healthy Lifestyle Goals form. These 2-5 contacts are in addition to the time spent developing the Healthy Lifestyle Goals form.
 - The first contact should take place two to four weeks after her initial baseline screening visit.
 - The next contact should take place two to four weeks after the first contact.
- Level 2 program participants will receive one lifestyle counseling contact two to four weeks after her baseline screening visit.
 - This contact can take place face-to-face or by phone.
 - The lifestyle counselor will provide encouragement and support toward making small steps toward healthy behavior changes.
 - If, at this point, the participant expresses a readiness to change she may be moved into Level 3 Intervention in order to receive an additional one to four follow-up contacts (same protocol as participants who express a willingness to change at the initial screening visit).
- Level 1 program participants will receive no follow-up contact.

Michigan Diabetes Prevention Course

The Michigan Diabetes Prevention Course is a five session curriculum adapted from the Diabetes Prevention Program funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH) (<http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>).

The Michigan Diabetes Prevention Course is an optional lifestyle intervention which may be offered to Level 3 WISEWOMAN participants with at least one risk factor for diabetes. Each of the five sessions will be reimbursed as a Lifestyle Counseling Contact. If a WISEWOMAN participant chooses to participate in the Course, she will receive **two contacts in addition** to her lifestyle goals development and her Course attendance.

Each WISEWOMAN Organization has the option of implementing the Michigan Diabetes Prevention Course in-house or contracting with a community partner (such as the YMCA or a Diabetes Self-Management Training Program) to implement the Course. If contracting with a community partner, it will be the responsibility of the WISEWOMAN Organization to obtain attendance information from the community partner, to enter the data into the WISEWOMAN

WISEWOMAN Program
Lifestyle Counseling Protocols
Page 4

Module of MBCIS, to bill for the services, and to reimburse the community partner according to the contract with that community partner.

Rescreening

- Upon completion of the participant's 12-18 month rescreening, the lifestyle counselor will:
 - Evaluate the participant's progress over the year using a Rescreen Evaluation Tool.
 - Offer further risk reduction counseling and community referrals that will help sustain the benefits the participant has received from the WISEWOMAN program.
 - Praise the participant for the reduction of modifiable risk factors.
 - Provide encouragement to continue working to reduce any remaining modifiable risk factors.
 - Determine the participant's intervention level. The participant should be placed into Intervention Level 1, 2, or 3 depending on her motivation to make (or continue making) lifestyle changes and her risk factors.

Community Programs to Support Behavior Change

- All WISEWOMAN participants should have the opportunity to participate in programs to support identified goals (e.g., smoking cessation, nutrition and physical activity). Some examples include cooking classes, community gardens, gardening classes, and walking clubs.
- At a minimum, organizations will refer participants to the Michigan State University Extension's Family Nutrition Program for free nutrition education and cooking classes.
- Agencies may also choose to develop programming for WISEWOMAN participants and other community members. Agencies may be reimbursed for participation by WISEWOMAN participants in a group contact setting within the limits described above and in the Billing and Reimbursement Protocols.
- In the absence of local agency programming, WISEWOMAN participants should be referred to appropriate free/low cost community programs to support identified goals. These referrals are not covered by WISEWOMAN funds.

Incentives

- Incentives (either those provided by MDCH or those obtained by the agency) may be used to motivate program participants to make healthy lifestyle changes and assist with successful goal attainment. Agencies can determine how to use the incentives to best meet the needs of program participants.

Tracking and Quality Improvement

- Local WISEWOMAN program staff will develop and maintain a tracking system to ensure each program participant receives the appropriate number of lifestyle counseling contacts according to her intervention level.
- MDCH will provide agencies with a Participant Contact Information report at the beginning of each month listing all active participants and the number of lifestyle counseling contacts they have received. This report should be used in conjunction with the agency's tracking system.

WISEWOMAN Program
Lifestyle Counseling Protocols
Page 5

- Lifestyle Counselors will participate in the WISEWOMAN Quality Improvement Process to ensure each WISEWOMAN participant receives the appropriate number of contacts as determined by her intervention level. This includes:
 - Reviewing quality improvement reports at least monthly.
 - Participating in quarterly quality improvement conference calls with the MDCH Intervention Specialist.

Training and Professional Development

- It is expected that local WISEWOMAN program lifestyle counselors will take part in training and professional development provided by MDCH. These include:
 - WISEWOMAN Annual Meeting
 - Conference calls, such as quarterly calls to discuss tough cases
 - Special trainings provided by MDCH
- It is expected that local WISEWOMAN program lifestyle counselors will take part in other training and professional development opportunities throughout the year. Lifestyle counselors should keep track of the training and professional development they take part in and report them to MDCH at the end of each fiscal year.
- Local agency WISEWOMAN program lifestyle counselors will maintain regular communication with the MDCH Intervention Specialist. This will allow the Intervention Specialist to provide the lifestyle counselors with new information related to lifestyle counseling and to assess the changing needs of the lifestyle counselors.

Attachment 3

WISEWOMAN

Unit Cost Reimbursement Rate Schedule



WISEWOMAN

WISEWOMAN Screening Services		FY 2010 Rate
1. Office Visit, New Patient Full Exam	99203	98.27
	99204	98.27
	99386	98.27
	99387	98.27
2. Office Visit, New Patient Partial Exam	99201	39.13
	99202	39.13
3. Office Visit, Established Patient Full Exam	99213	64.57
	99214	64.57
	99396	64.57
	99397	64.57
4. Office Visit, Established Patient Partial Exam	99211	19.79
	99212	19.79
5. Cholesterol, Serum or Whole Blood, Total	82465, 82465 QW	6.36
6. High Density Cholesterol (HDL)	83718, 83718 QW	11.96
7. Lipid Panel (TC, HDL, triglycerides)	80061, 80061 QW	18.66
8. Venipuncture	36415	3.00
9. Plasma Glucose (Fasting or Casual)	82947, 82947 QW	5.48
10. Oral Glucose Tolerance Test (OGTT)	82951	18.80
11. Hemoglobin A1C (HbA1c)	83036, 83036 QW	14.17
12. Preventative medicine counseling, individual (15 minutes, face-to-face or telephone)	99401	16.50
13. Preventative medicine counseling, individual (30 minutes, face-to-face or telephone)	99402	33.00
14. Preventative medicine counseling, individual (45 minutes, face-to-face or telephone)	99403	49.50
15. Preventative medicine counseling, individual (60 minutes, face-to-face or telephone)	99404	66.00
16. Preventative medicine counseling (30 minutes, face-to-face, in group setting)	99411	16.50
17. Preventative medicine counseling (60 minutes, face-to-face, in group setting)	99412	33.00
18. Administration and interpretation of health risk assessment instrument	99420	5.00
19. Medical Care Case Management	99429	50.00

Attachment 4

WISEWOMAN Program Billing and Reimbursement Policy





WISEWOMAN Program Billing and Reimbursement Policy

Only Current Procedural Terminology (CPT) Codes included in the Current Fiscal Year WISEWOMAN Unit Cost Reimbursement Rate Schedule are eligible for reimbursement. The most current Rate Schedule information is available online at:
<http://www.michigancancer.org/bcccp/wisewomanprogram>.

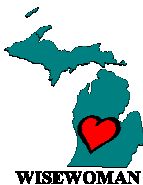
WISEWOMAN Organizations/ Providers can bill for the following services for each program participant during each one-year cycle:

1. Administration and Interpretation of Health Risk Assessment Instrument.
2. One Total Cholesterol Screening.
3. One High Density Lipoprotein Cholesterol Screening.
4. A second Total Cholesterol Screening **if the first measurement is >400**. Note that two units should be billed if a second measurement is necessary.
5. One Glucose Screening for participants who have not previously been diagnosed with diabetes.
6. One Glycated Hemoglobin (HbA1c) Test for participants who have previously been diagnosed with diabetes.
7. One Diagnostic Exam if screening results for blood pressure, cholesterol, and/or glucose warrant a referral. **Note:** In the past, a second Diagnostic Exam was eligible for reimbursement under certain circumstances. There are now no circumstances under which MDCH will reimburse for a second diagnostic exam.
8. One fasting lipoprotein panel (lipid panel) if cholesterol screening results warrant a referral. Lab results must be entered into the MBCIS WISEWOMAN module.
9. One follow-up fasting plasma glucose (FPG) and/or one oral glucose tolerance test (OGTT) if glucose screening results warrant a referral. Lab results must be entered into the MBCIS WISEWOMAN module. **(If participant requires both a fasting lipoprotein panel and a fasting plasma glucose, both tests should be conducted at the same time.)**
10. One venipuncture charge for the blood draw associated with the fasting lipoprotein panel (lipid panel) and/or the fasting plasma glucose (FPG) when the lipid panel and/or FPG is NOT performed on the Cholestech Machine.
11. One 30, 45 or 60 minute face-to-face Preventative Medicine Counseling contact for development of goals using the Healthy Lifestyle Goals form for Intervention Level 3 program participants. (See Lifestyle Counseling Protocols for description of intervention levels and Healthy Lifestyle Goals development.)
12. Up to four Preventative Medicine Counseling contacts for Intervention Level 3 program participants. (See Lifestyle Counseling Protocols for description of intervention levels and Lifestyle Counseling Contacts.)
NOTE: WISEWOMAN funds may not be used to reimburse for smoking cessation classes or for diabetes self-management training.
13. Up to two Preventative Medicine Counseling contacts for Intervention Level 2 program participants. (See Lifestyle Counseling Protocols for description of intervention levels

and Lifestyle Counseling Contacts.)

***NOTE:** WISEWOMAN funds may not be used to reimburse for smoking cessation classes or for diabetes self-management training.*

14. Medical Care Case Management for all program participants with Alert values for Blood Pressure or Cholesterol (one time per participant per annual cycle). **When billing for Medical Care Case Management, the date of service should be the same as the screening date.** MDCH will enter the data and authorization related to Medical Care Case Management.



Third Party Administrator Procedures for WISEWOMAN Program Services

Responsibilities of Provider

Provider of Diagnostic Examination

- Complete the bottom half of the Referral for Diagnostic Exam Form including the date of the diagnostic exam and the plan of care.
- On the bottom of the Referral for Diagnostic Exam Form, check the box of the Office Visit CPT Code for which you plan to bill.
- Submit the completed Referral for Diagnostic Exam Form to the referring agency.
- Bill the Third Party Administrator (TPA) for the Office Visit CPT Code at the **Usual And Customary Rate** on a HCFA 1500 or UB-92 claim form. Billing should follow the same procedures as for BCCCP. (See BCCCP website for most current billing manual: <http://www.michigancancer.org/bcccp/PDFs/Manuals/BillingServiceManual.pdf>)
 - It is important that the service date and CPT code on the claim match the date of diagnostic exam and Office Visit CPT code checked on the Referral for Diagnostic Exam Form.

Provider of Laboratory Services

- Submit the results of the Lipid Panel, Fasting Plasma Glucose, or Hemoglobin A1C to the referring agency.
- Bill the TPA for all reimbursable lab services provided at the **Usual and Customary Rate** on a HCFA 1500 or UB-92 claim form. (See the current fiscal year WISEWOMAN Unit Cost Reimbursement Rate Schedule for a list of allowable CPT codes.) Billing should follow the same procedures as for BCCCP. (See Section II of the Third Party Administrator Provider Manual 2005.)
 - It is important that the service date on the claim matches the service date on the Laboratory Results submitted to MDCH. MDCH will use the “date collected” as the authorization date for all laboratory procedures.

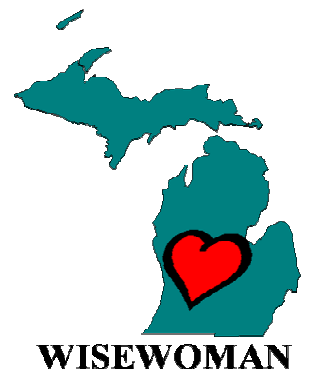
Responsibilities of WISEWOMAN Program Implementation Site

- Enter WISEWOMAN data into the WISEWOMAN module of the Michigan Breast and Cervical Cancer Information System (MBCIS).
 - Failure to enter data in a timely manner will delay payment to the agency or service provider.
- Bill the TPA for all WISEWOMAN services at the **Usual And Customary Rate** on a HCFA 1500 claim form. Billing should follow the same procedures as for BCCCP. (See BCCCP website for most current billing manual: <http://www.michigancancer.org/bcccp/PDFs/Manuals/BillingServiceManual.pdf>)
 - ⇒ See the current fiscal year WISEWOMAN Unit Cost Reimbursement Rate Schedule for a list of allowable CPT Codes and reimbursement rates for the WISEWOMAN program.
 - ⇒ When billing for Case Management, CPT Code 99429, the service date on the claim must match the Screening Date.

Note: The TPA matches claims to authorizations based on the participant MBCIS number, service date and CPT code. In order to avoid delays in payment, it is important that the participant information, service date and CPT code on the claim match the paperwork submitted to MDCH.

Attachment 5

WISEWOMAN Program Coordinator Responsibilities





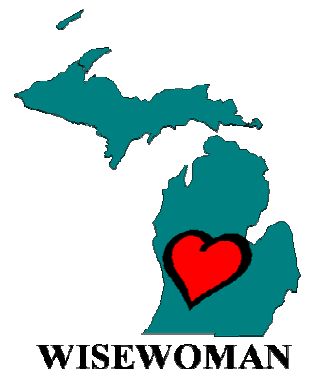
WISEWOMAN Program

Local WISEWOMAN Coordinator Responsibilities

- Ensure adherence to all WISEWOMAN Program Organization Requirements
- Ensure the local WISEWOMAN organization follows all WISEWOMAN Policies, Procedures, and Protocols
 - Clinical Screening Procedures
 - Screening and Referral Protocols
 - Medical Care Case Management Protocols
 - Lifestyle Counseling Protocols
 - Billing and Reimbursement Protocols
 - Participant Rescreening Policy
 - Performance Measure Policy
- Act as the main point of contact between the local WISEWOMAN organization and the Michigan Department of Community Health (MDCH)
- Ensure timely completion and submission of monthly and final Financial Status Reports (FSR)
- Ensure timely completion and submission of the Matching Funds Report (MFR)
- Participate in the Quality Improvement Process with appropriate staff
- Ensure timely entry of data into the WISEWOMAN module of the Michigan Breast and Cervical Cancer Control Information System (MBCIS)
- Ensure timely and correct billing of WISEWOMAN Services
- Participate in WISEWOMAN conference calls, meetings, and site visits
- Attend the WISEWOMAN Annual Meeting
- Ensure the local WISEWOMAN organization's involvement in community partnerships and collaborations made on behalf of WISEWOMAN participants

Attachment 6

WISEWOMAN Program Clinical Screening Procedures





WISEWOMAN Program Clinical Screening Procedures

Procedure For Measurement Of Blood Pressure

1. CHECK THE EQUIPMENT. Do not use if any problems are found.
 - A. Look to see that the gauge - mercury meniscus or aneroid needle - is at zero. (Preferably, do not use an aneroid gauge with a stop-pin.)
 - B. Check the cuff for any breaks in stitching or tears in the fabric.
 - C. Check the rubber tubing for cracks or leaks, especially at connections.
 - D. Be sure three sizes of cuffs are accessible (small, regular, large).
 - E. Recommend 12-15 inch stethoscope tubing.
2. PLACE THE MANOMETER so it can be viewed straight on and within 15 inches of the viewer.
3. RIGHT ARM will be used when possible. Upper arm should be bare and unconstricted by clothing. (You should be able to get at least one finger under a rolled-up sleeve.)
4. SELECT THE APPROPRIATE SIZE CUFF. The bladder width should equal at least 40% of the circumference of the upper arm, and the length of the bladder should be 80% of the circumference of the arm, but no more than 100%.
5. PALPATE the location of the brachial artery (on the upper arm's inner aspect.)
6. POSITION the center of the cuff's bladder over the brachial artery.
7. APPLY THE CUFF evenly and snugly one-inch (2.5cm) above the antecubital fossa (bend of arm). CHECK SNUGNESS at both top and bottom of the cuff.
8. POSITION THE ARM so the cuff is at heart level. The arm should rest firmly supported on a table, slightly abducted and bent, with palm up.
9. For the first reading only, OBTAIN PALPATORY SYSTOLIC PRESSURE.
 - A. Palpate the radial artery pulse.
 - B. Inflate the cuff to the point where the pulse can no longer be felt.
 - C. Slowly deflate the cuff, noting on the gauge the point where the pulse reappears/can again be felt. This is the estimated systolic pressure.

Rapidly deflate the cuff. Wait at least 15-30 seconds before re-inflating the cuff to begin the first auscultatory measurement. (This allows good circulation to be reestablished.)
10. CALCULATE the maximum inflation level (MIL) by adding 30 mm Hg to the estimated systolic. (This figure will be utilized in Step #14.)
11. CHECK THE CLIENT'S POSITION. Legs should be uncrossed, feet resting firmly on the floor and the back supported while blood pressure is being measured. (Clients may need to be reminded to uncross their legs each time you are ready to take a blood pressure reading.)
12. INSERT the stethoscope earpieces, angled forward to fit snugly.
13. PLACE THE BELL OR THE DIAPHRAGM HEAD of the stethoscope lightly over brachial artery at the bend of the elbow, but with good skin contact. Avoid too much pressure, which can close off the vessel and distort the sounds, therefore altering the reading. (The bell head is preferred because it permits more accurate auscultation of the Korotkoff sounds than the diaphragm, especially in the interpretation of diastolic readings.)

WISEWOMAN Clinical Procedures - Measurement of Blood Pressure

14. INFLATE the cuff as rapidly as possible to maximum inflation level (MIL), calculated in Step #10 (30 mm Hg above estimated systolic pressure).
15. DEFLATE THE CUFF SLOWLY and CONSISTENTLY at the rate of 2 mm per pulse beat. The rate of deflation should be slow enough to accurately evaluate the exact millimeter marking of the Korotkoff sounds. Once deflation has begun, never reinflate.
16. NOTE where the first sharp rhythmic sound appears in relation to the gauge's calibrations. This is the systolic pressure.
17. CONTINUE DEFLATION at the established rate. NOTE on the gauge where the last sound is heard. This is the diastolic pressure (5th Korotkoff phase) in adults.
18. CONTINUE DEFLATION for 10 mm Hg past the last sound. (This assures that the absence of sound is not a "skipped" beat but is the true end of the sound.) Then deflate the cuff rapidly and completely.
19. RECORD the readings to the nearest 2mm (round off upward). This means all readings taken with non-electronic equipment will be stated and written in even numbers.
20. MAKE NOTATIONS of cuff, arm and position only if there are variations from the standard procedure of seated, regular cuff, right arm and fifth Korotkoff phase.
21. Reporting for READINGS where examiner has questions:
 - A. When an auscultatory gap is heard (at least 2 initial beats, then absence of regular beats), do not record the first disappearance of sound as the diastolic reading. The sound will soon return as decompression of the vessel continues. The sound will finally disappear, indicating true diastolic.
 - B. When sounds are too soft to be certain of either systolic or diastolic readings, "discard" this reading. Institute augmentation procedures on the next attempt. Always inflate the cuff to the MIL as rapidly as possible.

AUGMENTATION PROCEDURES

Have the client raise their arm prior to inflation to drain the blood from forearm. Inflate the cuff rapidly and then have the client lower his/her arm to the standard position. Apply the stethoscope immediately and begin deflation.

or

After inflation, keep the valve closed and have the client clench fist 5-6 times. Then apply the stethoscope immediately and begin deflation.

22. REPEAT the measurement 30 seconds or more after the cuff is completely deflated. This allows for circulation to adequately return and permits a true reading.

NOTE: Mercury manometers are preferred because they are more accurate, easier to maintain and less likely to become decalibrated.

Source: (1) Michigan Department of Public Health and the Michigan Association for Local Public Health. *Promoting Cardiovascular Health in Michigan: Recommendations for Action*. pp 35-37, December 1991; (2) Perloff, Dorothea; Grim, Carlene; et.al..... "Human Blood Pressure Determination by Sphygmomanometry." AHA Medical/Scientific Statement: Special Report. *Circulation*. Vol. 88, No. 5, Part 1, November 1993. pp 2460-2470.



Procedure for Measuring Blood Pressure on Lower Arm

This procedure should **only be used if the upper arm is too large for a large adult cuff and an appropriate size cuff is not available.** This procedure is recommended only as a **last attempt** to get the best estimate of the blood pressure (BP) as possible.

The proportion of the bladder in the cuff to the lower arm should still meet the procedural guidelines outlined: the bladder width should be 40% and the bladder length should be 80% of the circumference of the lower arm.

Sometimes the diastolic reading may not be audible over the radial artery but the systolic at minimum could be recorded. Be sure you note that the BP was taken on the lower arm.

The procedure below is the same as the one used in the upper arm except for the changes noted in italics:

1. CHECK THE EQUIPMENT. Do not use if any problems are found.
 - A. Look to see the gauge - mercury meniscus or aneroid needle is at zero. (Preferably, do not use an aneroid gauge with a stop-pin.)
 - B. Check the cuff for any breaks in stitching or tears in the fabric.
 - C. Check the rubber tubing for cracks or leaks, especially at connections
 - D. Be sure three sizes of cuffs are accessible (small, regular, and adult large).
 - E. Recommend 12-15 inch stethoscope tubing and bell/diaphragm stethoscope head.
2. PLACE THE MANOMETER so it can be viewed straight on and within 15 inches of the viewer.
3. RIGHT ARM will be used when possible. *Lower arm should be bare and unconstricted by clothing. (You should be able to get at least one finger under a rolled up sleeve.)*
4. SELECT THE APPROPRIATE SIZE CUFF. The bladder width should equal at least 40% of the circumference of the *lower arm*, and the length of the bladder should be 80% of the circumference of the arm, but no more than 100%. *Measure the circumference halfway between the wrist and elbow.*
5. PALPATE the location of the *radial* artery.
6. POSITION the center of the cuff's bladder over the *radial* artery.
7. APPLY THE CUFF evenly and snugly one-inch (2.5 cm) above the *radial artery* at the wrist. CHECK SNUGNESS at both the top and bottom of the cuff.
8. POSITION THE ARM so the cuff is at heart level. The *forearm* should *be* supported on a table, slightly abducted and bent, with palm up.
9. For the first reading only, OBTAIN ESTIMATED SYSTOLIC PRESSURE.
 - A. Palpitate the radial artery pulse.
 - B. Inflate the cuff to the point where the pulse can no longer be felt.
 - C. Slowly deflate the cuff, noting on the gauge the point where the pulse reappears/can again be felt. This is the estimated systolic pressure.

WISEWOMAN Clinical Procedures - Measuring BP on Lower Arm

Rapidly deflate the cuff. Wait at least 15-30 seconds before re-inflating the cuff to begin the first auscultatory measurement. (This allows good circulation to be reestablished.)

10. CALCULATE the maximum inflation level (MIL) by adding 30 mm Hg to the estimated systolic pressure. (This figure will be utilized in step #14)
11. CHECK THE CLIENT'S POSITION. Legs should be uncrossed, feet resting firmly on the floor and the back supported while blood pressure is being measured. (Clients may need to be reminded to uncross their legs each time you are ready to take a blood pressure measurement.)
12. INSERT the stethoscope earpieces, angled forward to fit snugly.
13. PLACE THE BELL OR THE *PEDIATRIC* DIAPHRAGM HEAD of the stethoscope lightly over the *radial* artery, but with good skin contact. Avoid too much pressure, which can close off the vessel and distort the sounds, therefore altering the reading. (The bell head is preferred because it permits more accurate auscultation of the Korotkoff sounds than the diaphragm, especially in the interpretation of diastolic readings.)
14. INFLATE the cuff as rapidly as possible to maximum inflation level (MIL), calculated in Step #10 (30 mm Hg above estimated systolic pressure.)
15. DEFLATE THE CUFF SLOWLY and CONSISTENTLY at the rate of 2 mm per pulse beat. The rate of deflation should be slow enough to accurately evaluate the exact millimeter marking of the Korotkoff sounds. Once deflation has begun, never reinflate.
16. NOTE where the first sharp rhythmic sound appears in relation to the number or markings on the gauge. This is the systolic pressure.
17. CONTINUE DEFLATION at the established rate. NOTE on the gauge where the last sound is heard. This is the diastolic pressure (5th Korotkoff phase) in adults.
18. CONTINUE DEFLATION for 10 mm Hg past the last sound. (This assures that the absence of sound is not a skipped beat but is the true end of the sound.) Then deflate the cuff rapidly and completely.
19. RECORD the readings to the nearest 2mm (round to an even number). This means all readings taken with non-electronic equipment will be stated and written in even number.
20. MAKE NOTATIONS of cuff, arm and position only if there are variations from the standard procedure of seated, regular cuff, right arm and fifth Korotkoff phase. *Be sure to note lower arm used.*
21. Reporting for READINGS where examiner has questions:
 - A. When an auscultatory gap is heard (at least 2 initial beats, then absence of regular beats), do not record the first disappearance of sound as the diastolic reading. The sound will soon return as record as decompression of the vessel continues. The sound will finally disappear, indicating true diastolic.
 - B. When sounds are too soft to be certain of either systolic or diastolic readings, discard this reading. Institute augmentation procedures on the next attempt. Always inflate the cuff to the MIL as rapidly as possible.

AUGMENTATION PROCEDURES

Have the client raise the arm prior to inflation to drain the blood from forearm. Inflate the cuff rapidly and then have the client lower his/her arm to the standard position. Apply the stethoscope immediately and begin deflation.

or

After inflation, keep the valve closed and have the client open and close her/his fist 5-6 times. Then apply the stethoscope immediately and begin deflation.

22. REPEAT the measurement 30 seconds or more after the cuff is completely deflated. This allows for circulation to adequately return and permits a true reading.

Note: Use the same BP classification levels for high and normal cut off points.

Source (1) Michigan Department of Public Health and the Michigan Association for Local Public Health. *Promoting Cardiovascular Health in Michigan: Recommendation for Action*. pp 35-37, December 1991; (2) Perloff Dorothea; Grim, Carlene; et.al... *Human Blood Pressure Determination by Sphygmomanometry*.@ AHA Medical/Scientific Statement: Special Report. *Circulation*. Vol. 88, No.5, Part 1, November 1993. Pp 2460-2470; (3) The Sixth Report of the Joint Committee on Detection, Evaluation and Treatment of High Blood Pressure (NIH Publication No. 98-4080, November, 1997. (4) Consultation with Grim, Clarence and Carlene. December 22, 2000.

g:bpowerarm.12-00

**CHOLESTECH® BLOOD COLLECTION BY FINGER PUNCTURE
FOR
CHOLESTEROL AND GLUCOSE**

Purpose: To safely obtain a viable whole blood capillary specimen for processing in the Cholestech LDX System® maintaining the standards required by Occupational Health and Safety Administration (OSHA), Clinical Laboratories Improvement Amendments (CLIA '88), and clinical practices.

CLIA regulations are based on the test complexity, and are classified as waived, moderate complexity, or high complexity. Facilities performing only waived tests have no routine oversight or personnel requirements and are only required to obtain a Certificate of Waiver, pay fees and follow the manufacturer's requirements. Health Departments and other facilities must follow the requirements of the policies of their laboratory director.

I. Background and Exposure Control

- a) Facilities providing services that could result in contact with human blood or other potentially infectious material must have an "OSHA-Bloodborne Pathogen Exposure Control Plan" (BPECP) outlining tasks, procedures, assigned job classifications according to exposure risk (Category A or B), engineering controls, universal precautions, and personal protective equipment (PPE) required to decrease the risk of their employees' exposure to any bloodborne pathogen.
- b) Category A employees perform procedures or tasks conducted in routine situations as a condition of employment that could result in exposure to human blood or other infectious material. Employers must offer the Hepatitis B vaccine series, boosters, and antibody testing to Category A employees. If the employee initially declines, the employer must provide the vaccine if an employee changes their mind and is still in Category A.
- c) Category A employees must be provided OSHA-approved lancets* and specific training as established in the Facility's BPECP on OSHA's standard "Occupation Exposure to Bloodborne Pathogens" before beginning to test and annually thereafter.

***OSHA Approved Lancets*

Authority: The Department of Consumer and Industry Services: Occupational Health Standards—Bloodborne Infectious Diseases by the authority conferred on the director of the department of consumer and industry services by: [sections 14 and 24 of 1974, PA 154, MCL 408.1014 and 408.1024, and Executive Reorganization Order Nos. 1996-1 and 1996-2, MCL 330.3101 and 4454.2001]

** Category A, non-managerial, employees, annually, shall have direct input, documented in the "BBECP", into the identification, evaluation, and selection of effective engineering and work practice controls including commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, including improved technology (self-retracting lancets, needleless systems, etc.)*

II. Exposure Avoidance

- a) Universal precautions (a method of infection control that treats all human blood and other potentially infectious material as capable of transmitting, HIV, HBV, and other bloodborne pathogens) must be followed.
- b) Place sharps container close to the collection site and place contaminated lancet into the container immediately after use. Dispose of all blood collection materials and cassettes in a biohazard waste container immediately after use following the facility's BPECP. Wear intact gloves at all times during the procedure, in addition to lab coat and other personal protective equipment as indicated.
- d) Any blood spill should be cleaned immediately with a 10% bleach solution or other approved bloodborne pathogen disinfectant.
- e) Materials for each client's specimen should be placed on a clean, non-permeable and absorbent surface such as a small waterproof towel.

III. Machine and Work Area Preparation

Work surface should be clean and sanitary, without direct heat or bright light, and at room temperature (68-86°F)

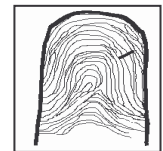
Set-up machine according to the “*Cholestech User Manual®. Page 9, Getting Started*”. Available online at: www.cholesteck.com

III. Materials and Equipment:

- a) 10% bleach solution or other disinfectant approved for blood-borne pathogens
- b) 70% isopropyl alcohol or alcohol swab
- c) Cotton balls, or gauze
- d) Blood lancets and/or lancet device for skin punctures
- e) Capillary tubes and Micropipettes
- f) Cholestech® LDX Machine Analyzer, test cassettes, Optics check cassette
- h) Water-proof towels/drapes
- i) Power source
- f) Quality control serum vials (high and low) and recording records
- g) Personal protective equipment
- h) Sharps containers and biohazardous waste containers
- i) Hand gel or sink
- j) Band-aids (Optional)

IV. Client Specimen Collection and Testing

- a) Read the procedures in the Cholestech LDX User Manual® and Product Insert Instructions for testing patient samples.
- b) Check signed consent for testing and HIPAA Privacy Statement if applicable. Identify the patient, and explain the procedure to them.
- c) Assess the warmth/circulation of the patient’s fingers and choose a site. The third or fourth (middle or ring) finger on the non-dominant hand is preferred for finger sticks. Do not use a finger with calluses and/or a wound. If improvement in circulation is needed, have the patient rub their hands together or hold below the level of their heart for a few minutes.
- d) Choose a site that is on the side of the fingertip midway between the edge and midpoint of the fingertip. (see drawing)
- e) Wash your hands before you put on your gloves. Hand disinfectant gels are acceptable unless the facility policies state otherwise.
- f) Cleanse the client’s finger with alcohol from a wipe or cotton ball for 15-30 seconds, rubbing vigorously. Wipe excess alcohol with sterile gauze let dry or it will sting and potentially make the reading inaccurate.
- g) Using a sterile, OSHA-approved* blood lancet, make a deep enough puncture (1.5mm) to form a free-flowing drop of blood. A deep puncture will avoid needing to re-puncture.
- h) To assure an accurate reading, squeeze the finger from the base moving to the top, *DO NOT MILK* the finger or allow air bubbles to collect in the capillary tube.
- i) Hold the capillary tube horizontally by the end with the plunger. Insert the capillary tube tip in the drop of blood. The tube will fill by capillary action up to the black mark. Perform the filling of the tube within 10 seconds of the puncture to assure a good specimen.
- j) If another drop of blood is needed and the same puncture site is viable, wipe the finger with gauze, and squeeze until a large drip of blood forms. If you can not obtain a large enough drop, choose another site, disinfect and re-puncture. It is not necessary to re-glove at this point if the gloves are intact.
- k) Wipe off any excess blood and ask the patient to apply pressure to the puncture until the bleeding stops. Apply a band-aid to the site to prevent contamination.
- l) Using the plunger, dispense the entire blood sample from the micropipette, into the cassette as soon as possible.
- m) Once you have placed the sample into the cassette well, place the cassette in the drawer and press RUN



WISEWOMAN Clinical Procedures - Cholestech®

- immediately.
- n) Dispose of lancet and capillary tube into the sharps container and other materials and into a biohazard waste container or as directed by the BPECP.
 - o) Remove gloves pulling one over the other, turning the contaminated side inside out.
 - p) Give the client the written result and counsel or send to the next station for counseling.
 - q) Put on a fresh pair of gloves for the next client.
 - r) At the end of the session, clean entire area and wipe down countertops with the 10% bleach solution or other designated disinfectant. Clean machine according to the manufacturer's instruction. Dispose of biohazardous materials container and sharps according to the facility's BPECP.

Analysis of Blood Sample

Follow manufacturer's instructions. *Cholestech User Manual®. Page 15, Testing Procedure*. Available online at: www.cholesteck.com

Quality Control

Quality control practices assure that the system is working properly and giving dependable results. Good laboratory practice principles suggest that in addition to routine testing, (a-c below), external controls must be run if there is any question of the system integrity or operator technique, for example, if reagent storage or handling or when the machine operators have not performed a test in recent weeks.

- a) Controls and Optics Check must be run on every day of testing before the first test is done.
- b) Controls must be run each time a new lot of cassettes is opened.
- c) Controls must be run anytime there is a question about the cassettes being stored properly.
- d) The Cholestech LDX is a waived CLIA test so external proficiency tests are not required in the law; however, they are recommended and may be required by the laboratory director.
- e) See facility policies for all lab related recording forms, corrective action plans, and other facility-specific requirements.

Refer to the Cholestech User Manual®. Page 23, Quality Control, Available online at: www.cholesteck.com

References:

- Cholestech ® Technical Service 1-800-733-0404
Manufacturer's Website: www.cholesteck.com
- Web-based MDCH Laboratory Procedure #RL.04.01
http://www.michigan.gov/documents/RL_135815_7.04.01_Specimen_Collection_Blood_by_Finger_Puncture.doc
- OSHA-"Occupation Exposure to Bloodborne Pathogens" (29CFR 1910.1030)
- CMS CLIA Resource: <http://www.cms.hhs.gov/clia/>
- FDA CLIA Resource: <http://www.fda.gov/cdrh/clia/>
- HIPAA: <http://www.hhs.gov/ocr/hipaa/>
- MMWR-Recommendations and Reports Good Laboratory Practices for Waived Testing Sites [11/11/2005/Vol.54/No., RR-13]

WISEWOMAN Program Procedure
MDCH, Cardiovascular Health, Nutrition and Physical Activity Section 7/2007

Clinical Laboratory Improvement Amendments of 1988

General Program Description

Congress passed the Clinical Laboratory Improvement Amendments (CLIA) in 1988 establishing quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results regardless of where the test was performed. A laboratory is defined as any facility which performs laboratory testing on specimens derived from humans for the purpose of providing information for the diagnosis, prevention, treatment of disease, or impairment of, or assessment of health. CLIA is user fee funded; therefore, all costs of administering the program must be covered by the regulated facilities, including certificate and survey costs.

The final CLIA regulations were published on February 28, 1992 and are based on the complexity of the test method; thus, the more complicated the test, the more stringent the requirements. Three categories of tests have been established: waived complexity, moderate complexity and high complexity. CLIA specifies quality standards for proficiency test (PT), patient test management, quality control, personnel qualifications and quality assurance for laboratories performing moderate and/or high complexity tests. Waived laboratories must enroll in CLIA, pay the applicable fee and follow manufacturers' instructions. Because problems in cytology laboratories were the impetus for CLIA, there are also specific cytology requirements.

The Centers for Medicare & Medicaid Services (CMS) is charged with the implementation of CLIA, including laboratory registration, fee collection, surveys, surveyor guidelines and training, enforcement, approvals of PT providers, accrediting organizations and exempt states. The Centers for Disease Control and Prevention (CDC) is responsible for the CLIA studies, convening the Clinical Laboratory Improvement Amendments Committee (CLIAC) and providing scientific and technical support/consultation to DHHS/CMS. The Food and Drug Administration is responsible for test categorization.

To enroll in the CLIA program, laboratories must first register by completing an application, paying fees, being surveyed, if applicable, and becoming certified. CLIA fees are based on the certificate requested by the laboratory (that is, waived, PPM, accreditation, or compliance) and, for moderate and high complexity laboratories, the annual volume and types of testing performed. Waived and PPM laboratories may apply directly for their certificate as they aren't subject to routine inspections. Those laboratories that must be surveyed routinely; i.e., those performing moderate and/or high complexity testing, can choose whether they wish to be surveyed by CMS or by a private accrediting organization. The CMS survey process is outcome oriented and utilizes a quality assurance focus and an educational approach to assess compliance.

CLIA and the WISEWOMAN Program

The Cholestech LDX System is in the **waived category**. All users of waived tests are required to register with CMS and obtain a **CLIA Certificate of Waiver**. Many local health departments in Michigan are part of the Regional Lab System that the Michigan Department of Community Health oversees. If the cholesterol and glucose screening are to take place at a health department that is part of the Regional Lab System, it is important to confirm that a suitable CLIA certificate has been obtained. If the cholesterol and glucose screening are to take place through an agency other than a local health department, the application for the Certificate of waiver can be obtained through the CMS website, <http://www.cms.hhs.gov/clia/>.



Procedures for Assessment of Pulse Regularity

1. Find the pulse by putting your second and third fingers over the radial artery along the thumb side of the wrist. Do not use your thumb to feel the pulse since it has a pulse that that can be picked up easily. Using your thumb will result in you counting your own pulse.
Note: Finding the pulse is the same as in the procedure used to get an estimated systolic for blood pressure measurement.
2. Feel the pulse rhythm for 30 seconds. Do not press too hard or you can cause it to disappear.
3. As you monitor the rhythm, you might find it helpful to tap your foot to the beat or click your tongue to mimic the rhythm. This has been found to help in detecting changes in the rhythm.
4. A regular rhythm would be like this.

----- (Regular)

An irregular rhythm would be like the following examples. If you are unsure if it is irregular, feel the pulse for a full minute.

Example 1: - - - - - (Irregular)

Example 2: - - - - - (Irregular)

Record if the pulse is regular or irregular on the Screening Form and My Health Information Pamphlet. You do not have to record the rate or beats/minute.

If the pulse is irregular, ask the participant if she has ever been told that it is irregular.

A. Irregular pulse with a prior history of irregularity

If her health care provider has informed the participant that she has an irregular pulse, suggest she continue to have it monitored by him/her.

B. Irregular pulse without prior knowledge or evaluation of it

If the pulse is irregular, and there is no previous history or knowledge of it being irregular, refer the participant to her health care provider. If other symptoms exist or if significant history, the participant should be referred according to WISEWOMAN Program protocols. Keep in mind that this is a screening activity that is identifying an irregular rhythm and need for further evaluation.

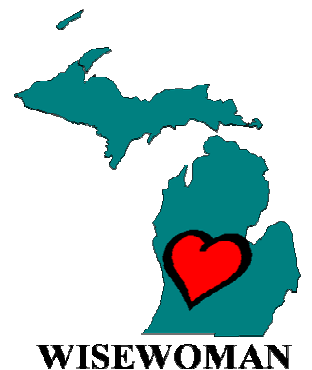
Skipped Beats: If the client has only 1 skipped beat during the 30 seconds, feel the pulse for another 30 seconds to determine if it is truly an irregular pulse. If the rhythm is judged regular, this is not classified as an irregular pulse.

Background Information: Stroke and Atrial Fibrillation

If a health care provider diagnoses an irregular pulse as atrial fibrillation, this can increase an individual’s risk of stroke 5 to 6 times. This is why it is important pulse regularity be evaluated. Some patients may experience symptoms with an irregular pulse such as fluttering in the chest, shortness of breath, dizziness or a racing feeling in the chest, but many patients have no symptoms. If the participant is receptive and capable of learning how to measure her own pulse, you can teach her how to monitor the regularity of her own pulse. You need to be cautious about this however, since sometimes it can increase anxiety and frustration.

Attachment 7

WISEWOMAN Program Screening and Referral Protocols





WISEWOMAN Program Screening and Referral Protocols

Blood Pressure Screening

Agency staff conducting the Blood Pressure Screening must follow the Procedures for Measurement of Blood Pressure and Procedure for Measuring Blood Pressure on Lower Arm included in the WISEWOMAN Program Clinical Screening Procedures.

Assessment of Pulse Regularity

Agency staff conducting the assessment of pulse regularity must follow the Procedures for Assessment of Pulse Regularity included in the WISEWOMAN Program Clinical Screening Procedures.

Cholesterol and Glucose Screening

1. Agency staff conducting the Cholesterol and Glucose Screening must follow the Cholestech[®] Blood Collection By Finger Puncture For Cholesterol and Glucose included in the WISEWOMAN Program Clinical Screening Procedures.
2. Screening for Plasma Glucose and Total and HDL Cholesterol must be done using a Cholestech LDX, for immediate receipt of results.
 - a. It is required that Optics Checks be done on the Cholestech LDX each day the machine is used, prior to the first screening. Checks must be done according to the procedures found in the Cholestech User Manual.
 - b. High and low liquid controls must be used each week the Cholestech LDX is used. Your Laboratory Director (person whose name appears on your CLIA Certificate) may specify a different interval based upon experience and usage. Checks must be done according to the procedures found in the Cholestech User Manual.
 - c. The Site Coordinator (in the Michigan Regional Laboratory System) or your Section Supervisor should review the Quality Control (QC) Log on a monthly basis to allow for timely follow-up as needed. QC Logs must be filed, and readily retrievable, for two years as per CLIA requirements. (See a sample QC Log included in the back of the Screening and Referral Protocols Section of the Policies and Procedures Manual.)
 - d. In the event of QC failure, indicate the corrective action taken on the bottom of the QC Log. If the problem is too complex to explain in a few lines, write a memo indicating the problem, when it occurred and what was done to correct it. This information becomes a part of the QC file.
 - e. All procedures outlined in the Cholestech User Manual must be followed to ensure accurate screening results.

Screening and Referral Protocols

Page 2

3. If the result of the Total Cholesterol screening is >400 mg/dL, a second measurement should be taken. Reimbursement of a second Total Cholesterol measurement will only be authorized if the first measurement is >400 mg/dL. The following protocols should be followed when two cholesterol measurements are taken:
 - a. If the second total cholesterol measurement is within + or - ten percent of the first measurement, it is considered within the acceptable range of a repeat test result. In this case, if the two readings are in different categories (i.e., Alert and High) use the highest reading as the reading to record and determinant of level of intervention (Medical Care Case Management) and follow the protocols accordingly.
 - b. If the second measurement is greater than + or - ten percent of the first measurement and they fall into different categories (Alert and High, Alert and Borderline High or Alert and Normal) the staff member conducting the screening can do either of two options:
 - i. Do a third measurement if the program participant is willing.
 - A. The third measurement is the tiebreaker.
 - B. The local agency must contact the WISEWOMAN Program Coordinator at the Michigan Department of Community Health to ensure authorization for payment of the third cholesterol measurement is made.
 - ii. Use clinical judgment based on an assessment of prior readings, history, etc. to determine appropriate level of intervention and appropriate medical referrals.
 - c. If the second measurement is greater than + or - ten percent of the first measurement and they fall into the same category, follow the recommendations of that category (Medical Care Case Management).
4. Handling error messages or “out of range” values when using the Cholestech machine.
 - a. If you receive an error message saying, “Reaction Did Not Occur,” repeat the test with a new cassette and a new finger stick sample. If the message reappears, refer the participant for a fasting lipid panel and/or a fasting glucose.
 - b. Out of range values:
 - i. Total Cholesterol <100 or >500 – Refer for a fasting lipid panel
 - ii. HDL <15 or >100 – Refer for a fasting lipid panel
 - iii. Glucose <50 or >500 – Refer for a fasting glucose
 - c. When entering the Screening Results in the WISEWOMAN module of MBCIS, leave the results that you did not obtain blank. Put a note in the Screening Notes saying “Unable to Obtain Cholesterol/HDL/Glucose Results. referred for fasting lipid panel.” Send an email to RobertsRobi@michigan.gov with **ONLY** the MBCIS number of the participant (no personal identifiers) and a note. MDCH will authorize the service.

Referrals to Health Care Providers

- You should refer program participants to a health care provider under the following conditions:
 - **Immediate Medical Care** if any of the following symptoms are present:
 - Shortness of breath
 - Chest pain
 - Sudden weakness/numbness of face, arms or legs
 - Temporary difficulty with or loss of speech
 - Loss of vision/double vision
 - Unsteady on feet/loss of balance/dizziness
 - Difficulty functioning (mentally or physically)
 - Change in ability to remember/understand
 - Sudden severe headache

 - **Alert Values (Require Medical Care Case Management):**
 - BP is **greater than 180** (systolic) and/or **greater than 110** (diastolic)
 - Total Cholesterol is **greater than 400**
 - Glucose is **greater than 375** (fasting or casual)

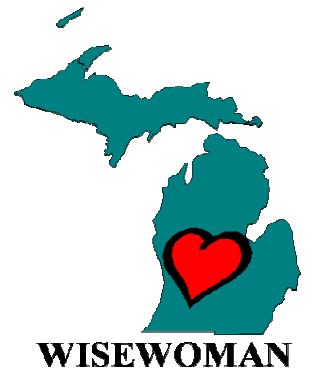
 - **Abnormal or Elevated Values:**
 - BP **140-180** (systolic) **and/or 90-110** (diastolic)
 - Total Cholesterol **240-400**
 - Total Cholesterol **200-239** with HDL **<40** or 2 or more risk factors **or** history of Coronary Heart Disease **or** history of diabetes (Use Borderline Cholesterol Worksheet.)
 - HDL is **less than 40** and Total Cholesterol is **less than 200**
 - Fasting Plasma Glucose **100-375** (After fasting at least 9 hours)
 - Casual Plasma Glucose **160-375 and participant reporting symptoms** (increased thirst, frequent urination, increased hunger, fatigue, unexplained weight loss, blurred vision, sores that do not heal)
 - Casual Plasma Glucose **100-159 with one or more risk factors** (Use Diabetes Risk Factor Worksheet.) – Refer participant for a Fasting Plasma Glucose. Refer for diagnostic exam if FPG ≥ 100 .
 - Newly detected irregular pulse

Referrals for follow-up Lab Work

- Follow-up Lab Work should be completed and the results should be available before the participant sees the provider
 - Total Cholesterol greater than **240**
 - Refer for full lipid panel
 - Total Cholesterol **200-239** (Use Borderline Cholesterol Worksheet.)
 - If indicated, refer for full lipid panel
 - HDL is **less than 40**
 - Refer for full lipid panel
 - Fasting Plasma Glucose greater than **100** (After fasting at least 9 hours)
 - No personal history of diabetes – Refer for follow-up fasting plasma glucose (Follow-up fasting plasma glucose **cannot** occur on the same day as the screening glucose.)
 - Personal history of diabetes – Refer for Hemoglobin A1c (Participant should not receive a follow-up fasting plasma glucose)
 - Casual Plasma Glucose greater than **160**
 - No personal history of diabetes – Refer for follow-up fasting plasma glucose (Follow-up fasting plasma glucose **cannot** occur on the same day as the screening glucose.)
 - Personal history of diabetes – Refer for Hemoglobin A1c (Participant should not receive a follow-up fasting plasma glucose)
 - Casual Plasma Glucose **100-159** – Refer participant for a Fasting Plasma Glucose.
 - No personal history of diabetes – (Use Diabetes Risk Factor Worksheet.) Refer for follow-up fasting plasma glucose (Follow-up fasting plasma glucose **cannot** occur on the same day as the screening glucose.)
 - Personal history of diabetes – Refer for Hemoglobin A1c (Participant should not receive a follow-up fasting plasma glucose)

Attachment 8

WISEWOMAN Program Medical Care Case Management Protocols



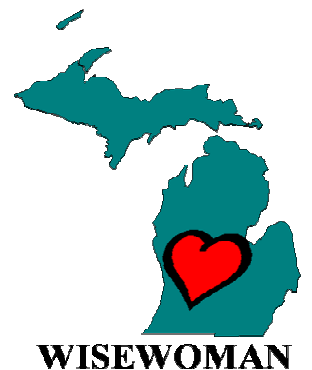


WISEWOMAN Program Medical Care Case Management Protocols

- If a program participant's blood pressure and/or cholesterol and/or glucose measurements fall into the alert range, she will receive Medical Care Case Management. (Less than 3% of program participants will have values in the alert range.) Alert values are:
 - Blood Pressure **greater than 180** (systolic) **and/or greater than 110** (diastolic)
 - Total Cholesterol **greater than 400**
 - Glucose **greater than 375** (fasting or casual)
- Case management is an intensive support service used to ensure that women with alert screening values receive appropriate and timely medical care. Case management involves strategies that reduce barriers to women understanding the treatment regimen, receiving medication, and attending medical appointments.
- For women receiving Medical Care Case Management, the case manager must:
 - Assist the program participant with addressing barriers to understanding the treatment regimen, receiving medication, and attending medical appointments.
 - Track diagnostic exam results and initiation of treatment for all program participants who qualify for Medical Care Case Management.
 - Obtain diagnostic exam results from the health care provider, and submit those results to MDCH.
 - Complete a Medical Care Case Management Form for each program participant who qualifies for Medical Care Case Management.
 - Mail the completed form to MDCH within ten business days after the scheduled diagnostic exam appointment. (MDCH staff will enter the appropriate data and authorizations into the MBCIS WISEWOMAN module.)
- Medical Care Case Management concludes when the program participant initiates treatment or is no longer eligible for the WISEWOMAN Program.
- Once the program participant initiates treatment, she will receive either the Level 2 or Level 3 lifestyle intervention. The lifestyle counselor should also encourage the participant to follow-through with medical care and indicated treatment.
- The organization can bill once during each cycle for reimbursement of Medical Care Case Management services provided to eligible program participants. Each organization will determine the way(s) in which they will support the participant in obtaining the needed medical evaluation and subsequent care, if indicated.

Attachment 9

WISEWOMAN Program Rescreening Policy





WISEWOMAN Program Participant Rescreening Policy

Rescreening

- It is expected that all program participants have the opportunity to be rescreened for WISEWOMAN within 12 to 18 months of their initial (baseline) WISEWOMAN screening.
 - The Centers for Disease Control and Prevention (CDC) performance indicator for rescreening indicates that at least 95% of participants who receive breast and cervical cancer screening services within 12-18 months after their WISEWOMAN baseline screening services will be rescreened in WISEWOMAN.
 - The Michigan Department of Community Health (MDCH) will calculate the rescreening rate for each organization and the rescreening rate for the state WISEWOMAN program. MDCH will provide each organization with this information in the monthly WISEWOMAN Participant Caseload Report.
- CDC Protocols indicate that after the initial baseline screening and the 12-18 month rescreening, the participant may continue to be rescreened every year. However, priority should be given to participants returning for their 12-18 month rescreening.
- Participants returning for their 12-18 month rescreening may only be rescreened when at least 12 months has elapsed since their previous screening services. **Any rescreening services that take place at less than 12 months after baseline screening will not be paid by MDCH.**

PLEASE NOTE:

- It is a CDC requirement that all WISEWOMAN participants participate in the Breast and Cervical Cancer Control Program (BCCCP).
- It is required that all WISEWOMAN screening/rescreening services take place at the same time as the BCCCP screening.
- CDC requires that 95% of women who receive breast and cervical cancer screening services within 12-18 months after their WISEWOMAN baseline screening services will be rescreened in WISEWOMAN

Incentives/Rewards

- Incentives/rewards (either those provided by MDCH or those obtained by the agency) may be used to motivate program participants to return for their 12-18 month rescreen. Agencies can determine how to use the incentives/rewards to best meet the needs of program participants.

Tracking and Quality Improvement

- It is expected that local agency WISEWOMAN program staff develop a tracking system to ensure each program participant is reminded to attend her 12-18 month rescreening.
 - MDCH will provide organizations with a Participant Rescreen Report at the beginning of each month. This report lists participants who received their baseline screening services between 12 and 18 months prior to the date of the report and who have not already attended their 12-18 month rescreening.
- It is expected that local agency WISEWOMAN program staff actively participate in the WISEWOMAN Quality Improvement Process related to rescreening. This includes:
 - Monitoring the rescreening rate in the monthly WISEWOMAN Participant Caseload Report.

WISEWOMAN Program
Participant Rescreening Policy
Page 2

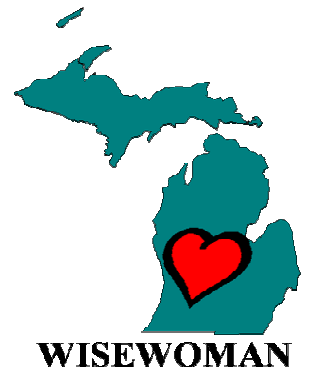
- Contacting participants on the Participant Rescreen Report to remind them about their annual BCCCP/WISEWOMAN screening.

Lifestyle Counseling

- Upon completion of the participant's 12-18 month rescreening, the lifestyle counselor will:
 - Evaluate the participant's progress over the year using a Rescreen Evaluation Tool.
 - Offer further risk reduction counseling and community referrals that will help sustain the benefits the participant has received from the WISEWOMAN program.
 - Praise the participant for the reduction of modifiable risk factors and/or the adoption of healthy lifestyle behaviors.
 - Provide encouragement to continue working to reduce any remaining modifiable risk factors.
 - Determine the participant's intervention level. The participant should be placed into Intervention Level 1, 2, or 3 depending on her motivation to make (or continue making) lifestyle changes and her risk factors.

Attachment 10

WISEWOMAN Program Performance Measures





WISEWOMAN Program Performance Measures Fiscal Year 2010

Each organization's Fiscal Year (FY) 2011 caseload allocation will, in part, be determined by how well that organization achieves the performance measure goals in FY 2010. Organizations that meet their performance measures, will maintain their current caseload (dependent on funding from CDC) and have the option of receiving more caseload (based on availability). Organizations that do not meet or show significant progress toward meeting their performance measures will be in danger of losing caseload.

Screening

- Each organization must meet **at least 95%** of budgeted caseload without going over.
- **At least 95%** of participants screened must have all screening data. This includes height, weight, two blood pressure readings, fasting status, cholesterol, HDL, glucose (or Hemoglobin A1C), and pulse regularity.
- **Less than 5%** of participants screened should have the same blood pressure readings for both the first and second blood pressure when they are screened.

Lifestyle Intervention

- **At least 90%** of Level 3 participants will develop Healthy Lifestyle Goals.
- **At least 75%** of Level 3 participants will receive a minimum of two follow-up lifestyle counseling contacts (in addition to developing Healthy Lifestyle Goals).
- **At least 75%** of Level 2 participants will receive one follow-up contact 2 – 4 weeks after screening.
- **100%** of all participants will be referred to Michigan State University Extension's Family Nutrition Program or an approved community resource.

Women with Alert Values (Blood Pressure >180 (systolic) and/or >110 (diastolic) and/or Total Cholesterol >400 and/or Glucose > 375)

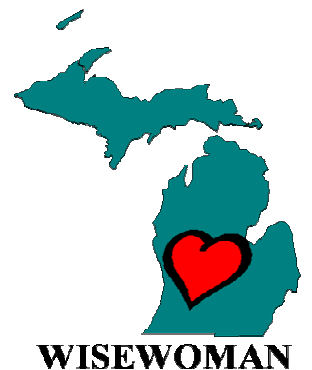
- **At least 95%** of all participants with an alert screening value will be seen for a diagnostic exam in less than 7 days after screening.

Rescreening

- **At least 95%** of participants who receive BCCCP screening services 12-18 months after their baseline WISEWOMAN screening services will be rescreened in WISEWOMAN. (Please see Rescreening Policy for more information.)

Attachment 11

WISEWOMAN Program Assurances Checklist





WISEWOMAN Program Assurances Checklist

Name _____ Agency _____

Role in WISEWOMAN Program _____

Please initial next to each statement that applies to you in your role with the WISEWOMAN Program.

ALL Staff Involved in Implementing the WISEWOMAN Program

I assure I:

_____ Have been trained by the Michigan Department of Community Health (MDCH) WISEWOMAN Program Staff to implement the WISEWOMAN Program as outlined in the WISEWOMAN Program Description. (See the Program Description Section of the WISEWOMAN Program Training or Policies and Procedures Manual for a copy of this document.)

_____ Will follow all WISEWOMAN Program policies and procedures as outlined in the WISEWOMAN Program Policies and Procedures Manual.

_____ Will thoroughly complete all required WISEWOMAN Program forms.

Staff Providing the Screening Component

I assure I:

_____ Have been trained to conduct Blood Pressure screenings.

_____ Will follow all procedures for measurement of blood pressure as outlined in the documents, "Procedure for Measurement of Blood Pressure" and "Procedure for Measuring Blood Pressure on Lower Arm". (See the BP & Pulse Information Section of the WISEWOMAN Program Training Manual or Blood Pressure & Pulse Screening Section of the WISEWOMAN Program Policies and Procedures Manual for copies of these documents.)

_____ Have been trained to use the Cholestech[®] Machine to measure Glucose and Total and HDL Cholesterol.

_____ Will follow all procedures for glucose and cholesterol measurement as outlined in the document, "Cholestech[®] Blood Collection by Finger Puncture for Cholesterol and Glucose". (See the Cholesterol Information Section of the WISEWOMAN Program Training Manual or Cholesterol Screening Section of the WISEWOMAN Program Policies and Procedures Manual for a copy of this document.)

WISEWOMAN Program Assurances Checklist

Page 2

- _____ Will follow all procedures for assessment of pulse regularity as outlined in the document, “Procedures for Assessment of Pulse Regularity”. (See the BP & Pulse Information Section of the WISEWOMAN Program Training Manual or Blood Pressure & Pulse Screening Section of the WISEWOMAN Program Policies and Procedures Manual for a copy of this document.)

- _____ Will follow all protocols as outlined in the document, “Screening and Referral Protocols”. (See attachments or the Screening and Referral Protocols Section of the WISEWOMAN Program Policies and Procedures Manual for a copy of this document.)

- _____ Will participate in the WISEWOMAN Quality Improvement Process related to blood pressure measurement and measurement of cholesterol and glucose using the Cholestech[®] machine in order to ensure each WISEWOMAN participant receives accurate screening results and quality care.

Staff Providing the Health Partnership Lifestyle Intervention Component

I assure I:

- _____ Have been trained by MDCH WISEWOMAN Program Staff about the Stages of Change.

- _____ Will utilize Motivational Interviewing techniques when working with WISEWOMAN participants.

- _____ Have been trained by MDCH WISEWOMAN Program Staff about how to implement the lifestyle intervention component of the program.

- _____ Will follow all protocols as outlined in the document, “Lifestyle Counseling Protocols”. (See attachments or the Lifestyle Counseling Protocols Section of the WISEWOMAN Program Policies and Procedures Manual for a copy of this document.)

- _____ Will participate in the WISEWOMAN Quality Improvement Process related to Lifestyle Counseling in order to ensure each WISEWOMAN participant receives the appropriate number of contacts as determined by her intervention level.

Staff Providing the Medical Care Case Management Component

I assure I:

- _____ Have been trained by MDCH WISEWOMAN Program Staff about the requirements of the Medical Care Case Management (MCCM) Component of the Program.

- _____ Will follow all protocols as outlined in the document, “Medical Care Case Management Protocols”. (See attachments or the MCCM Section of the WISEWOMAN Program Policies and Procedures Manual for a copy of this document.)

Staff Involved in the Data Entry Component of the Program

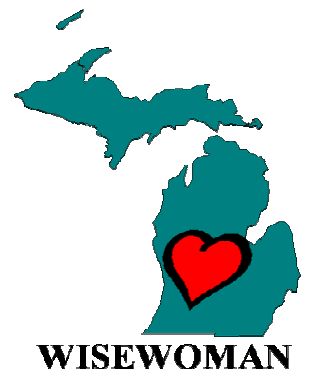
I assure I:

- _____ Have been trained by MDCH WISEWOMAN program staff to enter data into the Michigan Breast and Cervical Cancer Control Information System (MBCIS) WISEWOMAN Module.

- _____ Will enter data into the MBCIS WISEWOMAN module within 14 days after the participant is seen or as soon as possible after receiving information from an outside health care provider.

Attachment 12

Michigan Department of Community Health Financial Status Report Instructions



FINANCIAL STATUS REPORT (form DCH-0384)
Form Preparation Instructions
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

I. INTRODUCTION:

This form is available in **MS Excel** (that IS fill-in enabled with calculation formulas) and in **MS Word** (not fill-in enabled).

The Financial Status Report (FSR) (DCH-0384) is used to provide a standardized format for reporting the financial status of individual programs. All expenditures and revenues (including fees, local, state, federal, and others) for the particular program are reported on the FSR. The FSR is typically prepared shortly after the end of each month and must be submitted to the Michigan Department of Community Health, Bureau of Finance, no later than thirty (30) days after the close of the calendar month or other prescribed reporting period, unless otherwise specified in the program agreement. The FSR for the last month in the agreement period (or other prescribed reporting period) is also due thirty (30) days after the end of the agreement. In addition, a final report is required and due as specified in the program agreement. See attachment A of this document for reporting instructions for the final report.

The Financial Status Report is to be prepared reporting expenditures on a cash or accrued basis and revenue on an accrued basis, with the exception of fees which should be reported on a cash basis as received. See following definitions:

Cash Expenditures - Actual cash outlays for goods and services received.

Accrued Expenditures - Goods and services received, but not yet paid for.

Accrued Revenue - Total revenue earned, including amounts received and amounts earned and not received. The amount of accrued revenue must be in compliance with available funding sources per terms of the agreement.

II. DISTRIBUTION:

The original and one (1) copy of the Financial Status Report are prepared and distributed as follows:

Original - MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF FINANCE
ACCOUNTING DIVISION
P.O. BOX 30720
LANSING MI 48909-8220

One Copy - Retained by Local Agency

III. RETENTION:

This report should be retained for a period complying with the retention policies established in the agreement.

IV. FORM PREPARATION:

The Financial Status Report form (Attachment B), an example report (attachment C), and a blank FSR are attached for reference.

- A. This space is no longer used.
- B. **Local Agency Name** - Enter the name of the local agency.
- C. **Street Address** - Enter the street address of the local agency.
- D. **City, State, ZIP Code** - Enter the City, State, and ZIP Code of the local agency.
- E. **Contract Number** - Enter the Department of Community Health Contract Number.
- F. **Program** - Enter the title of the program. (i.e. Governor's Discretionary Fund, Juvenile Intervention, DARE, etc.)
- G. **Code** - Enter a program code if applicable.
- H. **Report Period** - Enter the inclusive dates covered by the report. (June 1 thru June 30)
Check box if FINAL REPORT.
- I. **Date Prepared** - Enter the date on which the report is prepared.
- J. **Agreement Period** - Enter the inclusive dates of the agreement.
- K. **F.E. ID Number** - Enter Federal Employer Identification Number.
- L. **Expenditures Current Period Column** - Enter the current period expenditures for the following items: Expenditures must include only those authorized under the terms of the agreement, as specified in the budget attachment. Report all expenditures related to the Contract, regardless of funding source. (The current period must represent the report period.)
 - 1. **Salaries and Wages** - This category includes the compensation paid to all permanent and part-time employees on the payroll of the local agency and assigned directly to the program. This **does not** include contractual services, professional fees or personnel hired on a private contract basis. It is necessary to maintain sufficient documentation to support the allocation of staff working less than 100% of their time on one program.
 - 2. **Fringe Benefits** - This category is to include the employer's contributions for insurance, retirement, FICA and other similar benefits for all permanent and part-time employees assigned to the program.
 - 3. **Travel** - Use **only** for travel costs of permanent and part-time employees assigned to the program. This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conferences, and other approved travel costs incurred by the employees for the conduct of the program. Travel of consultants is included under Other Expenses - Consultant Services.

4. **Supplies and Materials** - Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office, printing, janitorial, postage, and education supplies; medical supplies; contraceptives and vaccines; tape and gauze; educational films, etc., according to the requirements of each applicable program.
5. **Contractual (Sub-Contracts)** – Use for written contracts or agreements with **secondary recipient organizations** such as affiliates, cooperating institutions or delegate agencies. Payments to individuals such as stipends, allowances for trainees and consulting fees are to be identified in the Other Expenses category.
6. **Equipment** – This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, and installation costs and any taxes. Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All expenditures for equipment must relate to the budgeted equipment items. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit.
7. **Other Expenses** – This category includes other allowable costs incurred for the benefit of the program. Identify on the available lines the same items identified in the approved Program Budget. Some of the more significant groups or sub-categories of costs follow:
 - a. **Consultant Services** – These are costs for consultation services related to the planning and operations of the program or for some special aspect of the project. This **does not** include consultant services for patient care, which is covered under item 7.b. Travel and other costs of these consultants are also to be included in this category.
 - b. **Patient Care** – Services as required such as medical, social and educational services to patients relating to prevention, diagnosis and treatment. This category also includes medical fees, laboratory, pharmacy or other health inpatient care, home care services, treatments, professional and consultation fees and related travel costs, transportation of patients including accompanying parents or guardians (or other escort), and for sundry related support such as meals and housing. This does not include personnel costs which are included under Salaries and Wages.
 - c. **Rentals and Leases** – Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program.
 - d. **Communication Costs** – Cost of telephone, telegraph, data lines, etc., when related directly to the operation of the program.
 - e. **Other** – All other items purchased exclusively for the operation of the program and not previously included.
8. **Total Direct** – The total of the direct expenditures (lines 1-7).

- 9a. **Indirect Costs** – Enter the indirect rate #1 and the amount of the indirect costs for the current period. Indirect costs can only be applied if an approved indirect cost rate has been established and is accepted by the Michigan Department of Community Health.
- 9b. **Indirect Costs** – Enter the indirect rate#2 and the amount of the indirect costs for the current period. Indirect costs can only be applied if an approved indirect cost rate has been established and is accepted by the Michigan Department of Community Health.
- 10. **Total Expenditures** - Enter the total expenditures being reported for the program. This is the total of lines 8, 9a, and 9b.
- 11.–14. **Source of Funds** - The various sources of funds utilized to provide program support.
- 15. **Fees and Collections** - Fees and collections received during the current report period. Fees and collections represent funds, which the program earns through its operation and retains for operational purposes. This would include fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
- 16. **Total Funding** - The total funding (lines 12-15) must be equal to the total expenditures (line 10).
- M. **Expenditures Agreement YTD Column** - Add the "Current Period" amounts from this period's report and the "Agreement YTD" amounts from the previously submitted period's report for each item (lines 1-16) in the Agreement YTD Column.

Enter only amounts for the current agreement period in this column. **The local agency should assure that no items or unallowable category deviations are reported until approval is requested and received from the Michigan Department of Community Health.**
- N. **Agreement Budget Column** - This column needs to reflect the program agreement budgeted amount. Enter the "Agreement Budget" amounts for each item (lines 1-16). (Attachment B of Contract) DO NOT change budget amounts unless a SIGNED amendment has been received.
- O. **Agreement Balance Column** - These balances are computed by subtracting the "Agreement YTD" expenditure amount from the "Agreement Budget" amount for each item. Show overages as negative amounts.
- P. **Authorized Signature and Date Signed** - This section must be signed by an authorized official, certifying that documentation and records are available and easily accessible in support of all the data contained on the report. The individual signing on behalf of the Local Agency certifies by his/her signature that he/she is authorized to sign on behalf of the Local Agency. Any item found as a result of audits to be improper or undocumented will be subject to an audit citation and generally will require a payment adjustment.
- Q. **Title** – Enter the title of the person signing as authorized signature.
- R. **Contact Person** - Enter the person's name to whom questions should be directed concerning this report.
- S. **Telephone Number** - Enter telephone number of contact person.
- T. **FOR STATE USE ONLY** - This section of the form is for State use only.

ATTACHMENT - A

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH FINANCIAL STATUS REPORT (DCH-0384) FINAL REPORTING

The Financial Status Report for the last month of the agreement period (or other prescribed reporting period) is to be prepared the same as previous monthly reports and is due no later than 30 days from the end of the agreement period. This report is considered a preliminary final FSR.

A final Financial Status Report is due within **sixty days** of the end of the agreement period and must be marked "FINAL". This requires the agency to liquidate all accounts payable and encumbrances within sixty days after the end of the agreement period (see definitions below).

Exceptions may be granted for one-time obligations that cannot be liquidated within this time period. However, should this be the case an additional fifteen days may be provided if a written request for an extension, with the reason why additional time is needed, is submitted by the due date of the final FSR. Failure to meet these final reporting deadlines may result in the State's inability to reimburse the full amount of the state's share of the gross expenditures.

In addition to submitting FSRs, other financial information will be requested to assist DCH in properly closing the State's fiscal year (September 30). This information will help ensure sufficient funds have been reserved by the state to make reimbursement for the contract in the State's upcoming fiscal year. The additional financial information required will include an estimate of open commitments and obligations incurred as of September 30, but not yet paid. The DCH Accounting Division will provide detailed instructions for reporting additional financial information mid August of each year.

DEFINITIONS:

- **Accounts Payable** - Obligations for goods or services received, which have not been paid for as of the end of the agreement period.
- **Encumbrances** - Commitments at the end of the agreement period related to unperformed (executory) contracts for goods and services.

Note: If a contract does not end on September 30th it is still necessary to estimate accounts payable as of September 30th.

All inquiries regarding financial reporting issues should be directed to the Expenditure Operations Section of the Accounting Division.

References:

Michigan Department of Management and Budget

- Guide to State Government (1210.27).
- Year-End Closing Guide.

Federal OMB Circular A-102 (Revised & DHHS Common Rule).

ATTACHMENT – B

FINANCIAL STATUS REPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

A	Contract Number E	Page	Of
Local Agency Name B	Program F	Code G	
Street Address C	Report Period H Thru <input type="checkbox"/> Final I	Date Prepared I	
City, State, ZIP Code D	Agreement Period J Thru	FE ID Number K	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages	L	M	N	O
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9a. Indirect Costs Rate #1:_%				
9b. Indirect Costs Rate #2:_%				
10. TOTAL EXPENDITURES				
SOURCE OF FUNDS:				
11. State Agreement				
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING				

Instruction
Example

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature P	Date	Title Q
Contact Person Name R		Telephone Number S

T FOR STATE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					

ATTACHMENT – C

FINANCIAL STATUS REPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

		Contract Number 20018883	Page 1	Of 1
Local Agency Name Jones City Police Department		Program Truancy Interdiction Program		Code
Street Address 110 Temple Street		Report Period 11/01/00 Thru 11/30/00 <input type="checkbox"/> Final		Date Prepared 12/20/00
City, State, ZIP Code Jones City, MI 42321		Agreement Period 10/01/00 Thru 09/31/01		FE ID Number 38-9998888

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials	3,189.01	3,689.01	5,000.00	1,310.99
5. Contractual (Sub-Contracts)	17,966.30	19,966.30	38,000.00	18,033.70
6. Equipment				
7. Other Expenses				
Completed Example				
8. TOTAL DIRECT	21,155.31	23,655.31	43,000.00	19,344.69
9a. Indirect Costs Rate #1:_%				
9b. Indirect Costs Rate #2:_%				
10. TOTAL EXPENDITURES	21,155.31	23,655.31	43,000.00	19,344.69
SOURCE OF FUNDS:				
11. State Agreement	21,155.31	23,655.31	43,000.00	19,344.69
12. Local	0.00	0.00	0.00	0.00
13. Federal	0.00	0.00	0.00	0.00
14. Other	0.00	0.00	0.00	0.00
15. Fees & Collections	0.00	0.00	0.00	0.00
16. TOTAL FUNDING	21,155.31	23,655.31	43,000.00	19,344.69

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title Chief of Police
Contact Person Name Walter Wego	Telephone Number (123) 456-7890	

FOR STATE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					

FINANCIAL STATUS REPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

	Contract Number	Page	Of
Local Agency Name	Program	Code	
Street Address	Report Period Thru <input type="checkbox"/> Final	Date Prepared	
City, State, ZIP Code	Agreement Period Thru	FE ID Number	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9a. Indirect Costs Rate #1:_%				
9b. Indirect Costs Rate #2:_%				
10. TOTAL EXPENDITURES				
SOURCE OF FUNDS:				
11. State Agreement				
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING				

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

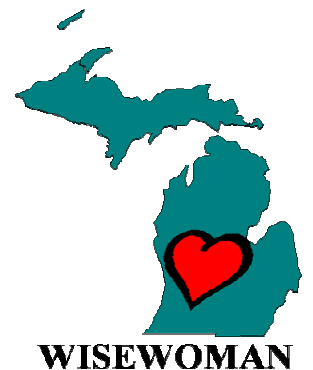
Authorized Signature	Date	Title
Contact Person Name	Telephone Number	

FOR STATE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					

Attachment 13

WISEWOMAN Program Budgeting Instructions & Sample Matching Funds Report



Fiscal Year 2010 Special Budgeting and Other Program Instructions for the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program

Table of Contents

WISEWOMAN Budgeting Instructions	1
Community Match	1
Attachment 1: <i>WISEWOMAN Matching Funds Report: Description and Instructions</i>	
Attachment 2: <i>WISEWOMAN Matching Funds Report Form and Example of Completed Form</i>	

WISEWOMAN Budgeting Instructions

The MDCH Contract Management Section recently sent each health department the FY2009/2010 CPBC Agreement. Health departments please review in the CPBC agreement Attachment I: Instructions for the Annual Budget for instructions applicable to the Well-Integrated Screening and Evaluation of Women Across the Nation (WISEWOMAN) program. For non-health department contractors please review Attachment C: PERFORMANCE / PROGRESS REPORT REQUIREMENTS, attached to the FY 2010 WISEWOMAN Program Coordination grant agreement between MDCH and your agency. Follow these instructions along with the caseload and funding information provided by the MDCH Cancer Prevention and Control section when developing your FY2010 budgets to amend to the CPBC agreement.

COMMUNITY MATCH

It is a federal requirement that statewide documentation be provided to the Centers for Disease Control and Prevention (CDC) of all non-federal match in the amount of \$1 for each \$3 of federal funds received. The match requirement will be \$1 for each \$3 of the **Coordination dollars** each Local Coordinating Agency (LCA) receives for their WISEWOMAN Program caseload.

In addition to the \$1 for each \$3 of coordination dollars match requirement for LCAs, MDCH will report to CDC the difference between the LCA and other providers' usual and customary charge for program services (i.e., office visits for diagnostics exams, lipoprotein profiles, etc.) and what is reimbursed through the WISEWOMAN Program. **It is important that LCAs do NOT include this information in their \$1 for each \$3 match.**

Below are potential sources of non-federal match to assist you in identifying sources that are eligible for the \$1 for each \$3 of Coordination dollars match requirement that will be reported to CDC. Keep in mind that any services for which reimbursement is provided by WISEWOMAN Program funds cannot be counted toward match; however, **costs above and beyond what is reimbursed by WISEWOMAN Program funds CAN be counted toward match.**

- Time, mileage, space and related costs of professionals/other individuals who donate services to women enrolled in the WISEWOMAN Program. Example: A nutritionist who offers a cooking class free of charge to WISEWOMAN Program participants.

- Donated time and related costs of community professionals for consultation, education or other required assistance related to cardiovascular disease (CVD), nutrition, physical activity and/or smoking cessation. Example: A physician who reviews health department protocols related to the WISEWOMAN Program.
- Volunteer and staff time spent in meetings/groups and other community networking activities related to CVD, nutrition, physical activity and/or smoking cessation. Example: Unreimbursed time spent attending an American Heart Association meeting to discuss CVD.
- Cash donations by non-federal sources to be used toward provision of services or incentives for WISEWOMAN Program participants. Example: Coupons for free sessions at an exercise facility such as the YMCA or Curves.
- LCAs direct costs related to CVD control that are not fully reimbursed by the WISEWOMAN Program. Note that indirect and overhead costs are **not allowable sources** of match.
- Any activities related to CVD control funded by other nonfederal sources or grants, such as foundations, hospitals or other state/local community agencies. The activity/agency must have a relationship with the local WISEWOMAN Program.
- Supervisory and training time provided to WISEWOMAN Program staff by individuals NOT covered by federal funds.
- Donated diagnostic services not covered by WISEWOMAN Program funds. Example: Costs related to a stress test.

Local activities NOT to be documented by LCAs as community match:

- Any federally funded activities.
- Any indirect/overhead costs.
- Donated treatment services.

Professional or consumer/volunteer designation is determined by the LCA. The designation is based upon the activity the person is donating to the program. The following levels are appropriate to use as maximum values:

Physician	\$100 per hour
Professional	\$35 per hour
Consumer/Volunteer	\$7 per hour
Mileage	Current IRS-allowable rate per mile

Documentation of the \$1 for each \$3 match requirement of the Coordination dollars must be provided by LCAs to MDCH on an **annual** basis. A WISEWOMAN Matching Funds Report form along with instructions has been issued by MDCH for LCAs to use for documentation of amounts and types of community match. (See attachments 1 and 2 for details regarding requirement to send a copy of match documentation to the MDCH Cancer Prevention and Control Section.)

Attachment 1
WISEWOMAN Matching Funds Report: Description and Instructions

**Guidance Document for the
WISEWOMAN Matching Funds Report**

The Michigan Department of Community Health (MDCH) will provide an electronic version of the *WISEWOMAN Matching Funds Report* (in Microsoft Excel) to each Local Coordinating Agency (LCA). This computer file will allow each LCA to report the level of WISEWOMAN community non-federal match based on approved sources of community match, as detailed in the budget instructions provided by MDCH each fiscal year. The file also includes built-in calculations that will total donated time, mileage and other types of match, as well as calculate the percentage of match achieved.

INSTRUCTIONS FOR COMPLETION

1. Confirm the reporting period where indicated; may require an update to fiscal year start/end.
2. Enter your agency's name in the upper left of the form.
3. Enter your agency's Budgeted Caseload for WISEWOMAN in the upper right of the form.
4. Begin Date: Fill in the primary or first date of each WISEWOMAN-related activity or event.
5. End Date: Enter the end date if reporting a range of dates.
6. Description of Activity: Please describe the event in as much detail as possible. Examples of events that could be included in this section are as follows:
 - Non-federally funded salary & fringe
 - Non-federally funded conferences attended
 - Non-federally funded committee meetings and committee events
7. Donated Hours: Record the number of hours the event or activity took place (round to nearest .25 of hour). Note: This calculation assumes all hours are to be calculated at the same rate. If reporting hours at different rates, please use separate lines for each different rate.
8. Rate for Donated Hours: Use the lower of the actual hourly rate paid or maximum hourly pay rate allowed by WISEWOMAN for direct services. Maximum hourly pay rates are detailed in the program Budget Instructions. Note: You must enter hourly rates for the report to calculate match correctly.
9. Mileage - Number of Participants: Enter the number of drivers traveling to the activity/event.

10. Mileage - Number of Miles: Enter the round trip number of miles driven by each driver to and from events, or for personnel to provide services counted in community match.
Note: This calculation assumes each driver for this event is driving the same number of miles. If all drivers are not driving the same distance, please use separate lines.
11. Additional Expenses/Donations: Record amounts that do not apply to previous expense columns, including the following:
 - Donated memberships to the YMCA
 - Non-federal donations received from other sources
12. Total: The electronic file will calculate total expenses for each event [Donated Hours (Hours X Rate) + Mileage (Number of Participants X Number of Miles X Allowable Rate) + Other Expenses].
13. Total Match: The electronic file will calculate total match as the sum of event totals.
14. Total MDCH Coordination Funding: The electronic file will calculate total MDCH coordination funding based on budgeted caseload entered in 2 above. [Caseload X \$105.00]
15. Percentage of MDCH Coordination Funding: The electronic file will calculate the total match as a percentage of MDCH Coordination Funding. [Total Match / Total MDCH Coordination Funding] This amount should be at least \$1 for each \$3. (33.33%)
16. **Inserting Rows:** If it is necessary to insert a new row into the electronic file, highlight the row just above the row containing Total Match. Select “*Insert*” from the menu at the top of the screen. Under “*Insert*,” select “*Rows*.” The electronic file will add a new row. The spreadsheet cell for the new row in the *Total* column will be blank. Select the cell above or below the new row in the total column. Copy the contents of the cell and paste them into the cell in the new row. All other calculations should perform properly.

This form can be submitted as often as once a month if more convenient for your reporting needs. However, the Matching Funds Report is only required to be submitted once annually. A copy of the report should be printed and attached to the **final Financial Status Report (FSR)** for WISEWOMAN agreements. A second copy should be printed and sent directly to the MDCH Cancer Section, Operations Unit Manager, or a final electronic version of the report may be emailed to the MDCH Cancer Section, Operations Unit Manager.

WISEWOMAN 8/4/08

WISEWOMAN Matching Funds Report

1. Beginning and end dates of the reporting period (fiscal year)

Reporting Period: October 1, 2009 through September 30, 2010

3. Caseload for your agency

Agency: 2. The name of your local coordinating agency

Budgeted Caseload: 200

IRS Mileage Rate: \$0.55

Begin Date	End Date (Optional)	Description of Activity	Donated Hours	Rate for Donated Hours	Mileage - Number of Participants	Mileage - Number of Miles	Additional Expenses / Donations	Total
4. The primary or first date of the activity	5. End date if reporting a range of dates	6. Describe the activity in as much detail as possible.	7. Number of hours for the activity to be counted toward match	8. Hourly rate (see budget instructions for limits)	9. Number of drivers	10. Round trip number of miles driven by each driver	11. List any additional expenses (See guidance document for examples)	12. The spreadsheet calculates total for the activity
Examples:								\$0.00
10/01/09		Dr. Jones reviewed health dept CVD protocols	3.00	\$100.00				\$300.00
10/01/09	09/30/10	Jane Smith (Nutritionist) Free classes for WW clients (10 two hour classes)	20.00	\$33.00				\$660.00
12/01/09		Two nurses attended Saturday CVD Conference	16.00	\$29.75	1	38.00		\$496.90
12/15/09		Bill Johnson of the YMCA donated two 6 month scholarships (\$312.00 each)					\$624.00	\$624.00
10/01/09	09/30/10	Sue Jones (Nurse) Hours spent on WW not covered by federal funds (2 hours per week for 50 weeks)	100.00	\$34.75				\$3,475.00
02/01/09		Public Service Announcement about WISEWOMAN					\$575.00	\$575.00
10/01/09	09/30/10	Diagnostic services donated by Dr. Smith (Services not billed)					\$645.00	\$645.00
10/01/09	09/30/10	Volunteer who led WISEWOMAN walking club (1.5 hours per week for 50 weeks)	75.00	\$7.00				\$525.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00

12. The spreadsheet calculates the total amount of match Total Match \$7,300.90

13. The spreadsheet calculates coordination funding based on caseload Total MDCH Coordination Funding \$21,600.00

14. The spreadsheet calculates match as a percentage of coordination funding Percentage of MDCH Coordination Funding 33.80%

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salary and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts/Subrecipients)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Costs
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
 13. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference. Use additional pages if needed.

- A. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount for each subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

the subrecipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

- P. Equipment - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided (line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, such as patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures – Enter the sum of items 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

View at 100% or Larger MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Use WHOLE DOLLARS Only

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY					(K) TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES		43,000			43,000	
2. FRINGE BENEFITS		11,180			11,180	
3. TRAVEL		1,400			1,400	
4. SUPPLIES & MATERIALS		37,000			37,000	
5. CONTRACTUAL (Subcontracts/Subrecipients)		3,500			3,500	
6. EQUIPMENT		5,000			5,000	
7. OTHER EXPENSES						
		8,000			8,000	
EXAMPLE						
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		110,090			110,090	
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES		110,090			110,090	

(J) SOURCE OF FUNDS

11. FEES & COLLECTIONS		10,000			10,000	
12. STATE AGREEMENT		90,000			90,000	
13. LOCAL		9,090			9,090	
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING		110,090			110,090	

AUTHORITY: P.A. 368 of 1978
COMPLETION: Is Voluntary, but is required as a condition of funding

The Department of Community Health is an equal opportunity employer, services and programs provider.

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PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger
Use WHOLE DOLLARS ONLY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

(B) PROGRAM		(C) BUDGET PERIOD		(D) DATE PREPARED
		From:	To:	
Budget and Contracts		10/01/xx	9/30/xx	7/01/xx
(E) CONTRACTOR NAME		(F) BUDGET AGREEMENT		AMENDMENT #
Michigan Agency		ORIGINAL AMENDMENT		
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
(K) 1. TOTAL SALARY & WAGES:		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify)				
FICA	LIFE INS.	DENTAL INS	COMPOSITE RATE	
UNEMPLOY INS.	VISION INS.	WORK COMP	AMOUNT 26%	
RETIREMENT	HEARING INS.			
HOSPITAL INS.	OTHER (specify) _____			
2. TOTAL FRINGE BENEFITS:				\$ 11,180
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
Conference registration		\$350		
Airfare		\$600		
Hotel accommodations and per diem for 4 days		\$450		
3. TOTAL TRAVEL:				\$ 1,400
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
Office Supplies		2,000		
Medical supplies		35,000		
4. TOTAL SUPPLIES & MATERIALS:				\$ 37,000
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Subcontractor Name</u>	<u>Address</u>	<u>Amount</u>		
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		
<u>Subrecipient Name</u>				
Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500		
5. TOTAL CONTRACTUAL:				\$ 3,500
(P) 6. EQUIPMENT (Specify items)				
Microscope		\$5,000		
6. TOTAL EQUIPMENT:				\$ 5,000
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
Communication Costs		\$2,400		
Space Costs		\$3,600		
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing		\$2,000		
7. TOTAL OTHER:				\$ 8,000
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 110,090
(S) 9. INDIRECT COSTS CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total	\$ 0	
		Rate #2: Base \$0 X Rate 0.0000 % Total	\$ 0	
9. TOTAL INDIRECT EXPENDITURES:				\$ 0
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 110,090
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity		
COMPLETION: Is Voluntary, but is required as a condition of funding		employer, services and programs provider.		
DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

ATTACHMENT B. 3

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CONTRACT MANAGEMENT SECTION

EQUIPMENT INVENTORY SCHEDULE

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name: Michigan Agency Contract #: 2010000 Date: 10/31/09

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
1	LW Scientific M5 Labscope	<ul style="list-style-type: none"> • Binocular • Trinocular with C-mount or eye tube • 35mm and digital camera adapters available • Diopter adjustment • Inclined 30 degrees (45 degrees available), rotates 360 degrees • 10X/20 high point eyepieces • Interpupillary distance range 50-75mm 	N1038438EW109	\$ 5,000
				\$
		EXAMPLE		\$
				\$
				\$
				\$
				\$
Total				\$ 5,000

Contractor's Signature: _____ Date: _____

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger
Use **WHOLE DOLLARS** Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

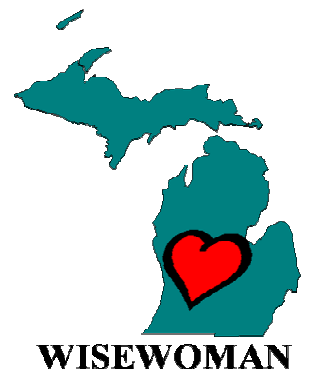
Page

Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			\$	-
2. FRINGE BENEFITS: (Specify)				Composite Rate %
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS		
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$	-
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$	-
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$	-
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:			\$	-
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:		Amount		
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$	-
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ -
9. INDIRECT COST CALCULATIONS:				
Rate #1	Base \$	x Rate	=	\$ -
Rate #2	Base \$	- x Rate	=	\$ -
9. TOTAL INDIRECT EXPENDITURES:			\$	-
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)			\$	-
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding.				
DCH-0386(E) (Rev. 01/09) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed		

Attachment 14

WISEWOMAN Program Sample Work Plan & Work Plan Template





WISEWOMAN Work Plan

Sample Work Plan

Agency Name: Sample Local Agency #1

Budget Period: 10/1/2010 to 9/30/2011

Objectives	Activities	Timeframe for Assessing Progress	Person(s) Responsible
<i>Recruitment and Screening Objectives</i>			
Provide WISEWOMAN services to 200 BCCCP clients	<ol style="list-style-type: none"> 1. Offer WISEWOMAN to all BCCCP clients 2. Recruit BCCCP clients through local churches 	Monthly	Coordinator
Provide WISEWOMAN services to at least 20 Hispanic participants	<ol style="list-style-type: none"> 1. Partner with MSUE to recruit Hispanic participants into BCCCP and WISEWOMAN 2. Actively recruit in the local Hispanic Community Center 	Monthly	Coordinator
<i>Lifestyle Counseling Objectives</i>			
Ensure 75% of Level 3 participants receive at least three follow-up contacts	<ol style="list-style-type: none"> 1. Use internal tracking to see how many contacts each participant has 2. Use Discoverer to make sure contacts are in MBCIS 	Monthly	Lifestyle Counselor
Make the Diabetes Prevention Course available to participants with at least one risk factor for diabetes by February 1, 2011	<ol style="list-style-type: none"> 1. Secure a location for classes 2. Recruit WW participants 3. Recruit community participation 	Monthly until course begins, then weekly	Coordinator, Lifestyle Counselor
<i>Community Partnerships Objectives</i>			
Partner with local school district to set up a WISEWOMAN walking club by December 1, 2010.	<ol style="list-style-type: none"> 1. Get approval from local school board 2. Develop fliers for WW participants 	Monthly	Lifestyle Counselor
Maintain current partnership with MSUE, and develop new ways to partner.	<ol style="list-style-type: none"> 1. Set up quarterly meetings with MSUE. 2. Conduct focus group with WW participants to get new ideas 	Quarterly	Lifestyle Counselor



WISEWOMAN Work Plan

Agency Name:

Budget Period:

Objectives	Activities	Timeframe for Assessing Progress	Person(s) Responsible
<i>Recruitment and Screening Objectives</i>			
<i>Lifestyle Counseling Objectives</i>			
<i>Community Partnerships Objectives</i>			