Board of Health

Regular Meeting

Agenda

335 South Broadway
De Pere, WI 54115
www.deperewi.gov

Monday, August 11, 2025 | **5:15 PM** | **Council Chambers and Virtual**

Pursuant to Wisconsin Statute 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **August 11, 2025** at **5:15 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE**.

The Public or Members of the Board of Health, which may count toward an official quorum, may attend the meeting either in person in the Council Chambers or telephonically or electronically via video conferencing or other appropriate technological means. Telephonic or electronic access to the meeting is provided below:

Computer/smart phone accessing https://www.gotomeet.me/DePere

OR

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
United States: +1 (312) 757-3117
Access Code: 154-883-285

This meeting may also be rebroadcast on TV throughout the week and available on demand at https://deperewi.portal.civicclerk.com/.

Call to Order

1. Roll Call.
2. Public comment on matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the Board of Health. §6-3(f) DPMC
3. Approval of the May 12, 2025 Meeting Minutes.
4. Board of Health Membership Discussion: Reappointment of Teresa Gulyas and Resignation of Dennis Hibray.
5. Discussion of the Results of the 2025 Dept. of Health Services Chapter 140 Review.
6. Discussion of the Draft 2026 Health Department Expense/Revenue Budget and Narrative.
7. Discussion of the Draft 2026 Board of Health Budget and Narrative.
8. Consideration and Possible Action on the FY2026 WI DHS Tuberculosis Dispensary

Contract*.

9. Consideration and Possible Action on the Health and Human Services 690 Form Regarding HHS Grants Policy*.

10. Director's Report as of July 2025.

11. Communicable Disease Report: Q2.

12. Environmental Health Report: Q2.

13. Program Performance Dashboard Update: Q2.

14. Future Agenda Items.

Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Agenda Sent To:
Alderpersons
City Manager
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce

Board of Health
Regular Meeting
Draft Minutes

335 South Broadway
De Pere, WI 54115
www.deperewi.gov

Monday, May 12, 2025	5:15 PM	City Hall, Council Chambers 335 S. Broadway, De Pere, WI 54115

Call to Order

1. Roll Call

   Present: Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen
   Absent:
   Excused:
   Also present were:
   Dr. Cassie Schandel, Medical Advisor
   Chrystal Woller, Health Officer
   Kelly Burke, Administrative Assistant
   Trista Groth, Environmental Health Sanitarian

2. Public Comment on Matters not on the Agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the Board of Health. §6-3(f) DPMC

   no public comments.

3. Approval of the minutes from the February 10, 2025 meeting

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Devin Perock
SECONDER:	Pamela Gantz
AYES:	Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen

no discussion.

4. Consideration and Possible Action on the Affiliation Agreement between UW-Green Bay and the Health Department*

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Pamela Gantz
SECONDER:	Robyn Lauritsen
AYES:	Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen

Chrystal Woller explained that this is a standard agreement that the Board of Reagents and UWGB has with the Health Department to host students for their rotations. The agreement is expiring, so we just need a motion to approve the agreement so we can continue to host students. Upon approval, this will go to City Council. Chrystal explained that the health department has been hosting UWGB students for many years.

5. Consideration and Possible Action on the Bellin/Emplify EpicCare Link Access Agreements*

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Devin Perock
SECONDER:	Pamela Gantz
AYES:	Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen

Chrystal Woller explained that this agreement will provide EpiCare access to Bellin/Emplify. Chrystal explained that the health department staff only access information as it relates to mandated reportable communicable diseases to complete the public health follow-up.

6. Consideration and Possible Action on the SNC Use of Facilities Agreement*

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Pamela Gantz
SECONDER:	Robyn Lauritsen
AYES:	Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen

Chrystal Woller reported that the health department regularly holds events at St. Norbert College. This agreement only needs to be approved by the Board of Health. Chrystal explained that the De Pere Health Department is holding a Senior Ball event in the Fall to pair senior citizens with the college students.

7. Consideration and Possible Action on the Intergovernmental Agreement between the City of De Pere and Brown County Regarding Local Health Department Inspection of the Brown County Fairgrounds*

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dennis Hibray
SECONDER:	Pamela Gantz
AYES:	Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen

Chrystal Woller reported that the City of De Pere has a lease with Brown County for the fairgrounds. The Brown County Parks Department oversees the events at the fairgrounds, so it makes sense that Brown County would do the inspections. After speaking with the Brown County Health Officer and DATCP, there were no concerns with having Brown County complete the inspections. De Pere's legal department has been navigating the legal negotiation with Brown County. Trista Groth detailed the events occurring at the fairgrounds. Chrystal Woller explained the negative financial impact is around $2000 in inspection fees and a campground license ($301.00). However, the event preparation, including license verification, is very time-consuming. Trista will now focus more time on City of De Pere hosted events and Short-Term Rentals.

8. Environmental Health Report: May 2025

Trista Groth wrote a report regarding the bed bug situation on the west side. The De Pere Health Department has not received any additional complaints regarding this. The apartment building management continues to treat the bed bugs, as it is a process. The bed bug case is closed at this time.

There was also a concern of elder abuse. Brown County protective services has the information they need to do their follow-up regarding this as this complaint is outside of the scope of the Health Department.

Short-term rentals increased from 21 facilities to 57 facilities. Trista Groth explained that we have a 2-step application process, first through city hall then the health department. Often the health department application would be missing information, so it has taken extra time and effort to obtain the information. Trista also identified renters who were not licensed and sent a "notice of violation" letter, which prompted the renter to contact the health department. In July, we will know if these renters will continue their licensures. We currently have around 60 short-term rental licenses.

Trista Groth explained that Development Services has hired a new Code Enforcement Specialist. This is a new position. This employee has taken over our dog poop complaints. This employee will also assist with weights and measures.

9. Review and Approve 2025 Policies and Procedures

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Teresa Gulyas
SECONDER:	Robyn Lauritsen
AYES:	Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen

Chrystal Woller stated that every year the health department policies and procedures are reviewed. This year, the only new policy is the isolation and quarantine policy which outlines the legal authority and process. Our health department pandemic plan has been relocated to the public health emergency plan. The animal bite policy was significantly revised as these are now documented in our electronic disease surveillance system. The agent program policies and procedures were revised to our current practices, including stepped enforcement. Chrystal added that the standing orders are included in the policy & procedure binder and are auto-renewing.

10. Review and Approve the 2024 Annual Report

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dennis Hibray
SECONDER:	Pamela Gantz
AYES:	Dennis Hibray, Teresa Gulyas, Pamela Gantz, Devin Perock, Robyn Lauritsen

Chrystal Woller explained that this annual report aligns with the Public Health Accrediting Board standards. Although the De Pere Health Department is not going forward with accreditation, we like to incorporate the best practices and standards in our operations. Accreditation is costly and time consuming. Instead of accreditation, the De Pere Health Department may consider "Pathways" to provide recognition that we are following best practices.

11. Communicable Disease Report: May 2025

Danielle Jauquet submitted the summary in the packet. Chrystal Woller reported that chlamydia numbers are down. Danielle, Oneida staff and Brown County staff were at the NFL draft handing out condoms. We are also doing outreach at our local taverns, providing

information and supplies to patrons.
COVID-19 and RSV hospitalizations are down. Influenza hospitalizations increased compared to 2024. De Pere had one carbon monoxide poisoning. De Pere had a latent TB case which completed a full course of treatment through the De Pere Health Department.

12. Program Performance Management Dashboard Update: Q1

Chrystal Woller explained that the De Pere Health Department started this dashboard last year to get a baseline of data. This dashboard allows us to determine changes that we need to make. Last year we identified an issue with Trista's workload. This is why we are onboarding the code enforcer, Chris, to assist with some of the workload. This is also why we are working with Brown County to assist with the events at the fairgrounds. These operational changes will shift some of Trista's workload.
Chrystal Woller reported that the De Pere Health Department did an outreach mailing to all children in the city who have not had any measles vaccines, providing education. We also did a joint press release about the importance of measles vaccines.
Chrystal reported that the maternal child health funding is continuing at this time, which allows us to plan intergenerational programming and social connectedness programs. This year we sponsored a park bench with the funding. We currently send newborn packets out to each newborn in the city and we want to add a onesie that says "belonging begins here". The mural was also funded by maternal child health.
The only grant that was affected so far by federal budget cuts was our immunization grant, which will be reduced by 50%.
Chrystal added that our Community Health Assessment and Health Improvement Plan are completed, which is a state requirement.
We have a Senior Safety event in June. Mental Health First Aid training is tomorrow. The health department will also be working on our strategic plan.
Dennis Hibray commented on the Chapter 140 review. Per Dennis, the staff did a great job explaining the activities of the health department.

13. Future Agenda Items

Dennis Hibray requested to be kept updated about any financial cuts.
Teresa Gulyas requested to be informed about any events the health department would like the Board members to attend.
Chrystal Woller will have a director’s report at the next meeting.

Adjournment

Meeting adjourned at 6:26 pm

Respectfully submitted,
Kelly Burke
Administrative Assistant
City of De Pere Health Department

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Date: 8/11/2025

Re: Board of Health Membership Update: Reappointment/Resignation

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According to the City Clerk, Teresa Gulyas is due reappointment this year, and she has already agreed to another term.

Dennis Hibray was also up for reappointment in 2025; however, after serving 50 years in public health (12 years on the De Pere Board of Health), Dennis has decided not to be reappointed. He has informed the City Clerk, Mayor Boyd, and the Health Director that his resignation will become effective 12/31/2025. On behalf of the entire department, we thank Dennis for his ***unwavering commitment and service*** to public health and to the De Pere Health Department/Board of Health.

Wisconsin Statute Chapter 251.03 outlines local board of health membership requirements, and the appointment and confirmation process. The governing body of the local health department shall specify the length of terms of members and provide for staggered terms. In terms of members, a Board of Health shall have:

- No more than nine members.
- At least three members (not elected officials or employees of the governing body) and who have a demonstrated interest or competence in the field of public health or community health.
- A good faith effort to appoint a registered nurse and a physician. *Note: On March 14, 2022, Senate Bill 312 was signed by Governor Evers which allows local government leadership to appoint a physician assistant, advance practice registered nurse, or both, if unable to find a willing physician or registered nurse.*
- Reflect the diversity of the community.

If you have suggestions for a board of health members, please email Mayor Boyd. In February 2026, staff will be sure to place an action item on the agenda to elect a new chairperson.

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Meeting Date: 8/11/2025

Re: Level III Health Department

The De Pere Health Department is now certified as a level III health department, the highest-level designation in the state of Wisconsin. De Pere Health Department was evaluated in April 2025 by the Wisconsin Department of Health Services (DHS) Division of Public Health (DPH) and has successfully met the additional level III requirements contained in Wis. Admin. Code s. 140.05 for workforce development, quality improvement, and performance management; a focus on social determinants of health; expertise in population health; and acting as the community health strategist. This determination was communicated on May 15th, 2025.

A special thank you to administration for the support and Deputy Health Officer, Sara Lornson, for assisting with the planning and preparation for this review. Also, thank you for the preparation and presentation that every health department staff member contributed. Finally thank you to the department's graduate intern for preparing and presenting the information required as part of this review.

The next review is anticipated in 2030.

Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

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PO BOX 2659
MADISON WI 53701-2659

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May 15, 2025

Dennis Hibray, Chair
City of De Pere Board of Health
234 Nob Hill Lane
De Pere, WI 54115

Dear Dennis:

The Department of Health Services (DHS) congratulates the De Pere Health Department for demonstrating the infrastructure and program capacity to be certified as a Level III Health Department. I am happy to report the De Pere Health Department provided all services required by statute and rule.

Wisconsin's public health systems relies on close partnerships with local entities and leaders. Local leadership is critical to ensure public health responsibilities and services are implemented in ways that are tailored to local strengths and needs. I want to acknowledge the work of the De Pere Health Department staff. Chrystal Woller, Health Officer, did an excellent job of providing quality evidence of meeting statutes and rules.

While the spotlight on public health has never been brighter, the need for public health has never been more evident. At the same time, local health departments have shown they have the knowledge, skills, and experience vital to maintaining and improving individual and community health. Public health work impacts everyone and every corner of the community and succeeds when it is a shared effort. I applaud the dedicated efforts of Chrystal and the De Pere Health Department staff to keep your jurisdiction healthy and safe.

I also appreciate the support of the city of De Pere Board of Health for maintaining a strong public health department. When the basic needs of people and communities are met, they can better prevent and recover from challenges to their health and well-being. I am sure with ongoing support for evidence-based quality public health initiatives by you and your fellow board of health members, the De Pere Health Department will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

Paula Tran
State Health Officer and Administrator

c: Chrystal Woller, Health Officer
Kimberly Flom, City Manager
Chris Culotta, Northeast Region Director

WISCONSIN DEPARTMENT of HEALTH SERVICES

Division of Public Health
Office of Policy and Practice Alignment

DHS 140 Review Report

De Pere Health Department

Date: April 14, 2025
Review Level: III

Review Participants

Local Health Department Representatives	
Name	**Title**
Chrystal Woller	Health Officer, De Pere Health Department (DPHD)
Kelly Burke	Administrative Assistant, DPHD
Kim Flom	City Manager, City of De Pere
Trista Groth	Registered Sanitarian, DPHD
Teresa (Terri) Gulyas	Member, Board of Health
Dennis Hibray	Chair, Board of Health
Danielle Jauquet	Public Health Nurse, DPHD
Sara Lornson	Deputy Health Officer, DPHD
Alyssa Wohlrab	Intern, Michigan State University
Wisconsin Department of Health Services (DHS), Division of Public Health (DPH) Staff	
Name	**Bureau/Office and Title**
Sharon Beck	DHS 140 Program Coordinator, Office of Policy and Practice Alignment (OPPA)
Chris Culotta	Northeast Region Director, OPPA
Tiffany Giesler	Public Health Nurse Consultant, OPPA
Gabrielle Lentz	Public Health Strategist, OPPA
Gina Stellmacher	Environmental Health Specialist, Bureau of Environmental and Occupational Health (BEOH)

Contact Information for Post DHS 140 Review Correspondence

Board of Health Chair	**Other requested local official(s) and VIPs**
Dennis Hibray, Chair City of De Pere Board of Health 234 Nob Hill Lane De Pere, WI 54115	Kimberly Flom, City Manager 335 S Broadway De Pere, WI 54115
Local Health Officer	
Chrystal Woller 335 S Broadway De Pere, WI 54115	

Strengths and Best Practice Opportunities

Highlights, Strengths, and Impacts of Efforts

Area	Highlight(s)
Partnerships	The De Pere Health Department (DPHD) maintains strong multilevel partnerships. Within the health department, they have built a positive team culture that begins with leadership and is embedded at every level. Staff also work with other city departments, health departments, and community partners to address community needs. The DPHD is intentional about seeking out new partnerships and forming new connections that serve as both facilitators and convenors to promote a healthy and resilient community. The teamwork between DPHD staff adds resiliency to their workforce and allows for extra capacity to address priorities.
Use of Data	The DPHD demonstrates leadership and expertise with their use of data. Their "Put Us on the Map Challenge" is a unique opportunity for cities under 50,000 population to have data available on health and its drivers. The data is used with the community health assessment (CHA) and community health improvement plan (CHIP) decision making and planning, allowing them to tailor their CHIP priorities. The project includes a data platform with local data. They also used data to address an increase in community falls, implement programs, and are now evaluating their interventions to evaluate how the program will be sustained long term. These two examples demonstrate how DPHD uses data to inform their decisions, how they are intentional about seeking out new data, and how they use evidenced-based practices to address root causes.
Performance Management and Quality Improvement	Quality improvement (QI) and performance management (PM) concepts are integrated into all programs and services provided by the DPHD. The DPHD is a part of the Results Based Accountability (RBA) cohort through the Wisconsin Department of Health Services which has allowed for continued learning and professional development. In 2024, the DPHD updated their PM and QI plan and developed a dashboard to track progress. The dashboard is organized by the foundational service areas which includes programmatic performance measures and organizational performance measures. The leadership team is responsible for oversight of PM/QI efforts, and all staff have a role within the plans. These efforts allow the DPHD to continually monitor data and programs. This ability has increased their efficiency and demonstrates how QI and PM efforts are embedded in the work of the DPHD.

Best Practice Opportunities for Public Health Practice, Function, and Staffing

Area	Opportunities
Land Use Planning	The DPHD self-identified they would like to participate in the upcoming city-wide comprehensive plan revision. This is an opportunity for the DPHD to continue to infuse a public health perspective into local planning efforts.

Area	Opportunities
Assess Staff Capacity	As a smaller health department, the DPHD continues to evaluate staff roles to ensure capacity exists to meet the needs of their community. For example, they recently reconfigured environmental health responsibilities to allow their Registered Sanitarian to focus on inspections and investigations. Moreover, the DPHD continually evaluates their role in the community as they look to fill gaps in services. This thoughtful self-evaluation is an opportunity for the DPHD to enhance their organization and reach a new level of excellence.

Discussion Notes

Area	Summary
Local Health Officer Qualifications	The De Pere Health Department, a Level II health department, requested to be reviewed as a Level III health department. State Health Officer Paula Tran confirmed Chrystal Woller's Health Officer qualifications for a Level III health officer in a letter dated November 20, 2024.
Jurisdiction and Structure	The city of De Pere is located in Brown County and is part of the Green Bay metropolitan area. The population is 25,000. Eighty-nine percent (89%) of the population identify as Caucasian, four and a half percent (4.5%) identify as Hispanic, three percent (3%) identify as Asian American, two percent (2%) identify as African American, and one percent (1%) identify as Native American. Major employers include Belmark Inc, Green Bay Packaging, Georgia Pacific, St. Norbert's college, WEL Companies, Humana, Jacobs Engineering group, and healthcare systems. Many residents live and work within the city. There are three healthcare systems with clinics in the area and a health clinic for school employees. Several hospitals are located nearby. The DPHD is a city-based health department that works closely with Brown County Public Health (BCPH). The DPHD consists of five full time employees (Health Officer, two PHNs, a sanitarian, and an administrative assistant). The Health Officer reports to the city manager.
Board of Health	The Board of Health (BOH) monitors programmatic data through quarterly updates. The BOH reviews and makes budget recommendations, such as approving the increase of the environmental health fee for licensure. In the budgeting process, there is an objective for the BOH to recommend at least one policy to the city council every year. The policy recommendation from 2024 was updating the tourist rooming housing ordinance in advance of the NFL Draft, which is hosted in Green Bay in 2025. The BOH recently began televising their meetings, like other city meetings, via live feed and sharing information on their website to increase community engagement opportunities and transparency.

Area	Summary
Community Health Strategist [Level III Only]	The DPHD fulfills a community health strategist role through data collection, serving as the subject matter expert to community partners and elected officials, as well as actively working to address factors that impact health in their community. An example of this is through the "Put Us on the Map Challenge" which is a unique opportunity for cities under 50,000 population to have data available on health and its drivers. DPHD was able to utilize this data for CHA and CHIP decision making and planning. With access to this data, they are able to tailor the Beyond Health priorities and state health improvement plan (SHIP) priorities to address their local jurisdictional needs. For example, two CHIP priority areas are mental health and substance abuse. The DPHD partnered with community partners to bring more mental health first aid trainers into the community and offer classes free of charge to community members. Use of data is a strength of the DPHD. See "Highlights, Strengths, and Impacts of Efforts" for more information.
Community Health Assessment and Improvement	The DPHD works in conjunction with BCPH to complete their CHA and CHIP with the Beyond Health Steering committee. The priorities identified for their 2025-2027 CHIP include mental health and substance use, healthy and safe homes, and pathways to healthcare. Staff share responsibility and co- lead each priority area identified with BCPH. Community involvement is a priority in collecting, developing, and implementing the CHIP. Door to door surveys as well as community and consultant surveys are completed. The DPHD always looks to leverage community resources and strives to keep the local jurisdiction lens on to best implement strategies within their community. The DPHD has strong partnerships with WELLO, St. Norbert's College, local businesses, and healthcare systems. These partnerships enhance data collection and implementation strategies to ensure De Pere's voice is heard in the CHA and CHIP processes and planning. Partnerships are a strength of the DPHD. See "Highlights, Strengths, and Impacts of Efforts" for more information.
Surveillance and Investigation	The DPHD regularly and systematically collects and analyzes new and current health information using a variety of modalities. The Health Officer services as the co-chair of the Beyond Health Steering Committee which guides the CHA and CHIP processes. The DPHD strives to get local data and received a grant for the "Put Us on the Map Challenge" which allowed them to collect and create a dashboard of local data. The data is used to identify programming needs, such as when the DPHD identified an increased incidence of falls in their older community members. The DPHD applied for, and received, a Localizing Efforts to Address Falls grant.

Area	Summary
Surveillance and Investigation (continued)	In 2023, the DPHD collaborated with the city of De Pere Fire Department to review and analyze fall data, which the fire department collects whenever they respond to a call. The DPHD then created a fall prevention booklet, with community data about falls and tips on prevention. The booklet was shared with the community via the DPHD and their community partners, such as the Aging and Disability Resource Center (ADRC). The DPHD also participates in a Brown County subgroup on fall prevention and began hosting exercise groups for older adults in the community, including Bingocize and Stepping On. Both groups are very popular and now have wait lists. They are also hosting a Senior Wellness fair later in the year. Other health departments and organizations have reached out for advice on implementing falls prevention programs.
Communicable Disease Control **Level II: Foundational Public Health Services (FPHS): Communicable Disease Control**	The DPHD provides communicable disease support, leadership, and resources through their prevention and immunization programs as well as through the efforts of their health officer, nursing, and environmental health staff. Surveillance is assured when both public health nurses (PHNs) monitor and investigate Wisconsin Electronic Disease Surveillance System (WEDSS) disease cases and actively participate in the county wide Communicable Disease Surveillance group along with the Oneida Nation Public Health and BCPH, hospital infection preventionists, and many other health system partners. This allows coordinated data sharing, trend marking, and communication of outreach and outbreak notifications that strengthens prevention, vaccination, and testing efforts. The DPHD worked at lot this year on getting EpicCare link access. The health care data agreements have shown great benefit, especially with an outbreak at St. Norbert College where many students had out of state addresses but were tested and staying in the De Pere jurisdiction. As a QI project, the data agreements increased response time by 73%. The data is part of the PM dashboard and is continually monitored. The data and QI efforts are shared with the BOH. The BOH was an advocate for the EpicCare link access and continues to support this project. The health department utilizes technology in other ways. For example, they have a HIPAA compliant JotForm on their website so other facilities can report cases at any time. The website includes line lists, education, links, and after-hours phone number if needed to begin case investigations right away.
Other Disease Prevention	Recently, DPHD invested in PocketTalk, a HIPPA compliant language translation service. This has allowed them to address the increased need for translation services, and they have also contracted with international translators to help with resources and document translation.

Area	Summary
Other Disease Prevention (continued) **Level II: FPHS: Chronic Disease and Injury Prevention** **Level II: FPHS: Access and Linkage to Health Services**	The DPHD provides support, leadership, and resources for chronic disease and injury prevention through community programming that includes car seat installation, bike helmet fittings, Bingocize, harm reduction (Narcan and Fentanyl test strips, means restriction), Grapevine, Question, Persuade, and Refer (QPR), and mental health first aid training. The DPHD continues to promote access and linkage to care. They have increased access to immunization services by allowing walk-ins, utilization of mobile clinics, and increased car seat clinics to twice a month. The DPHD continues to evaluate access and how to reach residents where they are at versus waiting for them to come to the health department. Continuing partnerships with the fire department, ADRC, NEW Community Clinic, Vivent Health, and Casa Alba has supported providing education and needed services to residents.
Emergency Preparedness and Response	Public health emergency preparedness (PHEP) plans are established, shared, and sustained within the DPHD. The PHEP plan and city emergency operations plan are updated annually. The DPHD continues to partner with Red Cross for sheltering exercises, serves as a representative on the Healthcare Emergency Readiness Coalition (HERC), serves on the Regional Trauma Advisory Council (RTAC), has all staff trained in Incident Command System (ICS), and more. The DPHD now has access to emPOWER data in case of an emergency. In 2024, the BOH supported an emPOWER contract which they recommended to the city council. The DPHD has a close working relationship with the Fire Chief who is the city emergency manager.
Health Promotion	Health promotion work is currently accomplished in the design and implementation of large banners, postcards (e.g., lead poisoning, means restriction-gun and medication safety), flyers at the community center and events, movie theater ads, newsletters, social media and through email distributions. Health promotion activities across the lifespan have included: QPR and 988 resources in suicide prevention; child passenger safety education and car seat checks, bike rodeos/helmet fittings with the De Pere Police Department; monthly Ages and Stages mental and developmental screenings at the library (e.g. Kress Library Picnic & Play) and other spaces with the Women, Infants, and Children program and Birth to 3 programs; lead prevention and investigation assessment and education. The DPHD's administrative assistant is taking health literacy certification classes and noted this has been beneficial to create messaging that is clear and effective. They partner with the city communications specialist to ensure content is Americans with Disabilities Act (ADA) compliant.

Area	Summary
Health Promotion (continued)	The DPHD is addressing mental health and social connection through their "Belonging Begins Here" campaign. To kick off this campaign, they engaged the community to create a mural and select a design. The mural won a Wisconsin Main Street award for diversity, inclusion, and belonging. They partnered with Mulva Cultural Center to screen the documentary "Join or Die", followed by a discussion with a producer and a community panel. They hosted a fair for local organizations seeking new members. More events are planned throughout the year and other organizations have reached out for advice.
Level II: FPHS: Maternal, Child, and Family Health	The DPHD provides leadership, support, and resources in the foundational area of maternal, child, and family health. For example, they started a milk depot in 2025 in collaboration with the Mother's Milk Bank for the Western Great Lakes where moms can donate breast milk. The DPHD is working to increase the number of intergenerational events based on community feedback and works to engage all families.
Human Health Hazard Control **Level II: FPHS: Environmental Public Health**	The DPHD tracks all environmental health (EH) concerns and reports them quarterly to the BOH. For human health hazard investigations, the DPHD receives complaints or referrals, frequently from police and fire, and works with partners to address the human health hazard. The DPHD utilizes "see click fix", allowing them immediate online access to complaints from the public. The city recently approved a code enforcement position who partners with DPHD on potential ordinance issues. The DPHD also conducts animal bite investigations, rabies prevention, and radon testing and education. The DPHD partners with different agencies such as BCPH, the city of Menasha Health Department, other city of De Pere agencies such as police and fire, and DHS. They are involved in event planning as the county fairgrounds are in De Pere. The DPHD is now partnering with BCPH to complete inspections for events on the fairgrounds. EH staff created policy templates for businesses to use, such as cold storage, food safety, and cleaning procedures. They are currently working to inspect and license many new short-term rentals due to the NFL draft being held in Green Bay. Assessing staff capacity is an opportunity for the DPHD. See "Best Practice Opportunities for Public Health Practice, Function, and Staffing" for more information.
Level III: Environmental Health Program	The DPHD maintains agent contracts with the Wisconsin Department of Agriculture, Trade and Consumer Protection (food and lodging), DHS (lead-safe homes), and the Wisconsin Department of Safety and Professional Services (body art and weights and measures) to provide EH services.

Area	Summary
Policy and Planning **Level III: State Public Health Agenda**	The city of De Pere and Brown County co-facilitate the Beyond Health Community Health Steering Committee meetings and each agency has a team member on CHIP priority teams. The health department continues to work with other city departments, such as the community development department and the parks departments, to infuse public health perspective into community plans. For example, they were able to discuss health implications related to a proposed redevelopment of a business into a cremation facility. Ultimately, a permit was not issued related to air quality concerns. They lead Urban Orchards, a city-wide team focused on creating green spaces and increasing access to fresh fruit and have even funded some projects. The DPHD self-identified participating the upcoming city comprehensive plan update as an opportunity to continue to infuse the public health perspective into local planning efforts. The State Health Assessment and State Health Improvement Plan effort is aligned with their CHA and CHIP, and they have worked with OPPA staff on this alignment. The DPHD self-identified land use planning as an area where they are working to improve. See "Best Practice Opportunities for Public Health Practice, Function, and Staffing" for more information.
Leadership and Organizational Competencies	The DPHD addresses health equity in the provision of services with mobilizing services, expanding hours, walk-in Wednesdays, pathways to healthcare subcommittee, and the provision of translation services. They were able to work with a graduate student who worked in conjunction with OPPA staff and laid the foundation for health in all policies work. The DPHD has access to legal counsel and maintains confidentiality of personally identifiable information.
Performance Management and Quality Improvement	The DPHD has been expanding their knowledge and expertise in the areas of PM and QI. In 2024, the DPHD updated their PM/QI plan and developed a dashboard. The dashboard is organized by the foundational service areas which includes programmatic performance measures and organizational performance measures. The leadership team is responsible for oversight of PM/QI efforts, and all staff have a role within the plans. Quality Improvement efforts are discussed monthly, and schedules are created for selected QI projects. Progress is reported out on a quarterly basis to the BOH. The PM/QI dashboard and updated plan has allowed the DPHD to continually monitor data related to the work they do. One example of this in action is through their environmental health program. Once the dashboard was operating, they realized a difference in the number of establishments and number of inspections. They were able to leverage this data to make an informed decision on a process change.

Area	Summary
Performance Management and Quality Improvement (continued)	Rabies control investigations were shifted to a different staff person, policies and forms were updated, and the environmental health staff person had increased capacity to address inspections. The ability to track data associated with their work has increased their efficiency. Performance Management and Quality Improvement are a strength of the DPHD. See "Highlights, Strengths, and Impacts of Efforts" for more information.
Workforce Development	The city of De Pere has an electronic onboarding process for new staff. Employee credentials and licenses are checked and uploaded during the hiring process. The Health Officer collects and tracks the renewals. De Pere has a performance management software that guides one on one meetings between managers and staff quarterly, and the Health Officer meets weekly with staff. Core competencies are included in all position descriptions as of 2024. The Foundational Public Health Competency Assessment is completed every two years and the policy and procedure was updated after the 2023 DHS 140 Review identified regular assessment of core competencies as a growth opportunity.
Public Health Nursing Services	The DPHD PHNs are involved in all foundational public health services and work collaboratively within the health department and with community partners to assess, develop, implement, and evaluate the required services that constitute a robust generalized public health nursing program. The PHNs actively serve on many coalitions (e.g., falls prevention, breastfeeding, Beyond Health Steering Committee) and stay informed about what is happening in the city and county.

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Date: 8/11/2025

Re: Discussion of the Draft FY2026 Health Department Budget

Please see attached Health Department Revenue/Expense Budget and Narrative. Feedback welcomed and appreciated. This draft will be presented to the Administration in August and follow the city's budget approval process with Finance and City Council thereafter.

Health Department

Program Full Time Equivalents: 4.95

Program Mission:

The mission of the Health Department is to protect and promote public health across the lifespan through education, policy development and valued services.

List of Program Service(s) Descriptions:

1) *Public Health Education and Nursing* –Promote and protect the health of populations using knowledge from nursing, social, and public health sciences. Apply nursing and public health principles to assess, develop, implement, and evaluate public health programs and services for individuals, families, and the community.
2) *Public Health Sanitarian* – Provide environmental health services to ensure the health and safety of the community. Provide weights and measures inspection services as required of municipalities by state statute.

Important Outputs:

1) *Maternal child & family health programming/services* – Activity funded by tax levy and grant funding. Maternal child health programming is *required by state statute*. Services include but are not limited to community planning for coordination of service delivery, education to groups and individuals regarding development and health issues.
2) *Chronic disease and injury prevention programming/services:* Activities funded by tax levy and grant funding. The assurance of injury prevention programming *required by state statute*. The benefit to the residents is to ensure the safety of individual children and prevent injuries and fatalities.
3) *Communicable Disease Control and Prevention*– This service includes immunization services as well as communicable disease follow up. These activities are funded by tax levy, grants, and fee for service revenue. Childhood immunization programming is *required by state statute*. Communicable disease programming is *required by state statute*.
4) *Public Health Preparedness* – This program is funded by grant dollars and tax levy. Preparedness response activities are *required by state statute*. This program benefits the community by ensuring the health department's ability to respond to urgent public health matters and support the City's Emergency Response.

5) *Community Health Assessment/Improvement Planning* – Time and effort is funded by tax levy and is *required by state statute*. Together with community partners, conduct assessment of leading health data indicators, choose priorities to focus efforts on and develop evidence-based community strategies to achieve measurable outcomes.
6) *Resident Complaint Investigation and Resolution* – Activity funded by tax levy. Human health hazards investigation and resolution *required by state statute and city ordinances*.
7) *Weights and Measure Inspections* – Activity funded by program revenue. State statute requires municipalities to permit and inspect all businesses for compliance with weights and measures equipment ensuring consumer protection for weights and measures devices.
8) *Establishment Licensing and Inspections (Department of Health Services and Department of Agriculture and Consumer Protection)* – Activity funded by program revenue and tax levy. The agent contract for the City of De Pere provides licensing and inspections for all restaurants, temporary restaurants, hotel/motels, campgrounds, swimming pools, spas, tattoo & body piercing, school kitchens, recreational education camp establishments and temporary/permanent retail establishments.
9) *Rabies Prevention and Control* – Activity funded by tax levy and limited grant funds when available. Follow-up is completed on all reported animal bites and exposures as *required by state statute and city ordinance* for the victim of the bite and the offending animal. This includes laboratory analysis services for appropriate specimens based on the most current public health recommendations. Benefit to the community is the protection of potential rabies exposures.
10) *Childhood Lead Poisoning Prevention* – Activity funded by grant funding and tax levy. Blood lead levels of children are monitored, and follow-up is provided to all families of children with elevated levels as *required by state statute*. Public education on lead is also provided.
11) *Public Health Education* – Activity funded by tax levy and grant funding. Education is provided to residents in a variety of ways including direct mailings to households, monthly articles, city-wide newsletter contributions, social media, up-to-date website, channel 4 contributions, educational presentations in the community, press releases, media interviews and individual education.
12) *Radon Testing Program* – Activity is funded by program revenue. Kits are provided to city residents at a nominal fee to allow residents access to test kits and education.

Expected Outcomes:

1) Avert vaccine preventable disease by assuring vaccine coverage rates are maintained and/or increased in select population cohorts.
2) Conduct surveillance, investigation and institute public health control measures for all suspect, probable and confirmed cases of communicable disease within the City of De Pere.
3) Prevent illness through the assurance of establishment compliance with food safety, environmental and hygiene standards.

2026 Performance Measures (July 2025 – June 2026):

1) In accordance with WI DHS benchmarks, conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an **82%** city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 4 Pneumococcal and 1 varicella for De Pere children turning 24 months.
2) Health Department nursing staff will initiate the investigation of 100% of suspect, probable and confirmed cases of illness and disease within 72 hours in *accordance with state statute*.
3) Conduct education and follow-up to assure that food establishments are compliant with the state/local laws.
    a. 100% of licensed establishments will be inspected at least once annually as required by the DATCP Agent Contract.
    b. Re-inspections will be conducted as necessary to verify compliance.
    c. Establishment complaint investigation will be initiated within 72 hours of receipt.

2025 Performance Measurement Data (July 2024 – June 2025):

1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 80% city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 varicella for De Pere children turning 24 months.
    a. Result: The immunization rate for this age group is at **83**% by 24 months of age (this includes those children who were late up to date).
2) Health Department nursing staff will initiate the investigation of 100% of reported suspect, probable and confirmed cases of illness and disease within 72 hours in *accordance with state statute*.
    a. Result: Health department staff have initiated investigation of all disease reports within 72 hours.
3) Conduct education and follow-up to assure that food establishments are compliant with the state/local laws.
    a. Result: 100% of licensed establishments will be inspected at least once annually as required by the DATCP Agent Contract.
    b. Result: 100% of re-inspections were conducted in accordance with department procedures to verify compliance.
    c. Result: 100% of establishment investigations complaints were initiated within 72 hours.

Significant Program Achievements:

Level III Health Department (May 2025): The De Pere Health Department, for the first time ever, has been certified as a level III health department. This is the highest-level designation in the state of Wisconsin. De Pere Health Department was evaluated in April 2025 by the Wisconsin Department of Health Services (DHS) Division of Public Health (DPH) and has successfully met the

additional level III requirements contained in Wis. Admin. Code s. 140.05 for workforce development, quality improvement, and performance management; a focus on social determinants of health; expertise in population health; and acting as the community health strategist. This determination was communicated on May 15th, 2025. The next review is anticipated in 2030.

State Required Community Health Assessment/Health Improvement Plan (January 2025): This collaborative comprehensive health improvement plan has been completed and published for the current three-year timeframe (2025-2027). This newly launched plan can be found published on the De Pere Health Department website. For the current cycle, the health priorities that we will be focusing on with Brown County Health Department, Oneida Nation, Health Systems and community partners are: Safe and Affordable Housing, Pathways to Healthcare, and Mental Health and Substance Use.

Social Connectedness/Community Engagement (Fall 2024):

- The mural on George Street was completed and unveiled in September! This was a collaborative project with Definitely De Pere and tied into the Beyond Health Community Health Improvement Plan strategy 2.1, with the theme, *Belonging Begins Here*. Thank you to artist, Beau Thomas, (and every artist who submitted designs), and all of the community members that voted and engaged with the health department online and at the in-person events. A special thanks to the Maternal and Child Health Block Grant for funding this project, and Saks Holdings for the use of their building facade. *This project also won a Wisconsin Main Street award in 2025 for its positive impact on community connections*!
- The health department collaborated with SNC Health & Wellness Center to host Dr. Carol Bruess on campus. Carol's micro workshop for the community focused on how the COVID pandemic accelerated the epidemic of loneliness and isolation impacting both physical and mental health. As a relationship expert, she engaged with an audience of over 120 people to discuss how to make small changes in daily interactions that ultimately will enhance feelings of joy, improve physical health, and flourishing of the entire community. The evaluations from this event were extremely positive with great suggestions for future events.
- The health department collaborated with the Mulva Cultural Center to host a documentary screening of "*Join or Die*" highlighting the importance civic engagement and the benefits to the health of individuals, families and communities. After the documentary, guests were invited to an onsite joining fair where more than 18 civic organizations were present to engage with participants on their organization mission and membership information. Over 124 community members participated in this community event and the evaluations were overwhelmingly positive.

Existing Program Standards Including Importance to Community: Public Health Departments have a fundamental responsibility to provide public health protection and services twenty-four hours a day, seven days a week. The Foundational Public Health Services Framework describes the unique responsibilities of governmental public health and defines a standard set of services and capabilities

including preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protection and services specific to their community's needs.

Costs and Benefits of Program and Services: The proposed 2026 Health Department total program cost is $764,108. The local tax levy portion of the budget is projected at $549,590, with $214,518 being funded by grants and program revenue (72% tax levy, 28% program revenue, grants). It is estimated that every dollar spent on community prevention saves $5.60 (American Public Health Association). Investing early and wisely in both clinical and community preventive services is essential if we are to successfully address the leading causes of death and disability, namely, chronic diseases and their risk factors. Essential public health services ensure the public's safety. The investment in primary prevention programming and services decreases chronic disease and increases the quality of life for those who live, work and play in the City of De Pere.

2026 Budget Significant Expenditure Changes:

1) Salaries increased $20,356 due to the projected salary/step increases.
2) Hourly wages increased $3,536 due to the projected salary/step increase.
3) FICA increased $1,828 due to the projected increase in salaries.
4) Retirement increased $2,820 due to WRS employer contribution rate increases (from 6.95% to 7.2%).
5) Health, Dental, DIB, Life & Wks Cmp Ins increased $5,804 due to health (10%) and dental (5%) insurance premium increases.
6) Seminars and Conferences: Wisconsin Public Health Operations Conference $650. Wisconsin Public Health Association Conference $650. Wisconsin Lead/Radon Refresher Course $300. Specific public health programmatic/ infrastructure workforce development conference registration fees (State/National) will be covered under the associated grants' scope of work and not funded by tax levy. Professional development for the DATCP Agent Program and/or Weights and Measures will be allocated to the specific programmatic expenses.
7) Memberships/Subscriptions: *Required Professional Licenses (1 RS, 3 RN) $240*, Wisconsin Public Health Association $295, Wisconsin Association of Local Health Departments and Boards (WALHDAB) $560, Wisconsin Environmental Health Association $40. Wisconsin Association of Weights and Measures $30 (covered by program revenue), Association for Professionals in Infection Control $220 (covered by grant).
8) MCH Grant: decreased $1,734 due to an aligned projected decrease in grant fund revenue.
9) Immunization Outreach Grant: decreased $600 due to a projected decrease in grant fund revenue.
10) Preparedness Grant: decreased $9,830 due to an aligned decrease in grant fund revenue.

City of De Pere
2026 General Fund
Adopted Budget

EXPENDITURES

HEALTH DEPARTMENT

Account Number			Account Title	2024 Year End Actual	2025 Adopted Budget	2025 Current Budget	2025 6 mos Actual	2025 Year End Estimate	2026 Dept Head Proposed	2026 / 2025 Budget % Of Change
			PERSONAL SERVICES							
100	54100	110	Salaries	$ 368,805	$ 381,885	$ 381,885	$ 182,504	$ 381,885	$ 402,241	5.33%
100	54100	120	Hourly Wages	58,603	57,949	57,949	27,477	57,949	61,485	6.10%
100	54100	125	Overtime Wages	257	0	0	0	0	0	0.00%
100	54100	126	Seasonal Labor	7,719	12,140	12,140	2,525	12,140	12,140	0.00%
100	54100	150	FICA	31,780	33,823	33,823	15,584	33,823	35,651	5.40%
100	54100	151	Retirement	29,523	30,568	30,568	12,195	30,568	33,388	9.22%
100	54100	152	Health, Dental, DIB, Life & Wks Cmp Ins	137,641	103,930	103,930	51,682	103,930	109,734	5.59%
100	54100	190	Training	0	0	0	0	0	0	0.00%
			Subtotal	**634,328**	**620,295**	**620,295**	**291,966**	**620,296**	**654,640**	**5.54%**
			CONTRACTUAL SERVICES							
100	54100	210	Telephone	1,177	1,700	1,700	(156)	1,700	1,700	0.00%
100	54100	212	Seminars and Conferences	1,309	1,600	1,600	276	1,600	1,600	0.00%
100	54100	215	Consulting	0	0	0	0	0	0	0.00%
100	54100	218	Cell/Radio	1,070	835	835	621	830	835	0.00%
100	54100	240	Equipment Maintenance	1,498	800	800	76	800	800	0.00%
			Subtotal	**5,053**	**4,935**	**4,935**	**816**	**4,930**	**4,935**	**0.00%**
			SUPPLIES AND EXPENSE							
100	54100	310	Office Supplies	1,919	2,600	2,600	306	2,600	2,600	0.00%
100	54100	320	Memberships/Subscriptions	430	895	895	395	895	1,135	26.82%
100	54100	324	Medical Supplies	4,284	5,200	5,200	0	5,200	5,200	0.00%
100	54100	330	Mileage Reimbursement	363	1,040	1,040	75	1,040	1,040	0.00%
100	54100	331	Transportation	701	1,560	1,560	308	1,560	1,560	0.00%
100	54100	351	MCH Grant	8,811	9,147	9,147	3,772	7,413	7,413	-18.96%
100	54100	352	MCH Match	1	0	0	0	0	0	0.00%
100	54100	353	Weights and Measures	1,156	3,000	3,000	362	3,000	3,000	0.00%
100	54100	354	Childhood Lead Grant	1,152	2,161	2,161	0	2,161	2,161	0.00%
100	54100	355	Immunization Outreach Grant	6,634	9,239	9,239	910	8,639	8,639	-6.49%
100	54100	356	Public Health Infrastructure	0	35,267	35,267	11,438	35,267	35,267	0.00%
100	54100	357	COVID	4,440	0	0	0	0	0	0.00%

City of De Pere
2026 General Fund
Adopted Budget

EXPENDITURES

HEALTH DEPARTMENT

			Account Title	2024 Year End Actual	2025 Adopted Budget	2025 Current Budget	2025 6 mos Actual	2025 Year End Estimate	2026 Dept Head Proposed	2026 / 2025 Budget % Of Change
100	54100	358	Preparedness Grant	7,911	35,106	35,106	8,557	35,106	25,276	-28.00%
100	54100	359	Prevention Grant	28	4,300	4,300	(1,198)	3,749	4,372	1.67%
100	54100	360	Communicable Disease Grant	763	3,570	3,570	1,492	3,570	3,570	0.00%
100	54100	361	Agent Program Surplus	0	0	0	0	0	0	0.00%
100	54100	362	Agent Program	2,182	3,300	3,300	1,208	3,300	3,300	0.00%
100	54100	363	COVID Immunization/VFC	2,716	14,000	14,000	9,959	18,315	0	0.00%
100	54100	364	COVID Public Health Workforce	3,660	0	0	0	0	0	0.00%
100	54100	365	COVID ARPA	154,626	0	0	7,049	5,781	0	0.00%
100	54100	370	Leaf Grant	0	0	0	0	0	0	0.00%
			Subtotal	**201,777**	**130,385**	**130,385**	**44,632**	**137,596**	**104,533**	**-19.83%**
			CAPITAL OUTLAY							
100	54100	810	Capital Equipment	0	0	0	0	0	0	0.00%
			Subtotal	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**
			TOTAL	**$ 841,158**	**$ 755,615**	**$ 755,615**	**$ 337,415**	**$ 762,822**	**$ 764,108**	**1.12%**

City of De Pere
2026 General Fund
Adopted Budget

REVENUES			Account Title	2024 Year End Actual	2025 Adopted Budget	2025 Current Budget	2025 6 mos Actual	2025 Year End Estimate	2026 Dept Head Proposed	2026 / 2025 Budget % of Change
Account Number			**TAXES**							
100	41110		General Property	$ 10,421,158	$ 10,818,149	$ 10,818,149	$ 10,818,150			0.00%
100	41130		Mobile Home Fees	6,245	5,100	5,100	3,471			0.00%
100	41150		Payments in Lieu of Taxes	1,440	1,440	1,440	1,368			0.00%
100	41200		Sales and Use	3,416	0	0	0			0.00%
100	41210		Public Accommodations	16,153	15,000	15,000	6,600			0.00%
100	41220		Retained Sales Tax	208	200	200	75			0.00%
100	41310		From Municipal Water Utility	482,574	430,000	430,000	0			0.00%
100	41320		Housing Authority	39,868	39,000	39,000	42,167			0.00%
100	41800		Interest Penalties & Taxes	746	0	0	509			0.00%
100	41810		Interest Penalties Specials & Deeds	8,550	7,500	7,500	3,761			0.00%
			Subtotal	**10,980,359**	**11,316,389**	**11,316,389**	**10,876,101**	**-**	**-**	**0.00%**
										0.00%
			INTERGOVERNMENTAL REVENUE							
100	43220		Mass Transit Federal Aid	0	0	0	0			0.00%
100	43410		State Shared Revenue	2,061,696	2,098,398	2,098,398	0			0.00%
100	43411		State Shared Revenue - Expenditure Restraint	126,375	126,375	126,375	0			0.00%
100	43412		Personal Property Aid	0	314,733	314,733	314,733			0.00%
100	43420		State Fire Insurance	137,715	135,000	135,000	0			0.00%
100	43430		Other State Shared Taxes - Exempt Computer Aid	84,592	84,592	84,592	0			0.00%
100	43500		State Grants	104,525	6,000	6,000	0			0.00%
100	43505		Law Enforcement	22,025	0	0	1,085			0.00%
100	43505	364	Police Misc Grants	34,524	0	0	8,248			0.00%
100	43510		Rescue EMS Act 102	8,860	15,000	15,000	136,549			0.00%

100	43520		State Aid for Police Training	8,843	12,160	12,160	721			0.00%
100	43530		State Aid for Connecting Highways	103,050	103,050	103,050	51,600			0.00%
100	43531		General Transportation Aids	1,394,462	1,394,462	1,394,462	801,816			0.00%
100	43532		Mass Transit State Aid	0	0	0	0			0.00%
100	43540		State Recycling Grants	97,806	97,806	97,806	97,724			0.00%
100	43550		ACT 102 Ambulance Grant	0	0	0	0			0.00%
100	43551		Health Matching Grant	66,536	63,523	63,523	14,660	56,619	51,431	-100.00%
100	43552		COVID 19 Grants	214,326	14,000	14,000	15,678	21,885	-	0.00%
100	43590		State Misc Grants	0	35,267	35,267	2,364	35,267	35,267	-100.00%
100	43600		Other State Payments	541	0	0	0			0.00%
100	43605		Payment in Lieu of Tax - DNR	0	0	0	0			0.00%
			Subtotal	**4,465,876**	**4,500,366**	**4,500,366**	**1,445,178**	**113,771**	**86,698**	**-100.00%**
			LICENSES AND PERMITS							
100	44105		Liquor and Malt Beverage Licenses	32,248	33,650	33,650	32,080			0.00%
100	44110		Operator's Licenses	21,651	10,800	10,800	4,580			0.00%
100	44115		Cigarette Licenses	2,300	2,300	2,300	2,500			0.00%
100	44121		Food & Beverage Licenses	116,914	106,000	106,000	103,343	106,000	106,000	-100.00%
100	44125		Cable Television Franchise License	88,870	90,000	90,000	20,037			0.00%
100	44130		Trailer Park	0	0	0	0			0.00%
100	44140		Other Permits and Fees	12,081	9,500	9,500	7,277			0.00%
100	44210		Dog License	4,312	5,200	5,200	4,715			0.00%
100	44300		Building Permits	375,096	450,000	450,000	90,013			0.00%
100	44301		Commercial Permit Review	15,650	17,000	17,000	5,250			0.00%
100	44303		Flood Plain/Zoning Letters	0	250	250	0			0.00%
100	44305		Construction	0	0	0	0			0.00%
100	44307		Sanitary Sewer Excavation	18,700	13,627	13,627	8,250			0.00%
100	44910		Electrical Permits	99,481	85,000	85,000	96,041			0.00%
100	44920		Plumbing Permits	61,268	55,000	55,000	30,911			0.00%
100	44925		HVAC Permits	111,527	115,000	115,000	35,478			0.00%
100	48902		Zoning Permits and Fees	5,975	3,700	3,700	5,275			0.00%
100	48903		CSM/Plat Reviews	15,705	17,000	17,000	7,405			0.00%
100	48906		Excavation Permits	47,980	30,000	30,000	31,931			0.00%

			Subtotal	**1,029,756**	**1,044,027**	**1,044,027**	**485,085**	**106,000**	**106,000**	**-100.00%**
			FINES AND FORFEITURES							
100	45100		City Share of Fines and Forfeitures	(5,418)	0	0	0			0.00%
100	45110		Court Penalties and Costs	180,486	240,000	240,000	87,818			0.00%
100	45130		Parking Violations	44,108	35,000	35,000	12,358			0.00%
			Subtotal	**219,176**	**275,000**	**275,000**	**100,176**	**0**	**-**	**0.00%**
			PUBLIC CHARGES FOR SERVICE							
100	46100		General Government	528	0	0	0			0.00%
100	46101		Clerk-Passports	3,850	4,600	4,600	2,827			
100	46102		Clerk's Office Admin Fees	1,441	1,900	1,900	10,125			0.00%
100	46110		Letters of No Specials	24,925	26,125	26,125	11,790			0.00%
100	46120		License Publication Fees	926	1,200	1,200	1,548			0.00%
100	46207		Police Alarm Monitoring	7,825	6,000	6,000	1,575			0.00%
100	46208		Police Department Fees	1,576	550	550	2,356			0.00%
100	46210		Background Checks	2,236	800	800	551			0.00%
100	46212		Police OT Reimbursements	14,516	0	0	14,134			0.00%
100	46220		Police Fingerprints	792	840	840	540			0.00%
100	46226		Fire OT Reimbursements	2,565	0	0	2,850			0.00%
100	46298		Ambulance Fees	1,154,995	1,200,000	1,200,000	554,681			0.00%
100	46340		Street Department Revenue	122,331	66,650	66,650	12,825			0.00%
100	46345		Garbage & Recycling Fees	19,150	12,600	12,600	22,403			0.00%
100	46350		Snow Removal Charges	775	7,276	7,276	547			0.00%
100	46360		Parking Permits	0	0	0	0			0.00%
100	46406		Weed & Nuisance Control	(255)	0	0	255			0.00%
100	46421		Recycling Containers	12,372	4,450	4,450	3,590			0.00%
100	46501		Public Health Revenue	525	420	420	380	420	420	-100.00%
100	46510		Weights & Measures Fees	21,006	21,005	21,005	21,026	21,400	21,400	-100.00%
100	46521		Animal Control	0	0	0	63			0.00%
100	46700		Recreation Programs	444,720	449,508	449,508	290,593			0.00%
100	46721		Recreation	17,820	17,425	17,425	0			0.00%
100	46722		Concessions	48,130	0	0	0			0.00%
100	46723		Swimming	19,423	0	0	0			0.00%
100	46723	010	Season Pass	92,104	0	0	0			0.00%
100	46723	020	General Admission	91,372	0	0	0			0.00%

100	46723	030	Swim Lessons	44,622	0	0	0			0.00%
100	46723	040	Syble Hopp Aquatics	36,109	0	0	0			0.00%
100	46724		Forestry	20,433	13,125	13,125	13,080			0.00%
100	46724	346	Memorial Benches	16,910	4,800	4,800	4,040			0.00%
100	46725		Community Center	68,682	69,990	69,990	35,516			0.00%
100	46727		Programs-Financial Assistance	(282)	6,500	6,500	18			0.00%
100	46747		Athletic Facility Fees	32,389	23,100	23,100	24,206			0.00%
100	46747	010	Daily Boat Fees	58,849	60,000	60,000	33,490			0.00%
100	46747	020	Season Boat Fees	28,280	29,000	29,000	3,005			0.00%
100	46747	030	Beer Gardens	20,460	35,000	35,000	31,926			0.00%
100	46747	040	Holiday Lights	350	2,500	2,500	0			0.00%
100	46800		Payment In Lieu of Parkland	0	0	0	0			0.00%
100	47306		Ambulance Fees From Townships	270,853	279,000	279,000	292,215			0.00%
100	47401		Engineering Fees	700,000	700,000	700,000	0			0.00%
100	48901		Copies Maps Blueprints	1,804	600	600	269			0.00%
100	48908		Building Permits & Voter Report (Clerk)	0	0	0	0			0.00%
100	48909		Sundry	0	0	0	111			0.00%
100	48910		Retiree Insurance Admin Fee	483	450	450	227			0.00%
			Subtotal	**3,405,588**	**3,045,414**	**3,045,414**	**1,392,763**	**21,820**	**21,820**	**-100.00%**

100	47311		Crossing Guard Hours	7,079	18,939	18,939	9,288			0.00%
100	47320		Payment for School Resource Officer	341,849	304,390	304,390	168,736			0.00%
100	47321		Brown County DTF Officer	121,055	120,000	120,000	0			0.00%
100	47402		Data Processing Charges	17,076	17,588	17,588	0			0.00%
100	47406		TID Admin Allocation	121,074	123,500	123,500	0			0.00%
100	47415		Equipment Rental	33,442	34,445	34,445	0			0.00%
100	47432		Space Rentals	58,076	59,858	59,858	21,120			0.00%
100	47433		Ice Arena Rent	48,511	0	0	30,204			0.00%
			Subtotal	**748,162**	**678,720**	**678,720**	**229,349**	**0**	**-**	**0.00%**

MISCELLANEOUS REVENUES

100	48100		Interest On Investments	2,166,261	2,000,000	2,000,000	953,395			0.00%
100	48200		Rents & Leases	939	0	0	487			0.00%
100	48201		Farm Leases	0	0	0	0			0.00%

100	48202		Brown County Fairgrounds	0	0	0	0			0.00%
100	48203		Residental Lease	8,707	0	0	0			0.00%
100	48300		Property Sales	133,248	100,000	100,000	10,210			0.00%
100	48301		Refuse Garbage Equipment & Property	13,477	10,000	10,000	5,394			0.00%
100	48309		Other	426,735	0	0	12,150			0.00%
100	48420		Insurance Recovery Police Equipment & Property	0	0	0	0			0.00%
100	48430		Insurance Recovery Street Equipment & Property	0	0	0	0			0.00%
100	48440		Insurance Recovery Other Equipment & Property	0	0	0	1,000			0.00%
100	48500		Donations	0	0	0	0			0.00%
100	48510		Police Programs	35,217	0	0	1,104			0.00%
100	48511		K-9 Expenses and Donations	2,707	0	0	(93)			0.00%
100	48515		Park and Rec	0	0	0	0			0.00%
100	48515	340	Holiday Light Show Donations	11,481	0	0	6,000			0.00%
100	48520		Fire & Rescue	1,692	0	0	0			0.00%
100	48520	360	Support Dog Revenue	1,209	0	0	0			0.00%
100	48900		Other	4,289	0	0	4,550			0.00%
			Subtotal	**2,805,961**	**2,110,000**	**2,110,000**	**994,196**	**0**	**0**	**0.00%**

OTHER FINANCING SOURCES

100	49100		Proceeds From Long Term Notes	0	0	0	0	0	0	0.00%
100	49130		Installment Contracts	0	0	0	0	0	0	0.00%
100	49140		State Trust Fund Loans	0	0	0	0	0	0	0.00%
100	49200		Transfer From Special Fund	250,000	250,000	250,000	0			0.00%
100	49222		Transfer From TID #9	11,400	11,400	11,400	0			0.00%
100	49223		Transfer From TID #6-#17	0	0	0	0			0.00%
100	49240		Transfer From Capital Projects Fund	233,280	0	0	0			0.00%
100	49260		Transfer From Enterprise Fund (Water Utility)	0	0	0	0	0	0	0.00%
100	49261		Transfer From Enterprise Fund (Wastewater)	0	0	0	0	0	0	0.00%
100	49271		Transfer From Parkland Dedication Fund	0	0	0	0	0	0	0.00%
100	49290		OT In	42,000	0	0	0	0	0	0.00%
			Subtotal	**536,680**	**261,400**	**261,400**	**0**	**0**	**0**	**0.00%**

			TOTAL GENERAL FUND REVENUES	**24,191,558**	**23,231,316**	**23,231,316**	**15,522,848**	**241,591**	**214,518**	**- 100.00%**
100	49300		Fund Balances Applied	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**
			TOTAL GENERAL FUND REVENUES	**$ 24,191,558**	**$ 23,231,316**	**$ 23,231,316**	**$ 15,522,848**	**$ 241,591**	**$ 214,518**	**- 100.00%**

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Date: 8/11/2025

Re: Discussion of the FY2026 Board of Health Budget Narrative

Please see attached Board of Health Narrative. Feedback welcomed and appreciated. This draft will be presented to the Administration in August and follow the City Budget approval process with Finance and City Council thereafter.

Board of Health

Program Full Time Equivalents: 0

Program Mission:

To act as a policy forming body for health department staff in efforts to protect and promote the health of City of De Pere residents.

List of Program Service(s) Descriptions:

1) *Medical Advisor* – Provides medical orders and advisement to the Health Officer and staff.
2) *Assurance* – Assure that measures are taken to provide an environment in which individuals can be healthy, and services and programs meet the public health needs of the community.
3) *Policy Development* – Regularly review and advocate for local policies and the provision of reasonable and necessary public health services.

Important Outputs:

1) *Approval of Health Department Policy and Procedures* – Activity funded by property tax. Policy and procedures provide consistent services provided to the community.
2) *Annual Budget Review and Discussion* – Activity funded by property tax. The annual budget provides for the operation of health department services. This allows the community to have input into the funding utilized to support public health programming.
3) *Advise the Health Officer and Staff* – Activity funded by property tax. Required by state statute. Provides standing orders for medical services provided and program guidance for services to meet the community's needs.

Expected Outcomes:

1) Maintain or increase the health of community members by assuring the provision of public health services according to Wisconsin State Statute, standing orders and established department policy and procedures.
2) Maintain or increase the number of public health services provided to the community at the lowest possible cost.

2026 Performance Measures:

1) Conduct an annual review of health department agency's policy and procedures by May of each year.
2) Recommend at least one health policy to the City Council for consideration/adoption.

2025 Performance Measurement Data (July 2024 – June 2025):

1) Conduct an annual review of health department's policy and procedures by May of each year.
   a. Result: The board of health approved the agency's policy/procedures on 5/12/2025.
2) Recommend at least (1) health policy to the City Council for consideration/adoption.
   a. Result: The Board of Health approved/recommended to the City Council to amending Section 106-4 of the De Pere Municipal Code Re: Tourist Rooming House Licensing Violations. This ordinance revision was subsequently adopted by City Council unanimously.
   b. Result: The BOH reviewed/approved the Health Department budget as presented. The budget was also passed unanimously by City Council.

Significant Program Achievements:

The Board of Health has been very supportive and involved during the department's state required chapter 140 "leveling up review". The Board of Health has also supported multiple agreements improving department operations/efficiencies. Board of Health members are also actively engaged in the Wisconsin Association of Local Health Departments and Boards.

Existing Program Standards Including Importance to Community:

1) Conduct at least quarterly meetings of the Board of Health. Frequent and regularly scheduled meetings is not only required by state statute but allows for regular community involvement and required actions of the board.

Costs and Benefits of Program and Services:

The adopted 2026 Board of Health program cost is $100. The program benefits the community by allowing for resident involvement of board members in the policy development and public health programming. In addition, the Board supports health department programming that promotes healthy lifestyles and protects health through health education, policy development and valued services.

2026 Program Objectives:

1) Develop policy and provide leadership that emphasizes public health needs and that advocates for equitable distribution of public health resources and/or environmental changes improving health and quality of life.
2) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status and community health needs.

2026 Budget Significant Expenditure Changes:

There are not any expenditure changes to report.

City of De Pere
2026 General Fund
Adopted Budget

EXPENDITURES

BOARD OF HEALTH

Account Number PERSONAL SERVICES

			Account Title	2024 Year End Actual	2025 Adopted Budget	2025 Current Budget	2025 6 mos Actual	2025 Year End Estimate	2026 Dept Head Proposed	2026 / 2025 Budget % Of Change
100	54110	190	Training	$ 0	$ 100	$ 100	$ 0			0.00%
			Subtotal	**0**	**100**	**100**	**0**	**0**	**0**	**0.00%**
			TOTAL	**$ 0**	**$ 100**	**$ 100**	**$ 0**	**$ 0**	**$ 0**	**0.00%**

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Meeting Date: 8/11/2025

Re: Consideration and approval of the FY2026 WI DHS TB Dispensary Contract*

This annual WI DHS contract is a standard purchase order interagency agreement between the De Pere Health Department and the State of Wisconsin to cover medical service expenses related to tuberculosis as a payor of last resort. Eligible residents would be those who don't have health insurance (private insurance or Medical Assistance). Although this agreement is very rarely activated, it is useful to have in place in the unlikely event this resource is needed.

Wisconsin Department of Health Services
Contract Centralization Legal Review

Agreement Number: 435100-G26-TBDISPENSE-16

Bureau of Procurement and Contracting (BPC) Review:

◯ This agreement requires **Standard** OLC review.

⊗ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and requires **Simple** OLC review.

◯ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and does **not** require **Additional** OLC review.

◯ This agreement uses intergovernmental cooperative purchasing.

Description:
Grant on PO agreement on BPC template.

Office of Legal Counsel (OLC) Review and Approval:

☒ This agreement has been reviewed for form and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

Signed by:
Amanda Ross
E5797DAC2816495...

7/17/2025

Name: Amanda Ross
Title: Paralegal

Date Signed

Revision: 02/21/2025 (previous versions obsolete)

Bureau of Procurement and Contracting
Procurement Authority Review
(Not required for CARS/GEARS agreements)

Submitting division: DPH

Division submitter: Patricia Heger

Procurement authority:

☐ Request for Bid (provide solicitation#):
☐ Request for Proposal (provide solicitation#):
☐ Request for Services
☐ Waiver (provide waiver#):
☐ Simplified Bid
☐ Interagency
☒ Grant exemption (provide GE#): 031
☐ Other (describe):

Appropriation (if applicable): 10700

GRANT AGREEMENT
between the
State of Wisconsin Department of Health Services
and
City of De Pere
for
Tuberculosis (TB) Dispensary Program

DHS Grant Agreement No.: 435100-G26-TBDISPENSE-16
Agreement Amount: Sum Sufficient
Agreement Term Period: 07/01/2025 to 06/30/2026

DHS Division: Public Health
DHS Grant Administrator: Patricia Heger
DHS Telephone: 608-266-9692
DHS Email: patricia.heger@dhs.wisconsin.gov

Grantee Grant Administrator: James Boyde
Grantee Telephone: 920-339-4040
Grantee Email: cwoller@deperewi.gov
Grantee Unique Entity Identifier (UEI) Name:
Grantee Unique Entity Identifier (UEI) Number:
Grantee Supplier ID: 0000071770

DHS and the Grantee acknowledge that they have read the Agreement and the attached documents, understand them and agree to be bound by their terms and conditions. Further, DHS and the Grantee agree that the Agreement and the exhibits and documents incorporated herein by reference are the complete and exclusive statement of agreement between the parties relating to the subject matter of the Agreement and supersede all proposals, letters of intent or prior agreements, oral or written and all other communications and representations between the parties relating to the subject matter of the Agreement. DHS reserves the rights to reject or cancel Agreements based on documents that have been altered. This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

State of Wisconsin **Department of Health Services**	**Grantee** Entity Name
Authorized Representative	Authorized Representative
Name	Name Chrystal Woller
Title	Title Health Officer/Health Department Director
Signature	Signature
Date	Date

TABLE OF CONTENTS

1. DEFINITIONS

Words and terms will be defined by their ordinary and usual meanings. Unless negotiated otherwise by the parties, where capitalized, the following words and terms will be defined by the meanings indicated. The meanings are applicable to the singular, plural, masculine, feminine and neuter of the words and terms.

Agency: an office, department, agency, institution of higher education, association, society or other body in State of Wisconsin government created or authorized to be created by the Wisconsin State Constitution or any law, which is entitled to expend monies appropriated by law, including the Legislature and the courts.

Assistance Listings: refers to the publicly available listing of Federal assistance programs managed and administered by the General Services Administration, (GSA) at SAM.gov, pursuant to 2 C.F.R. § 200.1.

Business Associate: pursuant to 45 C.F.R. § 160.103, a business associate includes:

(i) A health information organization, e-prescribing gateway, or other person that provides data transmission services with respect to protected health information to a covered entity and that requires access on a routine basis to such protected health information.

(ii) A person that offers a personal health record to one or more individuals on behalf of a covered entity.

(iii) A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the business associate.

Business Day: any day on which the State of Wisconsin is open for business, generally Monday through Friday unless otherwise specified in this Agreement.

Confidential Information: all tangible and intangible information and materials being disclosed in connection with this Agreement, in any form or medium without regard to whether the information is owned by the State of Wisconsin or by a third party, which satisfies at least one (1) of the following criteria: (i) Personally Identifiable Information; (ii) Protected Health Information under HIPAA, 45 C.F.R. § 160.103; (iii) non-public information related to DHS' employees, customers, technology (including databases, data processing and communications networking systems), schematics, specifications, and all information or materials derived therefrom or based thereon; or (iv) information expressly designated as confidential in writing by DHS. Confidential Information includes all information that is restricted or prohibited from disclosure by state or federal law.

Day: calendar day unless otherwise specified in this Agreement.

DHS: Department of Health Services.

Grant Administrator: individual(s) responsible for ensuring all steps in the grant administration process are completed, including drafting grant language, negotiating grant terms, and monitoring the granted entity's performance.

Personally Identifiable Information: an individual's last name and the individual's first name or first initial, in combination with and linked to any of the following elements, if that element is not publicly available information and is not encrypted, redacted, or altered in any manner that renders the element unreadable: (a) the individual's Social Security number; (b) the individual's driver's license number or state identification number; (c) the number of the individual's financial account, including a credit or debit card account number, or any security code, access code, or password that would permit access to the individual's financial account; (d) the individual's DNA profile; or (e) the individual's unique biometric data, including fingerprint, voice print, retina or iris image, or any other unique physical representation, and any other information protected by state or federal law.

Protected Health Information (PHI): health information, including demographic information, created, received, maintained, or transmitted in any form or media by the Business Associate, on behalf of the Covered Entity, where such information relates to the past, present, or future physical or mental health or condition of an individual, the

provision of health care to an individual, or the payment for the provision of health care to an individual, that identifies the individual or provides a reasonable basis to believe that it can be used to identify an individual.

Publicly Available Information: any information that an entity reasonably believes is one of the following: a) lawfully made widely available through any media; b) lawfully made available to the general public from federal, state, or local government records or disclosures to the general public that are required to be made by federal, state, or local law.

2. ORDER OF PRECEDENCE

This Agreement and the following documents incorporated by reference into the Agreement constitute the entire agreement of the parties and supersedes all prior communications, representations or agreements between the parties, whether oral or written. Any conflict or inconsistency will be resolved by giving precedence in the following descending order:

1. The Business Associate Agreement (BAA) if applicable.
2. The terms of this Agreement.
3. Any and all exhibits or appendices to this Agreement.

3. PARTIES

This is a grant agreement between the state agency responsible for overseeing the coordination and integration of social service programs and the Grantee listed below.

A. The Wisconsin State Agency is: The State of Wisconsin Department of Health Services (DHS).
DHS' principal business address is: 1 West Wilson Street, Room 272, Madison, Wisconsin 53703.

B. The Grantee is: City of De Pere
The Grantee's principal business address is: 335 South Broadway, De Pere WI 54115-2593

4. PURPOSE AND SCOPE

This Grant Agreement (Agreement) and Exhibit(s) describe the terms and conditions under which the Grantee receives an award from DHS to carry out part of a state and/or federal program.

The Grantee agrees to provide goods and/or care and services consistent with the purposes and conditions of the objectives that it has agreed to attain within the Agreement period as referred to in the attached exhibit(s).

4.1 **List of Exhibits**

Exhibit 1: Attachment A – Covered Clinical Services
Exhibit 2: Attachment B – Clinical Services Plan
Exhibit 3: Attachment C – Dispensary Medicaid Rates
Exhibit 4: Attachment D – Pharmacy Services Plan
Exhibit 5: Attachment E – NDC Numbers and Rates
Exhibit 6: Attachment F – Policy and Procedures
Exhibit 7: Attachment G – Payment Details

5. CONTACT INFORMATION

DHS Grant Administrator
Grant Administrator Name: **Patricia Heger**
Telephone**: 608-266-9692**
Email: **patricia.heger@dhs.wisconsin.gov**

Grantee Grant Administrator
Grant Administrator Name: **James Boyde**
Telephone**: 920-339-4040**
Email: **cwoller@deperewi.gov**

DHS will mail legal notices to the Grantee's Grant Administrator at the address identified in Section 3, unless otherwise notified by the Grantee.

6. PAYMENT FOR GRANT AWARD

Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing.

A. *Prompt Payment Law*: DHS shall pay properly submitted Supplier invoices within thirty (30) days of receipt, providing that the services to be provided to DHS have been delivered, rendered, or installed (as the case may be), and accepted as specified in this Agreement and all documents incorporated herein by reference. A good faith dispute in regard to an invoice creates an exception to prompt payment pursuant to Wis. Stat. § 16.528
B. *State Tax Exemption*: DHS is exempt from payment of Wisconsin sales or use tax on all purchases.
C. *Payment Offsets for Grantee's Delinquency*: The State of Wisconsin may offset payments made to the Grantee under this Agreement in an amount necessary to satisfy a certified or verifiable delinquent payment owed to the State or any state or local unit of government. DHS reserves the right to cancel this Agreement as provided in Agreement Cancellation, if the delinquency is not satisfied by the offset or other means during the Agreement term.
D. *Refund of Credits*: DHS may request a refund of credits owed at any time. Grantee agrees to refund credits owed within sixty (60) days of DHS's request.

7. REPORTING

A. The Grantee shall comply with DHS' program reporting requirements as specified in the Scope of Work.
B. The required reports shall be forwarded to DHS Grant Administrator according to the schedule established by DHS.

8. FEDERAL AND STATE RULES AND REGULATIONS

A. The Grantee agrees to meet state and federal laws, rules, regulations, and program policies applicable to this Agreement.
B. The Grantee will act solely in its independent capacity and not as an employee of DHS. The Grantee shall not be deemed or construed to be an employee of DHS for any purpose.
C. The Grantee agrees to comply with Public Law 103-227, also known as the Pro-Children Act of 2001, which prohibits tobacco smoke in any portion of a facility owned, leased, or granted for or by an entity that receives federal funds, either directly or through the state, for the purpose of providing services to children under the age of 18.
D. Pursuant to 2021 Wisconsin Executive Order 122, use of state funds for conversion therapy is expressly disallowed. 'Conversion therapy' does not include: any practice or treatment that provides acceptance, support, or understanding to an individual, or any practice or treatment that facilitates an individual's coping, social support, or identity exploration and development, so long as such practices or treatments do not seek to change sexual orientation or gender identity; any practice or treatment that is neutral with regard to sexual orientation or gender identity and that seeks to prevent or address unlawful conduct or unsafe practices, or any practice or treatment that assists an individual seeking to undergo a gender transition or who is in the process of undergoing a gender transition.
E. Pursuant to 2023 Executive Order 184, grantee agrees it does not sell any products prohibited in the Order. In addition, grantee agrees that in fulfillment of its responsibilities under the Contract that no subcontractor relationship exists that would violate the prohibitions outlined in the Order.
F. If federally funded, pursuant to 2 C.F.R. §200.322, the requirements of 2 C.F.R. §200.322 must be included in this award. The following clauses are hereby incorporated into this Contract and are enforceable as if restated herein in their entirety by reference to the following link: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d/section-200.322

9. AFFIRMATIVE ACTION

Pursuant to 2019 Wisconsin Executive Order 1, contractor agrees it will hire only on the basis of merit and will not discriminate against any persons performing a contract, subcontract or grant because of military or veteran status, gender identity or expression, marital or familial status, genetic information or political affiliation.

As required by Wisconsin's Contract Compliance Law, Wis. Stat. § 16.765 and Wis. Admin. Code § Adm 50.04, the Grantee must agree to equal employment and affirmative action policies and practices in its employment programs:

The Grantee agrees to make every reasonable effort to develop a balance in either its total workforce or in the project-related workforce that is based on a ratio of work hours performed by handicapped persons, minorities, and women except that, if the department finds that the Grantee is allocating its workforce in a manner which circumvents the intent of this chapter, the Department may require the Grantee to attempt to create a balance in its total workforce. The balance shall be at least proportional to the percentage of minorities and women present in the relevant labor markets based on data prepared by the Wisconsin Department of Workforce Development (DWD), the Office of Federal Contract Compliance Programs or by another appropriate governmental entity. In the absence of any reliable data, the percentage for qualified handicapped persons shall be at least 2% for whom a Grantee must make a reasonable accommodation.

The Grantee must submit an Affirmative Action Plan within fifteen (15) working days of the signed Agreement. Exemptions exist, and are noted in the Instructions for Grantees posted on the following website under DOA-3021P: https://doa.wi.gov/Pages/SBOPForms.aspx.

The Grantee must submit its Affirmative Action Plan or request for exemption from filing an Affirmative Action Plan to:

Department of Health Services
Division of Enterprise Services
Bureau of Procurement and Contracting
Affirmative Action Plan/CRC Coordinator
1 West Wilson Street, Room 672
P.O. Box 7850
Madison, WI 53707
dhscontractcompliance@dhs.wisconsin.gov

10. CIVIL RIGHTS COMPLIANCE

As required by Wis. Stat. § 16.765, in connection with the performance of work under this Agreement, the Grantee agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in Wis. Stat. § 51.01(5), sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the Grantee further agrees to take affirmative action to ensure equal employment opportunities. The Grantee agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

In accordance with the provisions of Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. § 18116), Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), and regulations implementing these Acts, found at 45 C.F.R. Parts 80, 84, and 91 and 92, the Grantee shall not exclude, deny benefits to, or otherwise discriminate against any person on the basis of sex, race, color, national origin, disability, or age in admission to, participation in, in aid of, or in receipt of services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by the Grantee directly or through a Subgrantee or any other entity with which the Grantee arranges to carry out its programs and activities.

The Grantee must file a Civil Rights Compliance Letter of Assurance (CRC LOA) for the current compliance period, within fifteen (15) working days of the effective date of the Agreement. If the Grantee employs fifty (50) or more

employees and receives at least $50,000 in funding, the Grantee must complete a Civil Rights Compliance Plan (CRC Plan) unless the grantee meets one of the limited exceptions. The current Civil Rights Compliance Requirements and all appendices are hereby incorporated by reference into this Agreement and are enforceable as if restated herein in their entirety. The Civil Rights Compliance Requirements, including the CRC LOA form and the template and instructions for the CRC Plan can be found at https://www.dhs.wisconsin.gov/civil-rights/requirements.htm or by contacting:

Department of Health Services
Civil Rights Compliance
Attn: Civil Rights Compliance Officer
1 West Wilson Street, Room 651
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 267-4955 (Voice)
711 or 1-800-947-3529 (TTY)
Fax: (608) 267-1434
Email: DHSCRC@dhs.wisconsin.gov

The CRC Plan must be kept on file by the Grantee and made available upon request to any representative of DHS. Civil Rights Compliance Letters of Assurances should be sent to:

Department of Health Services
Division of Enterprise Services
Bureau of Procurement and Contracting
Affirmative Action Plan/CRC Coordinator
1 West Wilson Street, Room 672
P.O. Box 7850
Madison, WI 53707
dhscontractcompliance@dhs.wisconsin.gov

The Grantee agrees to cooperate with DHS in any complaint investigations, monitoring or enforcement related to civil rights compliance of the Grantee or its Subgrantee(s) under this Agreement. DHS agrees to coordinate with the Grantee in its efforts to comply with the Grantee's responsibilities under these nondiscrimination provisions.

11. CONFIDENTIAL, PROPRIETARY, AND PERSONALLY IDENTIFIABLE INFORMATION

In connection with the performance of the work prescribed in this Agreement, it may be necessary for DHS to disclose to the Grantee certain information that is considered to be confidential, proprietary, or containing Personally Identifiable Information (Confidential Information). The Grantee shall not use such Confidential Information for any purpose other than the limited purposes set forth in this Agreement, and all related and necessary actions taken in fulfillment of the obligations herein. The Grantee shall hold all Confidential Information in confidence, and shall not disclose such Confidential Information to any persons other than those directors, officers, employees, and agents who have a business-related need to have access to such Confidential Information in furtherance of the limited purposes of this Agreement and who have been apprised of, and agree to maintain, the confidential nature of such information in accordance with the terms of this Agreement.

The Grantee shall institute and maintain such security procedures as are commercially reasonable to maintain the confidentiality of the Confidential Information while in its possession or control including transportation, whether physically or electronically. DHS may conduct a compliance review of the Grantee's security procedures to protect Confidential Information under Section 18 (Audits) of this Agreement.

The Grantee shall ensure that all indications of confidentiality contained on or included in any item of Confidential Information shall be reproduced by the Grantee on any reproduction, modification, or translation of such Confidential Information. If requested by DHS, the Grantee shall make a reasonable effort to add a proprietary notice or indication of confidentiality to any tangible materials within its possession that contain Confidential Information of DHS, as directed.

The Grantee or its employees and Subgrantees will not reuse, sell, make available, or make use in any format the data researched or compiled for this Agreement for any venture, profitable or not, outside this Agreement.

The restrictions herein shall survive the termination of this Agreement for any reason and shall continue in full force and effect and shall be binding upon the Grantee or its agents, employees, successors, assigns, Subgrantee, or any party claiming an interest in this Agreement on behalf of or under the rights of Grantee following any termination. Grantee shall advise all of their agents, employees, successors, assigns and Subgrantee which are engaged by the State of the restrictions, present and continuing, set forth herein. Grantee shall defend and incur all costs, if any, for actions that arise as a result of noncompliance by Grantee, its agents, employees, successors, assigns and Subgrantee regarding the restrictions herein.

A. *Reporting to DHS*: Grantee shall immediately report within five (5) business days or less to DHS any use or disclosure of Confidential Information not provided for by this Agreement, of which it becomes aware, per state and federal requirements, as stated in any and all exhibits or appendices to this Agreement. Grantee shall cooperate with DHS' investigation, analysis, notification and mitigation activities, and shall be responsible for all costs incurred by DHS for those activities.
B. *Indemnification:* In the event of a breach of this section by Grantee, Grantee shall indemnify and hold harmless DHS and any of its officers, employees, or agents from any claims arising from the acts or omissions of the Grantee, and its Subgrantee, employees and agents, in violation of this section, including but not limited to, costs of credit monitoring and identity theft restoration coverage for one (1) year of coverage from the date the individual enrolls, of all persons whose Confidential Information was disclosed, disallowances or penalties from federal oversight agencies, and any court costs, expenses, and reasonable attorney fees, incurred by DHS in the enforcement of this section.
C. *Equitable Relief:* The Grantee acknowledges and agrees that the unauthorized use, disclosure, or loss of Confidential Information may cause immediate and irreparable injury to the individuals whose information is disclosed and to DHS, which injury will not be compensable by money damages and for which there is not an adequate remedy available by law. Accordingly, the parties specifically agree that DHS, in its own behalf or on behalf of the affected individuals, may seek injunctive or other equitable relief to prevent or curtail any such breach, threatened or actual, without posting security and without prejudice to such other rights as may be available under this Agreement or applicable law.
D. *Liquidated Damages:* The Grantee agrees that an unauthorized use or disclosure of Confidential Information may result in damage to the State's reputation and ability to serve the public interest in its administration of programs affected by this Agreement. Such amounts of damages which will be sustained are not calculable with any degree of certainty and thus shall be set forth herein. Assessment under this provision is in addition to other remedies under this Agreement and as provided in law or equity. DHS shall assess reasonable damages as appropriate and notify the Grantee in writing of the assessment. The Grantee shall automatically deduct any assessed damages from the next appropriate monthly invoice, itemizing the assessment deductions on the invoice. Liquidated Damages shall not exceed the following:
   1. $1,000 for each individual whose Confidential Information was used or disclosed;
   2. $2,500 per day for each day that the Grantee fails to substantially comply with the Corrective Action Plan under this Section
E. *HIPAA:* The Grantee **IS NOT** a "Business Associate" pursuant to the definition under the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder specifically 45 C.F.R. § 160.103. If the parties are Business Associates, then the parties shall comply with DHS' Business Associate Agreement.

   If the Grantee is a Business Associate, the Grantee agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164 applicable to Business Associates. As defined herein, "Business Associate" shall mean the Grantee and Subgrantee and agents of the Grantee that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of Wisconsin, Department of Health Services**.**

   In agreements for the provision of services, activities, or functions covered by the Health Insurance Portability and Accountability act of 1996 (HIPAA), the Grantee as a Business Associate must complete a Business

Associate Agreement (BAA) F-00759. This document must be fully executed before Agreement performance begins.

This Section shall survive the termination of the Agreement.

12. HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

13. SUBGRANT or SUBCONTRACT

A. DHS reserves the right of approval of any Grantee's further contracts, grants, contractors, or grantees under this Agreement, and the Grantee shall report information relating to any further contract, grants, contractors, or grantees to DHS. A change in any further contractor or grantee or a change from a direct service provision to a further contractor or grantee may only be executed with the prior written approval of DHS. In addition, DHS approval may be required regarding the terms and conditions of any further contracts or grants and the further contractor or grantee selected. Approval of any further contracts, grants, contractors, or grantees will be withheld if DHS reasonably believes that the intended further contractor or grantee will not be a responsible contractor or grantee in terms of services provided and costs billed.
B. The Grantee retains responsibility for fulfillment of all terms and conditions of this Agreement when it enters into any further contract or grant and will be subject to enforcement of all the terms and conditions of this Agreement.

14. GENERAL PROVISIONS

A. Any payments of monies to the Grantee by DHS for goods and/or services provided under this Agreement shall be deposited in a Federal Deposit Insurance Corporation (the "FDIC") insured bank. Any balance exceeding FDIC coverage must be collaterally secured.
B. The Grantee shall conduct all procurement transactions in a manner that provides maximum open and free competition.
C. If a state public official (*see* Wis. Stat. § 19.42), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls at least a 10 percent (10%) interest is a party to this Agreement and if this Agreement involves payment of more than $3,000 within a 12-month period, this Agreement is void unless appropriate written disclosure is made, according to Wis. Stat. § 19.45(6), before signing the Agreement. Written disclosure, if required, must be made to the State of Wisconsin Ethics Commission at:

Wisconsin Ethics Commission
PO Box 7125
Madison, WI 53707-7125
Fax: (608) 264-9319

D. If the Grantee or Subgrantee is a corporation other than a Wisconsin corporation, it must demonstrate, prior to providing services under this Agreement, that it possesses a *Certificate of Authority* from the State of Wisconsin Department of Financial Institutions, and must have and continuously maintain a registered agent, and otherwise conform to all requirements of Wis. Stat. chs. 180 and 181 relating to foreign corporations.
E. The Grantee agrees that funds provided under this Agreement shall be used to supplement or expand the Grantee's efforts, not to replace or allow for the release of available Grantee funds for alternative uses.

15. ACCOUNTING REQUIREMENTS

A. The Grantee's accounting system shall allow for accounting for individual grants, permit timely preparation of expenditure reports required by DHS as contained in Section 6 of this Agreement, and support expenditure reports submitted to DHS.

B. The Grantee shall reconcile costs reported to DHS for reimbursement or as match to expenses recorded in the Grantee's accounting or simplified bookkeeping system on an ongoing and periodic basis. The Grantee agrees to complete and document reconciliation at least quarterly and to provide a copy to DHS upon request. The Grantee shall retain the reconciliation documentation according to approved records retention requirements.
C. Expenditures of funds from this Agreement must meet the Department's allowable cost definitions as defined in the Department's Allowable Cost Policy Manual (https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm).

16. CHANGES IN ACCOUNTING PERIOD

A. The Grantee shall notify DHS of any change in its accounting period and provide proof of Internal Revenue Service (IRS) approval for the change.
B. Proof of IRS approval shall be considered verification that the Grantee has a substantial business reason for changing its accounting period.
C. A change in accounting period shall not relieve the Grantee of the reporting or audit requirements of this Agreement. An audit meeting the requirements of this Agreement shall be submitted within ninety (90) days after the first day of the start of the new accounting period for the short accounting period and within one hundred and eighty (180) days of the close of the new accounting period for the new period. For purposes of determining audit requirements, expenses and revenues incurred during the short accounting period shall be annualized.

17. PROPERTY MANAGEMENT REQUIREMENTS

A. Property insurance coverage will be provided by the Grantee for fire and extended coverage of any equipment funded under this Agreement which DHS retains ownership of and which is in the care, custody, and control of the Grantee.
B. DHS shall have all ownership rights in any computer hardware supplied by DHS as a result of this Agreement. DHS shall have all ownership rights in any software or modifications thereof and associated documentation that is designed and installed or developed and installed under this Agreement. The Grantee shall have all ownership rights in any computer hardware funded under this Agreement and will have a nonexclusive, nontransferable license to use for its purposes of the software or modifications and associated documentation that is designed and/or installed under this Agreement.
C. The Grantee agrees that if any materials are developed under this Agreement, DHS shall have a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use and to authorize others to use such materials. Any discovery or invention arising out of, or developed in the course of, work aided by this Agreement shall be promptly and fully reported to DHS.

18. AUDITS

A. *Requirement to Have an Audit*: Unless waived by DHS, the Grantee shall submit an annual audit to DHS if the total amount of annual funding provided by DHS (from any and all of its Divisions or subunits taken collectively) through this and other Grants is $100,000 or more. In determining the amount of annual funding provided by DHS, the Grantee shall consider both: (a) funds provided through direct Grants with DHS; and (b) funds from DHS passed through another agency which has one or more Grants with the Grantee.
B. *Audit Requirements*: The audit shall be performed in accordance with generally accepted auditing standards, Wis. Stat. § 46.036, Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions specified in this agreement. In addition, the Grantee is responsible for ensuring that the audit complies with other standards and guidelines that may be applicable depending on the type of services provided and the amount of pass-through dollars received. Please reference the following audit documents for complete audit requirements:
   - 2 Code of Federal Regulations (C.F.R.), Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F – Audit Requirements. The guidance also includes an Annual Compliance Supplement that details specific federal agency rules for accepting federal subawards.
   - The State Single Audit Guidelines (SSAG) expand on the requirements of 2 C.F.R. Part 200 Subpart F by identifying additional conditions that require a state single audit. Section 1.4 of the SSAG lists the required conditions.
   - DHS Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities who meet the SSAG requirements. It also provides guidance for those entities that are not required to

have a Single Audit but need to comply with DHS subrecipient/contractor audit requirements. An audit report is due to DHS if a subrecipient/contractor receives more than $100,000 in pass-through money from DHS as determined by Wis. Stat. § 46.036.

C. *Source of Funding:* DHS shall provide funding information to all subrecipient/contractors for audit purposes, including the name of the program, the federal agency where the program originated, the Assistance Listing number and the percentages of federal, state and local funds constituting the agreement.

D. *Reporting Package*: The subrecipient/contractor that is required to have a Single Audit based on 2 C.F.R. Part 200 Subpart F and the State Single Audit Guide is required to submit to DHS a reporting package which includes all of the following:

1. General-purpose financial statements of the overall agency and a schedule of expenditures of federal and state awards, including the independent auditor's opinion on the statements and schedule.
2. Schedule of findings and questioned costs, schedule of prior audit findings, corrective action plan and the management letter (if issued).
3. Report on compliance and on internal control over financial reporting based on an audit performed in accordance with government auditing standards.
4. Report on compliance for each major program and a report on internal control over compliance.
5. Report on compliance with requirements applicable to the federal and state program and on internal control over compliance in accordance with the program-specific audit option.
6. * DHS Cost Reimbursement Award Schedule. This schedule is required by DHS if the subrecipient/contractor is a non-profit, for-profit, a governmental unit other than a tribe, county, Chapter 51 board or school district; if the subrecipient/contractor receives funding directly from DHS; if payment is based on or limited to an actual allowable cost basis; and if the auditee reported expenses or other activity resulting in payments totaling $100,000 or more for all of its grant(s) or contract(s) with DHS.
7. *Reserve Schedule is only required if the subrecipient/contractor is a non-profit and paid on a prospectively set rate.
8. *Allowable Profit Schedule is only required if the subrecipient/contractor is a for-profit entity.
9. *Additional Supplemental Schedule(s) required by funding agency may be required. Check with the funding agency.

*NOTE: These schedules are only required for certain types of entities or specific financial conditions.
For subrecipient/contractors that do not meet the federal audit requirements of 2 C.F.R. Part 200 and SSAG, the audit reporting package to DHS shall include all of the above items except items 4 and 5.

E. *Audit Due Date*: Audits that must comply with 2 C.F.R. Part 200 and the State Single Audit Guidelines are due to the granting agencies nine months from the end of the fiscal period or thirty (30) days from completion of the audit, whichever is sooner. For all other audits, the due date is six months from the end of the fiscal period unless a different date is specified within the contract or grant agreement.

F. *Sending the Reporting Package*: Audit reports shall be sent by the auditor via email to DHSAuditors@Wisconsin.gov with "cc" to the subrecipient/auditee. The audit reports shall be electronically created pdf files that are text searchable, unlocked, and unencrypted. (Note: To ensure that pdf files are unlocked and text-searchable, do not scan a physical copy of the audit report and do not change the default security settings in your pdf creator.)

G. *Access to Subrecipient Records*: The auditee must provide the auditor with access to personnel, accounts, books, records, supporting documentation, and other information as needed for the auditor to perform the required audit. The auditee shall permit appropriate representatives of DHS to have access to the auditee's records and financial statements as necessary to review the auditee's compliance with federal and state requirements for the use of the funding. Having an independent audit does not limit the authority of DHS to conduct or arrange for other audits or review of federal or state programs. DHS shall use information from the audit to conduct their own reviews without duplication of the independent auditor's work.

H. *Access to Auditor's Work Papers*: The auditor shall make audit work papers available upon request to the auditee, DHS or their designee as part of performing a quality review, resolving audit findings, or carrying out oversight responsibilities. Access to working papers includes the right to obtain copies of working papers.

I. *Failure to Comply with the Audit Requirements*: DHS may impose sanctions when needed to ensure that auditees have complied with the requirements to provide DHS with an audit that meets the applicable standards and to administer state and federal programs in accordance with the applicable requirements. Examples of situations when sanctions may be warranted include:

1. The auditee did not have an audit.
2. The auditee did not send the audit to DHS or another granting agency within the original or extended audit deadline.

3. The auditor did not perform the audit in accordance with applicable standards, including the standards described in the SSAG.
4. The audit reporting package is not complete; for example, the reporting package is missing the corrective action plan or other required elements.
5. The auditee does not cooperate with DHS or another granting agency's audit resolution efforts; for example, the auditee does not take corrective action or does not repay disallowed costs to the granting agency.

J. *Sanctions:* DHS will choose sanctions that suit the particular circumstances and also promote compliance and/or corrective action. Possible sanctions may include:
1. Requiring modified monitoring and/or reporting provisions;
2. Delaying payments, withholding a percentage of payments, withholding or disallowing overhead costs, or suspending the award until the auditee is in compliance;
3. Disallowing the cost of audits that do not meet these standards;
4. Conducting an audit or arranging for an independent audit of the auditee and charging the cost of completing the audit to the auditee;
5. Charging the auditee for all loss of federal or state aid or for penalties assessed to DHS because the auditee did not comply with audit requirements;
6. Assessing financial sanctions or penalties;
7. Discontinuing contracting with the auditee; and/or
8. Taking other action that DHS determines is necessary to protect federal or state pass-through funding.

K. *Closeout Audits*: An agreement specific audit of an accounting period of less than 12 months is required when an agreement is terminated for cause, when the auditee ceases operations or changes its accounting period (fiscal year). The purpose of the audit is to close-out the short accounting period. The required close-out agreement specific audit may be waived by DHS upon written request from the subrecipient/contractor, except when the agreement is terminated for cause. The required close-out audit may not be waived when an agreement is terminated for cause.

The auditee shall ensure that its auditor contacts DHS prior to beginning the audit. DHS, or its representative, shall have the opportunity to review the planned audit program, request additional compliance or internal control testing and attend any conference between the auditee and the auditor. Payment of increased audit costs, as a result of the additional testing requested by DHS, is the responsibility of the auditee.

DHS may require a close-out audit that meets the audit requirements specified in 2 C.F.R. Part 200 Subpart F. In addition, DHS may require that the auditor annualize revenues and expenditures for the purposes of applying 2 C.F.R. Part 200 Subpart F and determining major federal financial assistance programs. This information shall be disclosed in a note within the schedule of federal awards. All other provisions in 2 C.F.R. Part 200 Subpart F-Audit Requirements apply to close-out audits unless in conflict with the specific close-out audit requirements.

19. OTHER ASSURANCES

A. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due liabilities to the federal government, state government, or their agents for income tax withholding, Federal Insurance Contributions Act (FICA) tax, worker's compensation, unemployment compensation, garnishments or other employee related liabilities, sales tax, income tax of the Grantee, or other monies owed. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the unit of government to which the monies are owed, the expected payment date, and other related information.

B. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due payment in excess of $500 or when total past due liabilities to any one or more vendors exceed $1,000 related to the operation of this Agreement for which DHS has reimbursed or will reimburse the Grantee. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the vendor to which the monies are owed, the expected payment date, and other related information. If the liability is in dispute, the written notice shall contain a discussion of facts related to the dispute and the information on steps being taken by the Grantee to resolve the dispute.

C. DHS may require written assurance at the time of entering into this Agreement that the Grantee has in force, and will maintain for the course of this Agreement, employee dishonesty bonding in a reasonable amount to be determined by DHS up to $500,000.

20. RECORDS

A. The Grantee shall maintain written and electronic records as required by state and federal law and required by program policies.
B. The Grantee and its Subgrantee(s) or Subcontractor(s) shall comply with all state and federal confidentiality laws concerning the information in both the records it maintains and in any of DHS' records that the Grantee accesses to provide services under this Agreement.
C. The Grantee and its Subgrantee(s) or Subcontractor(s) will allow inspection of records and programs, insofar as is permitted by state and federal law, by representatives of DHS, its authorized agents, and federal agencies, in order to confirm the Grantee's compliance with the specifications of this Agreement.
D. The Grantee agrees to retain and make available to DHS all program and fiscal records for six (6) years after the end of the Agreement period.
E. The use or disclosure by any party of any information concerning eligible individuals who receive services from the Grantee for any purpose not connected with the administration of the Grantee's or DHS' responsibilities under this Agreement is prohibited except with the informed, written consent of the eligible individual or the individual's legal guardian.

21. CONTRACT REVISIONS AND/OR TERMINATION

A. The Grantee agrees to renegotiate with DHS the terms and conditions of this Agreement or any part thereof in such circumstances as:
    1. Increased or decreased volume of services.
    2. Changes required by state and federal law or regulations or court action.
    3. Increase or reduction in the monies available affecting the substance of this Agreement.
B. Failure to agree to a renegotiated Agreement under these circumstances is cause for DHS to terminate this Agreement.
C. *Non-Appropriation*: DHS reserves the right to cancel this Agreement in whole or in part without penalty if the Wisconsin Legislature, United States Congress, or any other direct funding entity contributing to the financial support of this contract fails to appropriate funds necessary to complete the contract.
D. *Termination for Cause*: DHS may terminate this Agreement after providing the Grantee with thirty (30) calendar days written notice of the Grantee's right to cure a failure of the Grantee to perform under the terms of this Agreement, if the Grantee fails to so cure or commence to cure.
The Grantee may terminate the Agreement after providing DHS a written notice, within one hundred and twenty (120) calendar days, of DHS' right to cure a failure to perform under the terms of this Agreement.
Upon the termination of this Agreement for any reason, or upon Agreement expiration, each party shall be released from all obligations to the other party arising after the date of termination or expiration, except for those that by their terms survive such termination or expiration.
Upon termination for cause, the Grantee shall be entitled to receive compensation for any deliverables' payments owed under the Agreement only for deliverables that have been approved and accepted by DHS.
E. *Termination for Convenience*: Either party may terminate this Agreement at any time, without cause, by providing a written notice. DHS must notify the Grantee at least forty-five (45) calendar days prior to the desired date of termination for convenience. The Grantee must notify DHS at least one hundred and twenty (120) calendar days prior to the desired date of termination for convenience- during this notification period, the Grantee will continue providing services in accordance with the Agreement requirements.
In the event of termination for convenience, the Grantee shall be entitled to receive compensation for any fees owed under the Agreement and shall also be compensated for partially completed services. In this event, compensation for such partially completed services shall be no more than the percentage of completion of the services requested, at the sole discretion of DHS, multiplied by the corresponding payment for completion of such services as set forth in the Agreement. Alternatively, at the sole discretion of DHS, the Grantee may be compensated for the actual service hours provided. DHS shall be entitled to a refund for goods or services paid for but not received or implemented, such refund to be paid within thirty (30) days of written notice to the Grantee requesting the refund.
F. *Cancellation*: DHS reserves the right to immediately cancel this Agreement, in whole or in part, without penalty and without an opportunity for Grantee to cure if the Grantee:
    1. Files a petition in bankruptcy, becomes insolvent, or otherwise takes action to dissolve as a legal entity;
    2. Allows any final judgment not to be satisfied or a lien not to be disputed after a legally-imposed, thirty (30)-day notice;

3. Makes an assignment for the benefit of creditors;
4. Fails to follow the sales and use tax certification requirements of Wis. Stat. § 77.66;
5. Incurs a delinquent Wisconsin tax liability;
6. Fails to submit a non-discrimination or affirmative action plan as required herein;
7. Fails to follow the non-discrimination or affirmative action requirements of subch. II, Chapter 111 of the Wisconsin Statutes (Wisconsin's Fair Employment Law);
8. Becomes a federally debarred Grantee;
9. Is excluded from federal procurement and non-procurement Agreements;
10. Fails to maintain and keep in force all required insurance, permits and licenses as provided in this Agreement;
11. Fails to maintain the confidentiality of DHS' information that is considered to be Confidential Information, proprietary, or containing Personally Identifiable Information; or
12. Grantee performance threatens the health or safety of a state employee or state customer.

22. NONCOMPLIANCE AND REMEDIAL MEASURES

A. Failure to comply with any part of this Agreement may be considered cause for revision, suspension, or termination of this Agreement. Suspension includes withholding part or all of the payments that otherwise would be paid to the Grantee under this Agreement, temporarily having others perform and receive reimbursement for the services to be provided under this Agreement, and any other measure DHS determines is necessary to protect the interests of the State.

B. The Grantee shall provide written notice to DHS of all instances of noncompliance with the terms of this Agreement by the Grantee or any of its Subgrantees or Subcontractors, including noncompliance with allowable cost provisions. Notice shall be given as soon as practicable but in no case later than thirty (30) days after the Grantee became aware of the noncompliance. The written notice shall include information on the reason for and effect of the noncompliance. The Grantee shall provide DHS with a plan to correct the noncompliance.

C. If DHS determines that noncompliance with this Agreement has occurred or continues to occur, it shall demand immediate correction of continuing noncompliance and seek remedial measures it deems necessary to protect the interests of the State up to and including termination of the Agreement, the imposing of additional reporting requirements and monitoring of Subgrantee or Subcontractors, and any other measures it deems appropriate and necessary.

D. If required statistical data, reports, and other required information are not submitted when due, DHS may withhold all payments that otherwise would be paid the Grantee under this Agreement until such time as the reports and information are submitted.

23. DISPUTE RESOLUTION

If any dispute arises between DHS and Grantee under this Agreement, including DHS' finding of noncompliance and imposition of remedial measures, the following process will be the exclusive administrative review:

A. *Informal Review*: DHS' and Grantee's Grant Administrators will attempt to resolve the dispute. If a dispute is not resolved at this step, then a written statement to this effect must be signed and dated by both Grant Administrators. The written statement must include all of the following:
   1. A brief statement of the issue.
   2. The steps that have been taken to resolve the dispute.
   3. Any suggested resolution by either party.

B. *Division Administrator's Review*: If the dispute cannot be resolved by the Grant Administrators, the Grantee may request a review by the Administrator of the division in which DHS Grant Administrator is employed, or if the Grant Administrator is the Administrator of the division, by the Deputy Secretary of DHS. The Division Administrator (or Deputy Secretary) must receive a request under this step within fourteen (14) days after the date of the signed unresolved dispute letter in Step A. The Division Administrator or Deputy Secretary will review the matter and issue a written determination within thirty (30) days after receiving the review request.

C. *Secretary's Review*: If the dispute is unresolved at Step B, the Grantee may request a final review by the Secretary of DHS. The Office of the Secretary must receive a request under this step within fourteen (14) days after the date of the written determination under Step B. The Secretary will issue a final determination on the matter within thirty (30) days after receiving the Step B review request.

24. FINAL REPORT DATE

A. Expenses incurred during the Agreement period but reported later than 60 days after the period ending date will not be recognized, allowed, or reimbursed under the terms of this Agreement unless determined as allowable by DHS. In the event this occurs, an alternate payment process as determined by DHS would occur.
B. Expenses incurred outside of the Agreement period would be considered not allowable.

25. INDEMNITY

To the extent authorized under state and federal laws, DHS and the Grantee agree they shall be responsible for any losses or expenses (including costs, damages, and attorney's fees) attributable to the acts or omissions of their employees, officers, or agents.

26. CONDITIONS OF THE PARTIES' OBLIGATIONS

A. This Agreement is contingent upon authority granted under the laws of the State of Wisconsin and the United States of America, and any material amendment or repeal of the same affecting relevant funding or authority of DHS shall serve to revise or terminate this Agreement, except as further agreed to by the parties.
B. DHS and the Grantee understand and agree that no clause, term, or condition of this Agreement shall be construed to supersede the lawful powers or duties of either party.
C. It is understood and agreed that the entire Agreement between the parties is contained herein, except for those matters incorporated herein by reference, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.

27. GOVERNING LAW

This Agreement shall be governed by the laws of the State of Wisconsin. The venue for any actions brought under this Agreement shall be the Circuit Court of Dane County, Wisconsin or the U.S. District Court for the Western District of Wisconsin, as applicable.

28. SEVERABILITY

The invalidity, illegality, or unenforceability of any provision of this Agreement or the occurrence of any event rendering any portion or provision of this Agreement void shall in no way affect the validity or enforceability of any other portion or provision of this Agreement. Any void provision shall be deemed severed from this Agreement, and the balance of this Agreement shall be construed and enforced as if it did not contain the particular portion or provision held to be void. The parties further agree to amend this Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this Article shall not prevent this entire Agreement from being void should a provision, which is of the essence of this Agreement, be determined void.

29. ASSIGNMENT

Neither party shall assign any rights or duties under this Agreement without the prior written consent of the other party.

30. ANTI-LOBBYING ACT

The Grantee shall certify to DHS that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. The Grantee shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award.

The Grantee shall use Standard Form LLL (SFLLL) for Disclosure of Lobbying Activities available at: https://www.gsa.gov/reference/forms/disclosure-of-lobbying-activities. A completed disclosure must be provided upon Department request.

31. DEBARMENT OR SUSPENSION

The Grantee certifies that neither the Grantee organization nor any of its principals are debarred, suspended, or proposed for debarment for federal financial assistance (including, but not limited to, General Services Administration's list of parties excluded from federal procurement and non-procurement programs). The Grantee further certifies that potential Subgrantees or Subcontractors and any of their principals are not debarred, suspended, or proposed for debarment.

32. DRUG FREE WORKPLACE

The Grantee, agents, employees, Subgrantees or Subcontractors under this Agreement shall follow the guidelines established by the Drug Free Workplace Act of 1988.

33. MULTIPLE ORIGINALS

This Agreement may be executed in multiple originals, each of which together shall constitute a single Agreement.

34. CAPTIONS

The parties agree that in this Agreement, captions are used for convenience only and shall not be used in interpreting or construing this Agreement.

35. SPECIAL PROVISIONS, IF APPLICABLE

The following special provisions are required:

Match Requirements:
Funding percentages:
a. Federal:
b. State: 100%
c. Local/Other:

36. NULL AND VOID

This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature of DHS' and Grantee's Authorized Representatives on this Agreement exceeds sixty (60) days inclusive of the two signature dates.

ATTACHMENT A
Wisconsin TB Dispensary Program
Covered Clinical Services by Patient Type – Fiscal Year 2026

NOTE: Any additional services that exceed allowed number of services MUST have a pre-authorization and are at the discretion of the Wisconsin TB program (WTBP) for reimbursement.

Type and amount of services covered by the WTBP (for the duration of treatment):			
Service	**Active Tuberculosis (TB) Disease**	**Suspect or contact who is eventually ruled out**	**Latent TB Infection (LTBI)**
Laboratory tests** (does not include blood collection)	**Diagnostic IGRA** - 2 **Liver function*** - 1 to 2 **CBC w/automated differential** **platelets** - 1 **HIV** - 1 **Serum creatinine** - 1 **Uric acid** - 1	**Diagnostic IGRA**- 2 (1 at baseline, 1 at 8-10 weeks post-exposure) **Liver function*** -1 **HIV** - 1	**Diagnostic IGRA-** 2 **Liver function*** - 2 **CBC w/automated differential** **platelets** - 1 **HIV** - 1
Blood specimen collection (venipuncture)	≤ # of tests performed	≤ # of tests performed	≤ # of tests performed
Diagnostic tuberculin skin test (TST, includes placement & reading)	1	2 (1 at baseline, 1 at 8-10 weeks post-exposure)	1
Chest Imaging & interpretation (CT or 2-view chest X-ray recommended for diagnosis)	3	2	1
Medical evaluation by MD	4 total [1 new (diagnostic)] [3 established (follow-up)]	2 total [1 new (diagnostic)] [1 established (follow-up)]	2 total [1 new (diagnostic)] [1 established (follow-up)]
Sputum collection	Various***	3	3
DOT and Nurse Services Codes			
Targeted Case Management (TCM)	Service code T1017 TCM includes DOT/VDOT, patient education, and symptom treatment and monitoring for adverse drug reactions.		
Patient education/ Anticipatory guidance	Service code S9445 (Without DOT)		
Travel for DOT	Service code T0001 45 to 60 minutes per day, round trip		

* "Liver function" includes a single ALT, AST, or total bilirubin; if more than one liver function test is performed, please use hepatic function panel [service code 80076], which includes all three tests. Hepatic function panel can be substituted with the combination of a complete metabolic panel and total bilirubin test.

** Whenever possible, use the fee-exempt testing (HIV and liver function test) performed by the Wisconsin State Laboratory of Hygiene (WSLH). Testing performed by laboratories other than WSLH will be covered at the Medicaid-allowable rate.

*** While the patient is still in isolation, only one sputum should be obtained weekly until the smear result is negative. After the initial negative sputum two more sputum samples should be collected to verify the negative result. Repeat this until all three sputum samples are smear negative. After all three have become negative, continue to collect a set of three sputum samples each month until the patient completes treatment, achieves culture conversion, or can no longer produce sputum.

Use of Targeted Case Management (TCM) and Nurse Service Codes for the Wisconsin TB Dispensary Program

The bullets below represent general guidance. Exceptions can be made in unique situations using the preauthorization process.

General

- **TCM and Nurse Service Codes:** TCM intrinsically includes patient education, anticipatory guidance, DOT/VDOT, and symptom/treatment monitoring. Additionally, as in previous years, service codes for "Patient Education/Anticipatory Guidance (S9445)" and "Targeted Case Management (T1017-15 to T1017-60)" should not be billed together on the same day. Therefore, the "Targeted Case Management (T1017)" service code should not be billed on the same day as "Patient education/Anticipatory guidance". **Use only one TCM or nurse service code per patient per day.**
- **Video DOT:** Please use the "Targeted Case Management (T1017)" service code for video DOT (VTCM). VTCM should be billed for no longer than 15 minutes per appointment.
- **TCM in Office or Clinic:** Please bill no more than 30 minutes for DOT performed in your clinic or office (i.e., patients come to your office or clinic to receive TB/LTBI medications by DOT).
- **Services in the Home:** For home visits, only 60 minutes of services (i.e., DOT, symptom/treatment monitoring, patient education/anticipatory guidance) may be billed per patient per day. The 60-minute cap does not include travel time, see below for travel code (T-0001) information.
- **Venipuncture**: Service codes T1017 and S9445 should not be used for venipuncture services. Please use service code: 36415 (Blood collection, venous by venipuncture).

LTHD Travel for TCM

- A new service code "Travel for TCM (T0001)" has been created for travel time ≥ 45 minutes (e.g., time in your car) associated with DOT and nurse services. This code is meant to be used in combination with the TCM and Patient education/Anticipatory guidance codes. Reimbursed rates are shown below:

Service Code	Amount of travel time (round trip)	Reimbursement rate
T0001-45	45	$28.20
T0001-60	60	$37.60

  - The travel service code (T0001) is intended for travel time (e.g., driving) of ≥ 45 minutes, round trip. Travel time of less than 45 minutes is not reimbursable.
  - Bill for time spent on TCM and Patient education/Anticipatory guidance separate from time spent for travel

ATTACHMENT B
Wisconsin TB Dispensary Program

Tuberculosis (TB) Clinical Services Plan (CSP)
FY2025-2026

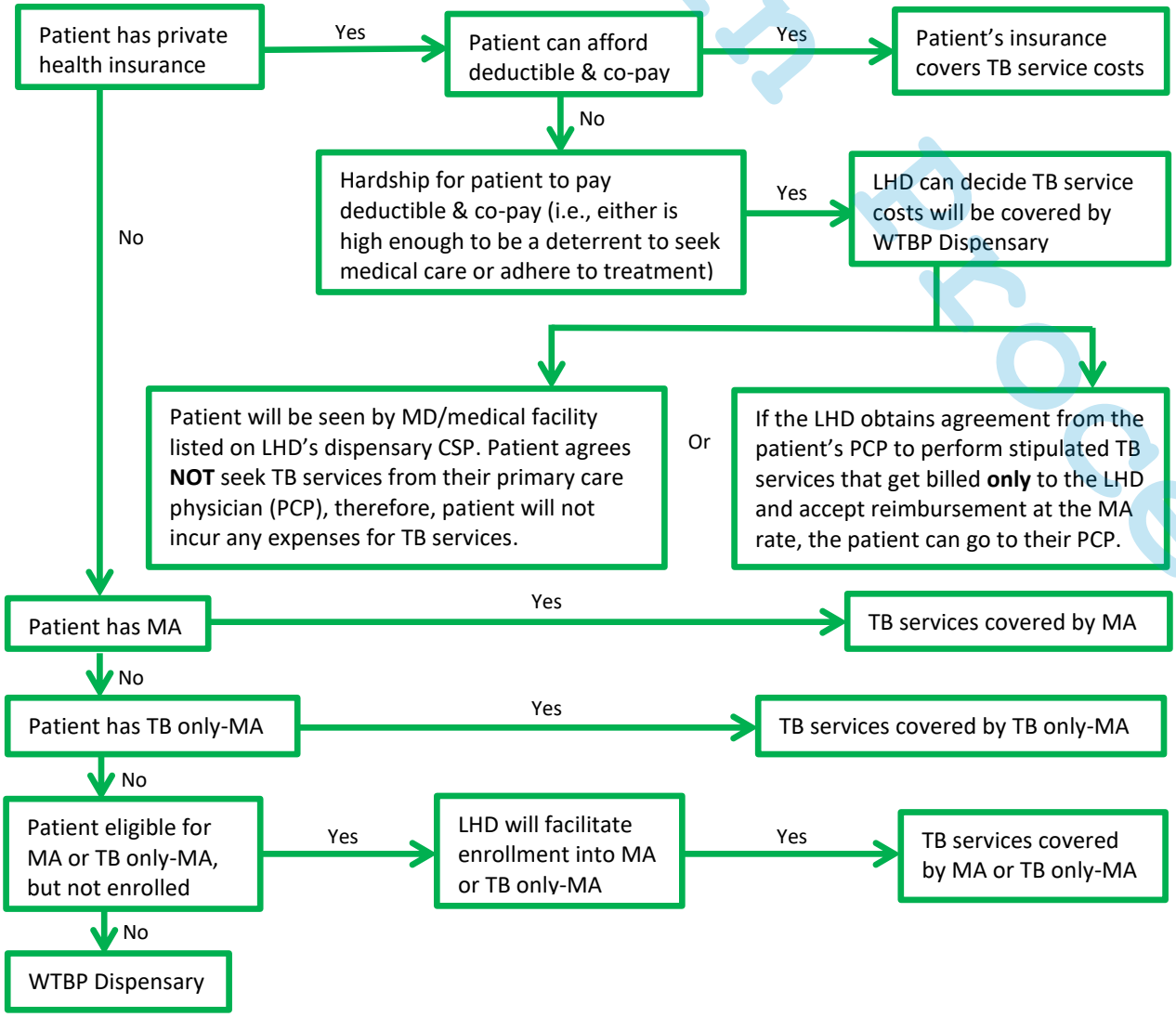
Purpose

The purpose of the Clinical Services Plan is to provide a framework for local health departments to describe and document clinical services that will be provided through the Wisconsin Tuberculosis (TB) Dispensary Program. To participate in the Wisconsin TB Dispensary Program, the local health department must agree to provide a financial assessment for each patient, identify populations that are at risk for tuberculosis within their jurisdiction, provide documentation of services provided or arranged and patient results, and provide or assure clinical assessments, diagnostic and follow-up testing and patient management as described in Table 1.

Financial Assessment

All clients and patients referred or presenting themselves for TB services will be assessed for their ability to provide private insurance or Medicare/Medicaid coverage. Eligibility or presumptive eligibility for Medicaid and/or for Tuberculosis-related Medicaid (known as TB only-MA) should be pursued. Upon submission to the Wisconsin TB Program (WTBP), the services billed to the health department will be reimbursed at the Medicaid (MA) rate.

Determining dispensary eligibility for all TB patients



ATTACHMENT B
Wisconsin TB Dispensary Program

Not Covered by the Wisconsin TB Dispensary Program

- **Persons with Private or Public Insurance**
  All clients and patients referred or presenting themselves for TB services will be assessed for their ability to provide private insurance or Medicare/Medicaid coverage. Eligibility or presumptive eligibility for Medicaid and/or for Tuberculosis-related Medicaid (known as TB only-MA) should be pursued.

- **Hospitalizations**
  The TB Dispensary **cannot** pay for any hospitalizations. This includes emergency room and urgent care visits. If the patient is eligible for TB dispensary services, coverage will begin **after** discharge from hospital. Hospital costs are billed to the patient, the patient's insurance, or the facility absorbs the cost. If considering the patient for dispensary covered services, assess the patient for health insurance and dispensary eligibility, as outlined above, before patient is discharged.

- **Employee, Admission or Incarceration Testing**
  Dispensary funds are **not applicable** for TB screening or testing done for employment, school, residential admittance, or incarceration. Facilities or persons requiring TB tests are obligated to bear the cost of those screenings.

- **TB Class B Status Refugees**
  Refugees receive short-term health insurance called Refugee Medical Assistance (RMA) for the first eight months in the US. These individuals are not eligible for the Wisconsin TB Dispensary Program.

At-risk Persons

TB services are covered by the WTBP Dispensary for persons **at risk** of having TB infection or disease and insufficient, or no health insurance. Risk factors for TB infection in Wisconsin include the following:

- Birth, travel or residence in a country with high TB prevalence (includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe).
- Close contact to someone with infectious TB disease during lifetime, with priority to immune compromised individuals and children under the age of 5 years.
- Individuals with recent TB symptoms: persistent cough lasting three or more weeks and one or more of the following symptoms: coughing up blood, fever, chills, night sweats, unexplained weight loss or fatigue.
- Current or planned immunosuppression including receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≤1 month), or other immunosuppressive medication in combination with a risk for infection
- Individuals who are likely to be infected and HIV-positive.
- Those who have been referred to the LHD after a positive TST or IGRA test, abnormal chest imaging consistent with TB disease or other medical condition(s) suggestive of active TB.

In addition to those listed above, individuals considered at "high risk" for TB within this jurisdiction include:

☐ No additional high risk groups.

ATTACHMENT B
Wisconsin TB Dispensary Program

Documentation

Records of all TB services provided or arranged for will be kept according to health department record policies and procedures and on forms/in formats that are efficient and useful in the health department. The WTBP, as authorized by Wis. Admin. Code § DHS 145.12(4)(a) may audit the records of the health department dispensary. For reimbursement for TB-related medical services, local and Tribal health departments (LTHDs) shall use the TB Ordering and Billing Interface (TOBI).

The LTHD **must** use the Wisconsin Electronic Disease Surveillance System (WEDSS) for patient record management. All patients covered by the dispensary must have a TB-related disease incident number in WEDSS associated with one of the following services:

- Tuberculosis (resolution status = suspect or confirmed)
- AFB Smear
- Tuberculosis, Class A or B
- Tuberculosis, Latent Infection
- Contact Investigations

Forms for Documentation of Treatment

The final results of TB or LTBI treatment must be documented so the patient and future health care providers have a permanent record of this treatment. If the LTHD does not have access to WEDSS, or a doctor completed the treatment, the following forms can be used to document treatment completion:

- Active TB Disease Follow-up Report form (F-02474)
- Latent Tuberculosis Infection (LTBI) Follow-up Report (F-44125)

Instructions for Documenting LTBI in WEDSS

Instructions for documenting LTBI in WEDSS can be found here: P-02426: Documenting LTBI in WEDSS

Clinical Assessments

All clients and patients referred or presenting themselves for TB services will be assessed according to LTHD policies, procedures and practices. Care provided, or arranged for, will be performed according to statutes, rules, guidelines and CDC protocols with emphasis on public health protection and TB prevention and care.

Agreements

The LTHD must have established agreements with providers for clinical services to ensure that proper MA billing practices are in place. Services provided or arranged by the LTHD should be documented in Table 1, below. Written agreements or a memorandum of understanding (MOU) are encouraged and should include the following:

- Providers understand and agree to provide services in a timely manner to patients with infectious TB, or those being evaluated for infectious TB using proper respiratory precautions.
- Providers understand and have agreed that they will be reimbursed at the MA rate.
- Providers understand and agree that services not listed on the service grid (*Attachment A*) must be pre-authorized by the WTBP Director or Nurse Consultant.
- Services provided without pre-authorization will not be reimbursed.

ATTACHMENT B
Wisconsin TB Dispensary Program

Table 1. Services Provided or Arranged by the Local Health Department

Type of services	Provider	Verbal or written
IGRA (interferon gamma release assay) testing or Tuberculin skin testing (TST)		
Risk assessment and medical evaluation by physician or nurse		
Provider will prescribe drugs for treatment of TB and LTBI		
Chest Imaging: Chest X-ray (CXR) or computerized tomography (CT) scan		
Sputum collection or induction for acid-fast bacilli smear and culture		
Venipunctures for IGRA or other laboratory testing		
Health care setting(s) that allow for evaluation and care of patients with potentially infectious TB, including airborne infection isolation rooms and respiratory precautions (for inpatient and outpatient settings).		
Directly Observed Therapy (DOT) for active tuberculosis disease and the isoniazid and rifapentine (3HP) regimen for latent TB infection. DOT includes patient education and symptom check for adverse drug reactions.		
TB contact investigations		
Optional - Other service (describe):		
Optional - Other service (describe):		
Optional - Other service (describe):		

ATTACHMENT C
Wisconsin Tuberculosis Dispensary Program
CPT Codes and Reimbursement Rates for Allowable Clinical Services, Targeted Case Management (TCM) and Nurse Service Codes, Fiscal year 2026

NOTE: Please see Attachment A for allowed number of services; any additional services require pre-authorization and are at the discretion of the WI TB Program for reimbursement. TB Program rates may change subject to Medicaid rates throughout the year.

Service code	Service	Dispensary definitions for billing *(May not apply to MA billing)*	Charge
36415	Blood collection, venous by venipuncture	For IGRA, LFT, HIV, HA1C, serum creatinine, and uric acid	$7.06
71046	X-Ray Exam, Chest, 2 Views (use code series 71045 for one view X-Ray)	Imaging and interpretation; the CDC and WI TB program recommend a two-view X-Ray (rather than a one-view X-Ray) for proper diagnostic purposes	$23.52
71046-PC	X-Ray Exam, Chest, 2 Views - interpretation only	Professional interpretation only	$8.53
71046-TC	X-Ray Exam, Chest, 2 Views - technical only	Imaging only	$14.98
71270	Chest CT scan	Includes with and w/o dye (71270-TC & 71270-PC also available)	$329.48
76497	CT Scan CAD add on	Allowable in conjunction with CT scan only	$22.59
85025	Complete CBC with automated differential	Does not include blood draw	$7.77
80076	Hepatic function panel	Use this code if requesting any amount more than one liver function test	$8.17
84450**	AST	Part of "Liver Function" test - does not include blood draw	$5.18
84460**	ALT	Part of "Liver Function" test - does not include blood draw	$5.30
82247	Total bilirubin	Part of "Liver Function" test - does not include blood draw	$5.02
82565	Serum creatinine	Does not include blood draw	$5.12
84550	Uric acid	Does not include blood draw	$4.52
83036	HA1C (Glycosylated Hemoglobin Test)	Does not include blood draw	$9.71
86480	IGRA: Quantiferon™	Does not include blood draw	$61.98
86481	IGRA: T-Spot™ (through Oxford Lab)	Does not include blood draw	$87.22
86580	TB skin test	Placement and reading = one service	$6.13
86703**	HIV-1 AND HIV-2 1 result antibody assay	Does not include blood draw	$13.71
89220	Sputum induction, with aerosol		$14.40
TB101	Sputum obtained in home or clinic by staff	Weekday drop-off/pick-up = one service Drop-off Friday/pick-up Monday = one service	$10.82
43755*	Gastric aspirate	For children, pre-authorization is required for adults	$37.30
99202	Office visit with MD, NEW PATIENT	Office O/P New SF 15-29 min	$48.35
99203	Office visit with MD, NEW PATIENT	Office O/P New Low 30-44 min	$74.38
99204	Office visit with MD, NEW PATIENT	Office O/P New Mod 45-59 min	$110.94
99205	Office visit with MD, NEW PATIENT	Office O/P New HI 60+ Min	$146.41
99212	Office visit with MD, ESTABLISHED patient	Office O/P EST SF 10-19 min	$37.79
99213	Office visit with MD, ESTABLISHED patient	Office O/P EST LOW 20-29 min	$60.42
99214	Office visit with MD, ESTABLISHED patient	Office O/P EST Mod 30- 39 min	$85.58
99215	Office visit with MD, ESABLISHED patient	Office O/P EST HI 40+ min	$119.97
84311*	Adenosine deaminase	Pre-authorization is required unless pleural TB is diagnosed	$8.10
62270*	CSF	Pre-authorization is required *unless* TB meningitis is suspected	$53.36

Continued on page 2.

Public health nurse services limited to 60 minutes per day cumulative

T1017	Targeted case management – T1017-15 (use for VDOT also-15 min only)	Targeted Case Management has replaced directly observed therapy (DOT) and video DOT (15 min only): TCM/VTCM includes observing patient while they are taking their medication(s), patient education and symptom check for adverse drug reactions. Must be performed by RN or trained TCM worker who is health department employee.	$11.98
	Targeted case management - T1017-30		$23.96
	Targeted case management - T1017-45		$35.94
	Targeted case management - T1017-60		$47.92
S9445***	Patient education/anticipatory guidance - S9445-15	Visits to encourage adherence, talk about TB disease or LTBI, diagnostic testing, treatment options, benefits of adherence to treatment and/or follow-up care. May not be combined with TCM code.	$9.48
	Patient education/anticipatory guidance - S9445-30		$18.97
	Patient education/anticipatory guidance - S9445-45		$28.46
	Patient education/anticipatory guidance - S9445-60		$37.95
T-0001***	Travel for TCM 45 min- T0001-45	Travel time (round trip) ≥ 45 minutes for the purpose of TCM	$28.20
	Travel for TCM 60 min- T0001-60		$37.60

***Pre-authorization must be obtained from the Wisconsin TB Program for any services to be reimbursed, unless otherwise noted.**

**Whenever possible, use the fee-exempt testing done by the Wisconsin State Laboratory of Hygiene (WSLH). Testing done other than at the WSLH will be covered at the MA-allowable rate.

***Please see Attachment A for further guidance on use of TCM (T1017) Patient education/anticipatory guidance (S9445), and Travel for TCM (T-0001) codes

Use of Targeted Case Management (TCM) and Nurse Service Codes for the Wisconsin TB Dispensary Program

The bullets below represent general guidance. Exceptions can be made in unique situations using the preauthorization process.

General

- TCM services intrinsically include patient education, anticipatory guidance and symptom/treatment monitoring, as well as directly observed therapy (DOT) services. Therefore, the "Targeted Case Management (T1017)" service code should not be billed concurrently with the "Patient education/Anticipatory guidance (S9445)" code.
- **Video DOT:** Please use the "Targeted Case Management (T1017)" service code for video DOT (VDOT). VDOT should be billed for no longer than 15 minutes per appointment.
- Please bill no more than 30 minutes for TCM performed in your clinic or office (i.e., patients come to your office or clinic to receive TB/LTBI medications by TCM).
- For home visits, only 60 minutes of services (i.e., TCM, patient education/anticipatory guidance) may be billed per patient per day. The 60-minute cap does not include travel time, see below for travel code (T-0001) information.
- As in previous years, service codes for "Targeted Case Management" and "Patient education/Anticipatory guidance (S9445)" should not be billed together on the same day.
- Service codes T1017 and S9445 should not be billed for venipuncture services. Please use service code: 36415 (Blood collection, venous by venipuncture).

LHD Travel for TCM

- A new service code "Travel for TCM (T0001)" has been created for travel time ≥ 45 minutes (e.g., time in your car) associated with TCM and nurse services. This code is meant to be used in combination with the TCM, and Patient education/Anticipatory guidance codes. Reimbursed rates are shown below:

Service Code	Amount of travel time (round trip)	Reimbursement rate
DOT T0001-45	45	$28.20
DOT T0001-60	60	$37.60

  - Bill for time spent on TCM and Patient education/Anticipatory guidance separate from time spent for travel.
  - The travel service code (T0001) is intended for travel time (e.g., driving) of ≥45 minutes, round trip. Travel time of less than 45 minutes is not reimbursable.

ATTACHMENT D
Wisconsin TB Dispensary Program
Tuberculosis (TB) Pharmacy Services Plan
FY2026

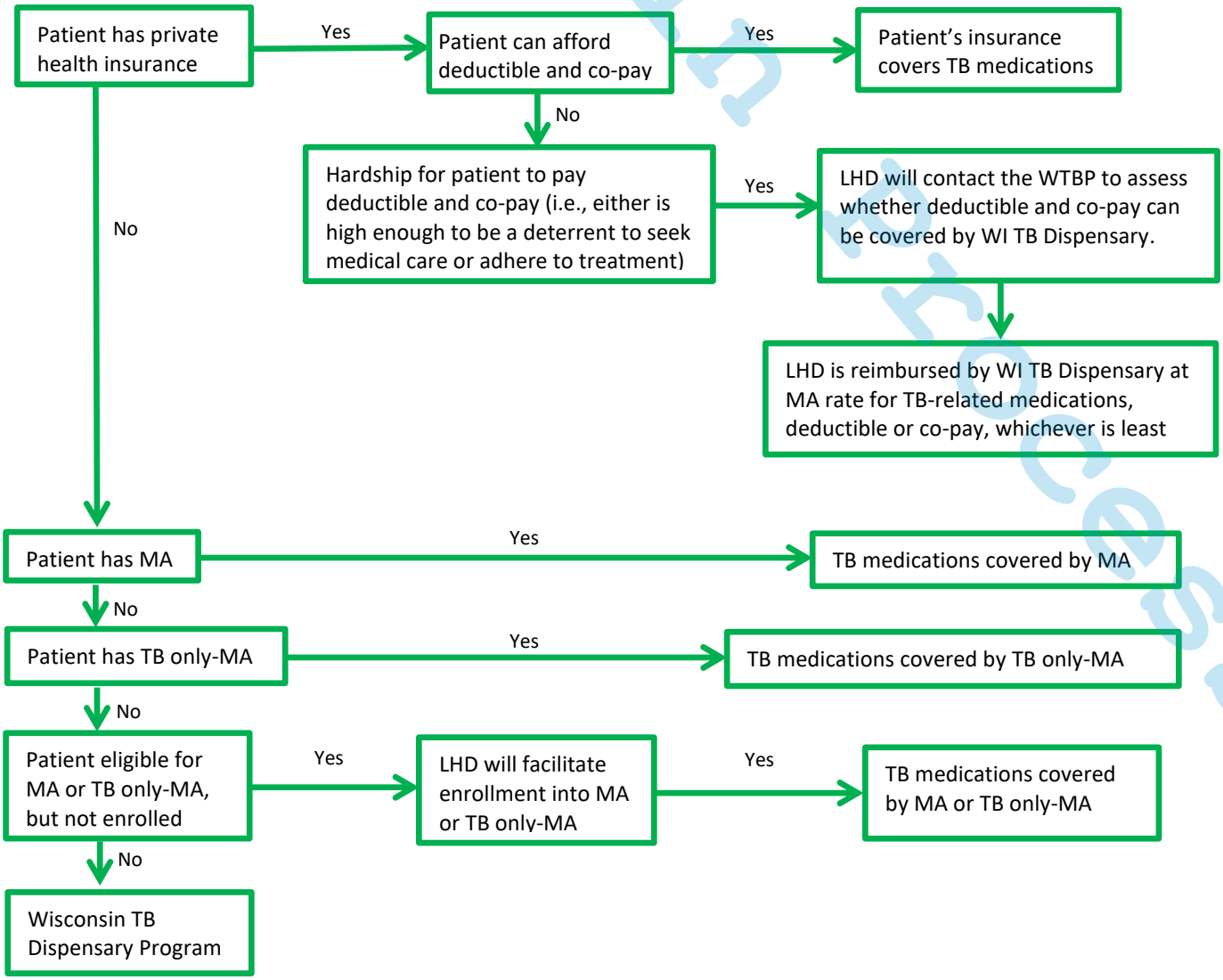
Purpose

If the LHD is not using the Wisconsin TB Dispensary default pharmacy, the LHD will pay for pharmacy services up front. The LHD must complete this Pharmacy Services Plan annually to be reimbursed for TB-related medications. To participate in the Wisconsin TB Dispensary Program, the local health department (LHD) must agree to provide a financial assessment for each patient. LHDs must make agreements with pharmacies for provision of medications for treatment of TB and latent tuberculosis infection (LTBI) described in Table 1.

Financial Assessment

All clients and patients referred or presenting themselves for TB services will be assessed for their ability to provide private insurance or Medicare/Medicaid coverage. Eligibility or presumptive eligibility for Medicaid and/or for Tuberculosis-related Medicaid (known as TB only-MA) should be pursued. Upon submission to the Wisconsin TB Program (WTBP), the medications billed to the health department will be reimbursed at the Medicaid (MA) rate.

Determining Wisconsin TB Dispensary Program Eligibility for Patients



ATTACHMENT D
Wisconsin TB Dispensary Program

Covered Medications

The Wisconsin TB Dispensary covers the following antituberculosis medications:

- Isoniazid
- Rifampin (Rifadin, Rimactane)
- Rifapentine (Priftin®)
- Pyrazinamide
- Ethambutol (Myambutol)
- Rifater and Rifamate® (combination)

The following second line antituberculosis drugs for drug-resistant tuberculosis are also covered:

- Amikacin
- Capreomycin (Capastat®)
- Ciprofloxacin (Cipro®)
- Clofazimine (Lamprene)
- Cycloserine (Seromycin®)
- Ethionamide (trecator-sc)
- Gatifloxacin (Tequin®)
- Kanamycin (Kantrex®)
- Levofloxacin (Levaquin®)
- Linezolid (Zyvox®)
- Moxifloxacin (Avelox®)
- Ofloxacin (Floxin®)
- Paraminosalicylic Acid
- Rifabutin
- Streptomycin
- Bedaquiline (Sirturo®)
- Pretomanid

Custom compound prescription drugs, including pediatric formulations, are also covered.

Dispensing and shipping fees are also covered.

Under special circumstances, payment authorization is occasionally given for medications not listed above. Such authorization must be obtained in advance from the WTBP.

The following medications may also be covered **with prior authorization** from the WTBP:

- Anti-nausea prescription medications while taking TB medications.
- Vitamin B6 (pyridoxine) when INH is also prescribed, for pregnant women; breastfeeding infants; those with poor nutrition, diabetes, uremia, alcoholism, malnutrition, HIV, or seizure disorders; OR those with multidrug resistant (MDR) TB.
- A multivitamin that contains vitamin D 400 IU (10 mcg) for infants 0-12 months, 600 IU (15 mcg) for children and adults.
- Nutritional supplements such as Ensure®.

Ordering, Receiving and Billing for Medications

- Requests for medication may be placed using the Tuberculosis Disease Initial Request for Medication (F-44000), Tuberculosis Infection Initial Request for Medication (F-00905) or Medication Refill Request (F-44126) forms. These forms are available on the WTBP website. Upload the completed form to WEDSS or fax the form to WTBP.
- Instructions for ordering medications for active TB disease or LTBI can be found here:
    - Ordering Active Tuberculosis Medications through the Wisconsin TB Dispensary Program (P-02404A)

  - Ordering Latent Tuberculosis Infection Medications through the Wisconsin TB Dispensary Program (P-02404)

- The pharmacy must fill with generic medications if available.
  - The exception is if the brand-name medication is less expensive than the generic.
  - If the least expensive medication option is not currently available, the pharmacy may fill a maximum 30-day supply using the more expensive option.
- The pharmacy must deliver medications to the LHDs or health care provider, not directly to the patient.
- The pharmacy must bill any prescription insurance first. The WI TB Dispensary Program will then cover any out-of-pocket costs, up to the Medicaid rate for that drug.
- The pharmacy must bill the LHDs for TB-related drugs at the Medicaid rate.

Information about Medications (for patients)
Drug information and instructions for patients will accompany any medications from Aurora Pharmacy. This information is available in English (default), Spanish and other languages. Please inquire at WTBP if your patient needs drug information in a language other than English.

Documentation
Records of all TB medications provided or arranged for will be kept according to health department record policies and procedures and on forms/in formats that are efficient and useful in the health department. The WTBP, as authorized by Wis. Admin. Code § DHS 145.12(4)(a) may audit the records of the health department. For reimbursement for TB-related medications, LHDs shall use the TB Ordering and Billing Interface (TOBI).

All patients covered by the WI TB Dispensary Program must have a TB-related incident number in WEDSS associated with one of the following services:
- Tuberculosis (resolution status = suspect or confirmed)
- AFB Smear
- Tuberculosis, Class A or B
- Tuberculosis, Latent Infection
- Contact Investigations

Forms for Documentation of Treatment
The final results of TB or LTBI treatment should be documented so the patient and future health care providers have a permanent record of this treatment. Both WEDSS and the following forms can be used for documentation:
- Active TB Disease Follow-up Report form (F-02474)
- Latent Tuberculosis Infection (LTBI) Follow-up Report (F-44125)

Instructions for Documenting LTBI in WEDSS
Instructions for documenting LTBI in WEDSS can be found here: P-02426: Documenting LTBI in WEDSS

Provision of Medications for the treatment of active TB or latent TB infection (LTBI)
The pharmacy will dispense TB-related medications to clinics or local health departments (LHDs) as authorized by the WTBP. Treatment regimens and administration of drugs will follow guidelines and CDC protocols with emphasis on public health protection and TB prevention and care.

Agreements with Pharmacies other than the default Wisconsin TB Dispensary Program Pharmacy
The LHD understands that they will pay for pharmacy services up front. The LHD must have established agreements with pharmacies to ensure that proper MA billing practices are in place. Written agreements or a memorandum of understanding (MOU) are encouraged and should include the following:

- Pharmacies understand and have agreed that they will bill the LHD and be reimbursed at the MA rate.
- Pharmacies and providers understand and agree that all medications that will ultimately be paid for by the WI TB

Dispensary Program (see Attachment E) must be approved by WTBP.

- Medications provided without approval from WTBP will not be reimbursed.

Table 1.

Type of services	Provider	Verbal or written agreement
Provision, dispensing, and delivery of medications for the treatment of active TB disease		
Provision, dispensing, and delivery of medications for the treatment of latent TB infection (LTBI)		

ATTACHMENT E
Wisconsin Tuberculosis Dispensary Program
NDC Numbers and reimbursement rates for TB medications for Fiscal year 2026

NDC Number	Description	Package Quantity	Maximum Reimbursement Rate*
16714004112	Allopurinol 100 mg tablet	1000	$50.00
54879000201	Ethambutol HCL 400 mg tablet	100	$49.00
00555006602	Isoniazid 100 mg tablet	100	$12.00
00555007101	Isoniazid 300 mg tablet	30	$12.30
00555007102	Isoniazid 300 mg tablet	100	$25.00
55111028050	Levofloxacin 500 mg tablet	50	$8.03
65862053820	Levofloxacin 750 mg tablet	20	$6.02
67877041920	Linezolid 600 mg tablet	20	$31.20
24979004113	Megestrol 625 MG/5 ML suspension	150	$162.23
00093220401	Metoclopramide 5 mg tablet	100	$4.33
00093220301	Metoclopramide 10 mg tablet	1000	$4.92
65862060330	Moxifloxacin HCL 400 mg tablet	30	$62.40
68850001201	Myambutol (Ethambutol) 400 mg tablet	100	$49.00
00013530117	Mycobutin 150 mg capsule	100	$1,945.44
60505006500	Omeprazole DR 20 mg capsule	30	$1.01
68462015713	Ondansetron ODT 4 mg tablet	30	$5.40
49938010704	PASER granules 4 gm packet	30	$220.00
00087040203	Poly-vi-sol drops	50	$14.21
00054474225	Prednisone 2.5 mg tablet	100	$8.00
00088210224	Priftin (rifapentine) 150 mg tablet	24	$114.72
70954048410	Pyrazinamide 500 mg tablet	60	$149.40
59762135001	Rifabutin 150 mg capsule	100	$991.00
00068051030	Rifadin (rifampin) 150 mg capsule (no Medicaid rate)	30	$111.44
00068050860	Rifadin (rifampin) 300 mg capsule (no Medicaid rate)	60	$300.00
00068059701	Rifadin IV 600 mg vial	1	$178.56
00068050960	Rifamate® (rifampin + isoniazid) capsule (no Medicaid rate)	60	$342.00
42806080130	Rifampin 150 mg capsule	30	$29.70
38180065806	Rifampin 150 mg capsule	30	$29.70
42806079960	Rifampin 300 mg capsule	60	$43.20
68180065906	Rifampin 300 mg capsule	30	$21.60
00088057641	Rifater® (rifampin + isoniazid + pyrazinamide) tablet (no Medicaid rate)	60	$256.00
00904053061	Tab-A-Vite tablet	100	$3.09
00008411701	Trecator 250 mg tablet	100	$560.51

*** This list is not comprehensive. Multiple manufacturers make each of these drugs. Only one example is listed for each dosage. Medication rates are subject to change; please verify on the Forward Health website prior to billing.**

ATTACHMENT E

Wisconsin Tuberculosis Drug Reimbursement Program

The Wisconsin TB Dispensary Program's first line of anti-tuberculosis medications are as follows:

- Ethambutol (Myambutol)
- Isoniazid
- Pyrazinamide
- Rifampin (Rifadin, Rimactane)
- Rifapentine (Priftin®)
- Rifater and Rifamate® (combination)

The following are second-line anti-tuberculosis drugs:

- Amikacin
- Allopurinol
- Bedaquiline (Sirturo®)
- Ciprofloxacin (Cipro®)
- Clofazimine (Lamprene)
- Cycloserine (Seromycin®)
- Ethionamide (trecator-sc)
- Gatifloxacin (Tequin®)
- Kanamycin (Kantrex®)
- Levofloxacin (Levaquin®)
- Linezolid (Zyvox®)
- Moxifloxacin (Avelox®)
- Ofloxacin (Floxin®)
- Paraminosalicylic Acid
- Pretomanid
- Streptomycin

Also covered by the Wisconsin TB Dispensary Program:

- Custom compound prescription drugs, including pediatric formulations
- Dispensing and shipping fees

Medications Requiring Pre-Authorization

Under special circumstances, payment authorization may be given for medications not listed above. Such authorization must be obtained in advance from the Wisconsin TB Program. The following medications may be covered with prior authorization from the Wisconsin TB Program:

- Anti-nausea prescription medications (while taking active TB medications).
- Vitamin B6 (pyridoxine), when INH is also prescribed, for pregnant women; breastfeeding infants; those with poor nutrition, diabetes, uremia, alcoholism, malnutrition, HIV, or seizure disorders; OR those with multidrug resistant (MDR) TB.
- A multivitamin that contains vitamin D 400 IU (10 mcg) for infants 0-12 months or 600 IU (15 mcg) for children and adults; **only** upon recommendation from the TB Program
- Nutritional supplement such as Ensure®; **only** upon recommendation from the TB Program.

ATTACHMENT F
Wisconsin Tuberculosis Dispensary Program
Policy and Procedures

Introduction

The primary purpose of the Wisconsin Tuberculosis (TB) Dispensary is to ensure that all persons in Wisconsin with suspected or confirmed tuberculosis infection or disease can receive appropriate evaluation, treatment, and monitoring, regardless of insurance availability.

Wisconsin's TB Dispensary uses state tax revenue funds to reimburse local and Tribal health departments (LTHDs) for medical management of patients with active TB, patients being evaluated for TB, patients with latent TB infection (LTBI), and patients exposed to TB. The word "dispensary," as it is used here, is a legislative term referring to the mechanism by which LTHDs are reimbursed for the management of TB patients. The traditional use of the word (i.e., the pharmaceutical dispensing of medicines or medical supplies) does not apply. Wisconsin's TB Dispensary includes reimbursement for clinical services and medications necessary for the diagnosis, treatment, and prevention of TB.

Wisconsin's TB Dispensary must be the LAST payer after all other potential sources have been billed. The payer order is:

- Private insurance
- Public insurance: Medicare, Medicaid (MA), Refugee MA, and Tuberculosis Related Medicaid (known as TB Only MA)
- Wisconsin TB Dispensary

Policy

LTHDs or combinations of two or more health departments that are "in good standing," as determined by their overall health department review process under Wis. Admin. Code § DHS 140, may request certification as a dispensary for TB clinical services and/or TB pharmacy services. This will enable the LTHD to submit bills and to be reimbursed for specific procedures and/or medications for eligible persons with TB disease, LTBI, or persons being evaluated for TB disease or LTBI.

The Wisconsin Tuberculosis Program (WTBP) will provide consultation, guidance, and review of LTHD TB programs, policies, procedures, and clinical practices to ensure that they are in compliance with Wisconsin statutes, administrative codes and established standards of practice, particularly those outlined in Wis. Stat. § 252.10: http://docs.legis.wi.gov/statutes/statutes/252/10/1.

To participate in the Wisconsin TB Dispensary, LTHDs must ensure that all services provided, or arranged for, are consistent with the Centers for Disease Control and Prevention (CDC) and WTBP guidelines and clinical standards of practice for TB control and elimination. LTHDs must ensure these services are provided in keeping with goals for the elimination of TB in Wisconsin. **If such guidelines or standards of practice are not followed, dispensary funds may be withheld, suspended, or revoked per Wis. Admin. Code § DHS 145.12 (1)**:
https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145/II/12.

One service for which the Wisconsin TB Dispensary was particularly developed is to ensure that directly observed therapy (DOT) is provided as appropriate for all persons with active TB disease or LTBI, as recommended by the WTBP and national guidelines. The availability of reimbursement to LTHDs for DOT is meant to ensure that this service will be provided as recommended.

To participate in the Wisconsin TB Dispensary, the LTHD must create and submit clinical and/or pharmacy services plan(s), as well as sign the annual contract. The contract with WTBP enables the LTHD to bill the WTBP for covered TB-related clinical services and TB-related medications. TB clinical services and medications are specific and limited by Wis. Admin. Code § DHS 145.12 (1): https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145/II/12.

As determined by Wisconsin Administrative Code, services and medications are reimbursed at the MA rate; however, the Wisconsin TB Dispensary is not an MA program. Reimbursable services and medications are listed in *Attachments A, C, and E.*

Procedure

Initial Request

LTHDs are encouraged to participate in the Wisconsin TB Dispensary. LTHDs have the option of participating in the Wisconsin TB Dispensary by providing clinical services, pharmacy services, or both.

The following conditions must be met to participate:

- The LTHD must be "in good standing" in relation to the latest public health department review.
- The LTHD must have established agreements with providers (for clinical services) and/or pharmacies (for pharmacy services) to ensure that there are proper MA billing practices in place.
- It is the responsibility of the LTHD to evaluate patients' health insurance status to determine if they have private insurance or qualify for MA or TB Only MA , as well as to assist a qualifying TB patient in applying for MA services. Local economic assistance agencies are most knowledgeable about qualification for and enrollment in state and federal health care programs. **The WTBP is not able to check eligibility or enroll patients.**
- The LTHD **must** use the Wisconsin Electronic Disease Surveillance System (WEDSS) for patient record management.
- For reimbursement to LTHDs for TB-related medical services and/or medications, LTHDs shall use the TB Ordering and Billing Interface (TOBI).

Information

The WTBP will provide information to LTHDs interested in participating in the Wisconsin TB Dispensary. Information provided shall include:

- Wis. Admin. Code §§ DHS 145.12 and 145.13: https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145/II/
- Allowable clinical services and medications
- Clinical and/or pharmacy services plans
- Department of Health Services (DHS) general contract
- Billing instructions for reimbursement

Consultation and Review

LTHDs that participate in the Wisconsin TB Dispensary will coordinate services with local providers, educate the community on the prevention of tuberculosis, and consult with the WTBP on all persons being evaluated for TB, patients with active TB disease, and, as warranted, on people with LTBI or who are contacts to an active case.

WTBP review will ensure that the health department has up-to-date resources readily available for staff's access, and that policy, procedures, and clinical practices are consistent with:

- State and federal regulatory requirements
- CDC standards and protocols for treatment
- Official statements from the American Thoracic Society and the American Academy of Pediatrics
- Directives from the State of Wisconsin epidemiologist
- WTBP Guidelines, Division of Public Health Directives, and current established clinical standards of practice, especially those identified by DHS 145.12 https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145/II/12

Required for Participation in the Wisconsin TB Dispensary

To participate in the Wisconsin TB Dispensary, Wis. Admin. Code § DHS 145.12 requires that the LTHD be able to provide or ensure provision of clinical services (see Attachment B) and pharmacy services (see Attachment D). All provisions will be reviewed and the delivery of TB services will be monitored by WTBP staff.

Clinical Services Plan (CSP)

A CSP ensures the provision for tuberculosis prevention and control at the local level. The LTHD should focus on identification of active TB disease in high-risk groups and early identification and treatment of LTBI, particularly close and high-risk contacts, children, and any person who is immunosuppressed. The plan consists of five elements:

1. Financial assessment (see CSP template, *Attachment B* for eligibility determination guidance)
   - Private insurance
   - Medicaid or Medicare
   - TB Only MA
2. Identification of high-risk persons
   - Population or medical risk factors
   - Risk specific to Wisconsin
   - Risk specific to the LTHD jurisdiction
3. Documentation of patient management in WEDSS
   - Services provided by LTHD
   - Services provided by health care provider
4. Clinical Assessments and Services
   - IGRA (preferred) or TST
   - Risk assessment and medical evaluation
   - Prescription of drugs for treatment of TB and LTBI
   - Chest imaging: chest X-ray (CXR) or computed tomography (CT)
   - Sputum collection or induction for acid-fast bacilli smear and culture
   - Venipuncture for IGRA or other laboratory testing
   - Health care setting with airborne infection isolation and respiratory precautions
   - Directly observed therapy
   - Contact investigations
5. Provider Agreements
   - Written (preferred) or verbal agreement(s) with local provider(s)
   - Types of services that the provider will offer
   - Provider acceptance of MA rate for reimbursement

A CSP should be submitted annually with the contract. A CSP does not need to change from year to year, but anything done differently from the previous year should be highlighted in the updated plan. Because the contract consists largely of general contract language, the CSP must specifically identify the providers with whom the LTHD has agreements for the patient services to be provided. A template of the CSP can be found in *Attachment B* and may be customized for an individual LTHD.

Pharmacy Services Plan (PSP)

A PSP ensures treatment of active TB disease and LTBI. The plan consists of four elements:

1. Provision of medications for the treatment of active TB disease or LTBI (see PSP template, *Attachment D*).
2. Financial assessment (see PSP template, *Attachment D*) for eligibility determination guidance
   - Private insurance
   - Medicaid or Medicare
   - TB Only MA
3. Documentation of patient management in WEDSS
   - Date therapy started
   - Initial drug regimen

- Changes in drug regimen
- Date therapy stopped
- Reason therapy stopped
- DOT

4. Provider Agreements
   - Written agreement(s) with pharmacy
   - Types of services that the pharmacy will offer
   - Pharmacy acceptance of MA rate for reimbursement

A PSP should be submitted annually with the contract. A PSP does not need to change from year to year, but anything done differently from the previous year should be highlighted in the updated plan. Because the contract consists largely of general contract language, the PSP must specifically identify the pharmacies with whom the LTHD has agreements for the patient services to be provided. A template of the PSP can be found in *Attachment D* and may be customized for individual LTHDs.

Budget
WTBP will provide a sum sufficient to cover expenses for identification, treatment and management of active TB disease and LTBI. Each fiscal year begins on July 1 and ends on June 30. All reimbursements from the Wisconsin TB Dispensary are based on the availability of state tax revenue funds.

Contract
State contracts are sent electronically through the DocuSign platform. Upon receipt and review of the contract by the appropriate LTHD authorities, the contract should be signed electronically and returned via DocuSign. Attachment B must be completed and returned within DocuSign, completion of Attachment D is optional. The contract will be signed by the State of Wisconsin Division of Public Health Administrator. An electronic copy of the signed contract will be sent to the LTHD and the WI TB Program. The contract is effective from July 1 through June 30 for the given fiscal year and governs the provision and reimbursement of dispensary services. The TB Dispensary will send a renewal contract to the LTHD each spring through DocuSign.

Questions about the contract or CSP should be directed to:

Wisconsin TB Program
1 West Wilson Street, Room 255
Madison, Wisconsin 53703
608-261-6319 (Main Office)
608-266-9692 (Billing)
608-266-0049 (Fax)
DHSWITBProgram@dhs.wisconsin.gov (Email)

Certification Review
Certifications will be reviewed at least every five years and will be achieved through evidence from continuing Wis. Admin. Code § DHS 140 reviews and continued monitoring of care delivered to all TB patients. Communication between the health department and the WTBP will be ongoing regarding clinical care.

Reimbursement
All patients covered by the Wisconsin TB Dispensary must have a TB-related disease incident number in WEDSS. Invoices must be submitted within 60 days of the end of the state fiscal year (June 30) to assure reimbursement. Reimbursement is at the MA rate. A grid outlining the frequency of services allowed by type of

patient can be found in *Attachment A.* A list of CPT codes and reimbursement rates for services and medications can be found in *Attachments C and E,* please note that these rates are subject to change at any time. Certain non-routine services may be reimbursable at the MA rate, but, **must be preauthorized** by the Wisconsin TB Program and documented in the patient's WEDSS file.

Invoicing Using the TB Ordering and Billing Interface (TOBI)

The following are needed to enter invoicing information into TOBI:

- Patient name
- Patient WEDSS Incident ID

For medical services:

- Date of service
- Service code and description
- Amount billed

For medications:

- Date prescription filled
- National Drug Code (NDC) and description
- Quantity and prescription Number
- Amount billed

Services and medications not listed on *Attachment C or E* are considered non-routine and must be preauthorized. A fillable form to request preauthorization for clinical services is provided electronically in TOBI. All Initial Requests for Medication are reviewed and authorized by a TB Nurse Consultant prior to submittal to the pharmacy. Unauthorized medication will not be reimbursed.

For questions regarding the billing process, contact:

Wisconsin TB Program
1 West Wilson Street, Room 255
Madison, Wisconsin 53703
608-261-6319 (Main Office)
608-266-9692 (Billing)
608-266-0049 (Fax)
DHSWITBProgram@dhs.wisconsin.gov (Email)

ATTACHMENT G

Wisconsin TB Dispensary Program

Payment Details
FY2026

Invoicing

Invoices presented for payment must be submitted in accordance with instructions contained in Attachments A - F and submitted through the Tuberculosis Ordering and Billing Interface (TOBI).

Sum Sufficient

DHS will pay for services provided by Grantee in accordance with the terms and conditions of this Agreement and Attachments in a sum sufficient to cover approved expenses based on case load and available funding. The amount of funding available is anticipated to be similar to the amount awarded in FY2025. This amount is contingent upon receipt of sufficient funds by DHS.

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including Subcontracts, subgrants, and Contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

(Signature of Official Authorized to Sign Application)	(Date)
Chrystal Woller (Print Name)	Health Officer/Health Department Director (Title)
(Agency / Contractor Name)	Tuberculosis (TB) Dispensary Program (Title of Program)

DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-01788 (03/2022)

STATE OF WISCONSIN

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Federal Executive Order (E.O.) 12549 “Debarment“ requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

SIGNATURE – Official Authorized to Sign Application	Date Signed
For *(Name of Vendor)*	Unique Entity Identifier (UEI), *if applicable*

Certificate Of Completion

Envelope Id: FCD16AC6-7941-489B-8900-9CF66E3A8C86
Status: Sent
Subject: DHS - City of De Pere - TB Dispensary Program - 435100-G26-TBDISPENSE-16
Source Envelope:
Document Pages: 40
Signatures: 1
Certificate Pages: 6
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:
Alicia Garcia
1 West Wilson St.
Madison, WI 53703
alicia.garcia@dhs.wisconsin.gov
IP Address: 165.225.60.76

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Pool: DHS
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Signer Events	Signature	Timestamp
Amanda Ross amandal.ross@dhs.wisconsin.gov Paralegal Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	Signed by: Amanda Ross E5797DAC2816495... Signature Adoption: Pre-selected Style Using IP Address: 165.225.59.55	Sent: 7/14/2025 4:36:53 PM Viewed: 7/15/2025 4:20:45 PM Signed: 7/17/2025 1:25:14 PM
Chrystal Woller cwoller@deperewi.gov Health Officer/Health Department Director Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 7/22/2025 9:15:25 AM ID: 4bde2e61-7b25-4ead-8971-754fe494fc37		Sent: 7/17/2025 1:25:18 PM Viewed: 7/22/2025 9:15:25 AM
Anna Benton anna.benton@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
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DHS DPH Contract Routing dhsdphcontractrouting@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/14/2025 4:36:52 PM
DPH Contracts DHSDPHContracts@dhs.wisconsin.gov DPH Contracts Shared Account Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/14/2025 4:36:52 PM
Patricia Heger Patricia.Heger@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 4/5/2023 2:53:27 PM ID: 43fbd7de-b2ed-4b35-a320-54190dd784b7	COPIED	Sent: 7/14/2025 4:36:53 PM
- Test@dhs.wi.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Sara Lornson slornson@deperewi.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Kelly Burke kburke@mail.de-pere.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
- Test@dhs.wi.gov Security Level: Email, Account Authentication (None)		

Carbon Copy Events	Status	Timestamp

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Not Offered via Docusign

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Test@dhs.wi.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via Docusign

BPC Purchasing

DHSBPCPurchasing@dhs.wisconsin.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Accepted: 5/26/2022 1:45:49 PM
ID: 3ea1cfb0-c623-46e8-85cb-30312dfde467

Manivanh Patheuangsinh

manivanh.patheuangsinh1@dhs.wisconsin.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
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Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/14/2025 4:36:51 PM
Envelope Updated	Security Checked	7/14/2025 4:58:16 PM
Envelope Updated	Security Checked	7/16/2025 8:47:04 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Department of Health Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Department of Health Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: DHSContractCentral@dhs.wisconsin.gov

To advise Wisconsin Department of Health Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Meeting Date: 8/11/2025

Re: Consideration and approval of the HHS 690 Form*

As a recipient of passthrough federal dollars, the De Pere Health Department is required by WI DHS and the U.S. Department of Health and Human Services (HHS) to comply with the federal grants policy statement. HHS has incorporated this policy statement into the terms and conditions of many grant awards made on and after April 16, 2025, and WI DHS is directing local health departments, as subgrantees, to complete form HHS 690, Assurance of Compliance with the HHS Office for Civil Rights as soon as practicable.

OMB Control Number 0945-0008
Exp. Date: 04/30/2026

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, SECTION 1557 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AND FEDERAL CONSCIENCE AND NONDISCRIMINATION LAWS

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. § 2000d *et seq*.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin (including limited English proficiency) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. § 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of their disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 *et seq*.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex (including pregnancy, sexual orientation, and gender identity), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 *et seq*.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

5. Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin (including limited English proficiency), age, disability, or sex (including pregnancy, sexual orientation, and gender identity) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

As applicable, the Church Amendments, as amended (codified at 42 U.S.C. § 300a-7), the Coats-Snowe Amendment (codified at 42 U.S.C. § 238n), the Weldon Amendment (*e.g.,* Consolidated Appropriations Act, 2022, Pub. L. No.

117-103, Div. H, Title V § 507(d), 136 Stat 49, 496 (Mar. 15, 2022)) as extended by the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, Pub. L. No. 117-180, Div. A, § 101(8) (Sep. 30, 2022); , Section 1553 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18113), and Section 1303(b)(4) of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18023(b)(4)), and 45 C.F.R. Part 88, to the extent that the rights of conscience are protected and associated discrimination and coercion are prohibited, in any program or activity for which the Applicant receives Federal financial assistance. Consistent with applicable court orders, the version of Part 88 in effect as of [October 20, 2022] is found at 76 Fed. Reg. 9968-9977 (Feb. 23, 2011).

The Applicant agrees that compliance with this assurance constitutes a material condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees, and assignees for the period during which such assistance is provided.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

_____
Date

_____
Signature of Authorized Official

Please mail form to:

U.S. Department of Health & Human Services Office for Civil Rights
200 Independence Ave., S.W. Room 509F Washington, D.C. 20201

_____
Name and Title of Authorized Official (please print or type)

_____
Name of Agency Receiving/Requesting Funding

_____
Street Address

_____
City, State, Zip Code

The Applicant may provide this assurance via the U.S. Department of Health and Human Services' Assurance of Compliance online portal at https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf in lieu of mailing it to the address provided.

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Meeting Date: 8/11/2025

Re: Director's Report 8.2025

This third quarter report has captured many of the initiatives the department has been working on since we last met outside of the performance management dashboard and other staff updates. Exciting and positive community engagement continues!

- **Senior Safety Expo:** The public health preparedness grant funded a "Senior Safety Event" on June 25th (1-3 pm) at the De Pere Community Center. This first ever expo intended to better prepare our older adults in the event of an emergency. Free emergency preparedness kits were disseminated. In addition, education and resources were provided on food safety, fire safety, identity theft, home modifications/safety, medication safety, disaster preparedness, just to name a few. This was a collaborative effort and could not be possible without support from our partners to include, but not limited to: De Pere Fire Rescue, De Pere Police Department, Brown County Adult Protective Services, Suicide Prevention Coalition, Brown County Emergency Management, and the Brown County Aging and Disability Resource Center.
- **Social Connectedness:** The *Belonging Begins Here* initiative continues! The U.S. Surgeon General (2023) declared loneliness and social isolation a public health epidemic, recognizing that a lack of connection can be as harmful to our health as smoking or obesity.
    - Park bench installation: In collaboration with the De Pere Parks Department, the health department sponsored a community park bench which was installed at Lawton Park in July. A simple environmental change—like installing a new park bench—can have a powerful impact on community wellbeing. Benches create natural gathering spots, offering a place to rest, pause, and connect. Spaces like this are intended to create moments of interactions between people, allowing relationships to grow and the community to strengthen.

- Welcome baby onesies: Since June the health department has mailed > 52 onesies to welcome the newest members of our community along with public health's standard new baby resource packet. This small but meaningful gift is intended to foster a sense of community and belonging right from the very beginning, helping families to feel connected and celebrated. Initiatives that foster connection, like welcoming newborns and providing resources for their families, is a great way to build a healthier and a more connected community.

*This initiative is funded through the Wisconsin Department of Health Services (WI DHS)-Title V Maternal Child Health Services Block Grant.

- **Milk Depot Update:** The Mothers' Milk Bank of the Western Great Lakes (Milk Bank WGL), and De Pere Health Department partnered to bring a new human milk drop-off depot to De Pere. This joint effort increases access for approved donors and families in the area, to donate lifesaving, critical nutrition for pediatric patients in need. The De Pere Health Department has already collected more than 1,920 ounces of human milk (approximately 15 gallons) so the Mothers' Milk Bank of the Western Great Lakes (Milk Bank WGL) can pick up, pasteurize and redistribute to those in need!
- **Injury prevention programming:** Bike helmet fitting and collaborative bike rodeos were hosted in collaboration with De Pere Police Department at St. Norbert College for the *Tour De Pere* in June and at Lambeau Field in July. Bike helmet distribution and fitting has been a focus of the health department's community engagement at the De Pere Beer gardens this summer and will continue throughout the summer. Not including the support provided at Lambeau field, the De Pere Health Department has disseminated and fit over 75 helmets for the youth in our community. The free helmets have been made possible through grant funds.
- **General grant updates:** The health department is continuing to receive updates from WI DHS on potential effects of federal grant funding decisions and passthrough funds to local health departments. To date, the preparedness grant will be reduced by approximately 28%, with the hope that it may be made whole by the end of the federal budget period. Immunization grant funding has experienced a new contract end date of 6/2025 with a 50% reduction; however, a new contract is anticipated in the coming days and is expected to be funded as in previous years due to WI DHS reallocating one-time funds to make the allocation to local health departments whole for at least one more year. This year WI DHS has had to reduce vaccine allocations to locals. The health department will need to screen out Vaccine for Children eligibility for all vaccine clinics (even the flu vaccine clinics in the fall). On a positive note, our prevention block

grant increased by $625 due to our funding formula changing as De Pere Health Department is now a level III health department!

- **Strategic Plan Update:** The health department began this process with a grant-funded consultant, Kim Whitmore, PhD. Kim has decades of experience in public health at the local and state level. In her tenure, she has served as health officer for the City of Cudahy Health Department and was also responsible for monitoring and evaluating Wisconsin's State Health Plan. She is currently an esteemed assistant professor at Marquette University teaching the next generation of healthcare leaders and consulting with local health departments statewide on efforts such as this. We are so very fortunate to be able to work with her on this project! To date we have completed the review of the department's mission, vision and values. Thank you to Terri who was able to participate with us. Also, big thanks to the mayor who was also able to engage in the process. Our next meeting is August 18th where we will be reviewing the results of the community stakeholder, employee, and general community feedback surveys. I plan to keep this as a standard agenda item to provide updates to you all and an opportunity for feedback. The goal for completion is 12/31/2025.
- **WALHDAB Update:** Sara Lornson, Deputy Health Officer, attended virtually as I was on vacation. There was a presentation by WI DHS staff on overdose and harm reduction data and efforts locally. Then, Kristen Gunderson -a WI DHS Health Equity Strategist presented on her analysis of health equity conversations she has had across the state. David Strong, an epidemiologist with WI DHS, provided an update on local systems data strategies and his efforts with a newly launched Wisconsin Academy of Science Chapter. Finally, there was a roundtable discussion between health departments reviewing the results of a statewide survey results in an attempt to learn (from each other) the impact of the current grant funding landscape.
- **Seasonal Intern Update:** Katie Wiesner has been with the department since June. She graduated from UW Madison with a master's degree in Epidemiology. She has assisted the health department with multiple projects in various program areas to include communicable disease, environmental health/inspection, community outreach/engagement, community health improvement planning and agency strategic planning, just to name a few. She is actively looking for a position in public health with hopes of staying in the area. According to city policy, seasonal interns may remain in positions for up to one-year after graduation, so we hope to keep her onboard until she finds her first position in public health.
- **A Look Forward-mark your calendars for upcoming health department sponsored programs:**
    - **Mental Health First Aid-** September 30th, 2025, 9-3:30 pm at the Bemis Conference Center at SNC. This training course equips individuals with the skills to recognize, understand, and respond to the signs of mental health and substance abuse challenges, providing initial support until professional help is available. This is a collaboration with De Pere Police Department, and St. Norbert College Health & Wellness Center.
    - **Flu and Back to School Vaccination Clinics-** Free for eligible children 9/27 (De Pere Fire/Rescue Open House), 10/1, 10/8, 10/22nd, 10/29 2-5 pm at the health department.
    - **Flu Fighters: Influenza Interactive Learning Lab**-Thursday October 2nd, 2025, 4-6 pm at the Mulva Cultural Center. Children can learn about germs and fighting the flu! Flu vaccination will be provided for the uninsured and those children on BadgerCare. This event is in collaboration with the Mulva Cultural Center.
    - **Building Belonging in our Organizations and Communities** -October 30th, 2025, 1-4 pm at SNC. This training will help participants consider was they can build belonging within

their organization as well as their community. This is a collaborative event with SNC Health And Wellness Center, and the De Pere Chamber of Commerce.

- **Senior Ball**-November 20th, 20252-4 pm at SNC. Offering intergenerational connectedness programming for older adults age 55+ and St. Norbert College students. Live music, dance lessons and conversation! This event is being planned in collaboration with SNC Health and Wellness Center & Music Department, SNC students and the health department.

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Danielle Jauquet BSN, RN, Public Health Nurse
Date: 8/11/2025

Re: Communicable Disease Report Q2 (April through June)

Compared to Q1 2025, chlamydia numbers doubled in Q2. Respiratory illnesses were way down (expected for this time of year). Only RSV, influenza, and COVID hospitalizations are required to be reported, though some labs report all positives which are reflected in the report but not an accurate representation of all cases in the city. Only one suspect outbreak (pneumonia) was submitted in Q2 and did not go beyond the initial 3 cases. The two cases of vibriosis are unusual, but no link was found between the cases nor any local environmental/food concerns. The LTBI case went through the immigration process and was referred for preventative treatment but has since moved out of state and the case and subsequent follow up will be transferred to the new jurisdiction of residence.

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

Disease Incidents by Episode Date

Jurisdiction: De Pere

		2025			
Disease Group	**Disease**	**Apr**	**May**	**Jun**	**Total**
Campylobacteriosis	*Group Total:*	3	0	1	4
Chlamydia Trachomatis Infection	*Group Total:*	6	6	6	18
Coronavirus	*Group Total:*	1	1	1	3
	CORONAVIRUS, NOVEL 2019 (COVID-19)	0	0	1	1
	CORONAVIRUS, NOVEL 2019 (COVID-19) - ASSOCIATED HOSPITALIZATION	1	1	0	2
Ehrlichiosis / Anaplasmosis	*Group Total:*	0	1	1	2
Gonorrhea	*Group Total:*	0	1	0	1
Influenza	*Group Total:*	4	0	0	4
	INFLUENZA	4	0	0	4
Invasive Streptococcal Disease (Groups A And B)	*Group Total:*	0	1	0	1
	STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	0	1	0	1
Kawasaki Disease	*Group Total:*	1	0	0	1
Lyme Disease	*Group Total:*	0	3	1	4
Mycobacterial Disease (Nontuberculous)	*Group Total:*	0	1	0	1
	MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	0	1	0	1
Pathogenic E.coli	*Group Total:*	3	0	0	3
	E-COLI, ENTEROPATHOGENIC (EPEC)	2	0	0	2
	E-COLI, ENTEROTOXIGENIC (ETEC)	1	0	0	1
RSV	*Group Total:*	4	2	1	7
	RESPIRATORY SYNCYTIAL VIRUS (RSV)	1	1	1	3
	RESPIRATORY SYNCYTIAL VIRUS (RSV) - ASSOCIATED HOSPITALIZATION	3	1	0	4
Tuberculosis, Latent Infection (LTBI)	*Group Total:*	0	1	1	2
	TUBERCULOSIS, LATENT INFECTION (LTBI)	0	1	1	2
Vibriosis	*Group Total:*	2	0	0	2
Yersiniosis	*Group Total:*	0	1	0	1
	Period Total:	24	18	12	54

Default Filters: 'State' EQUAL TO 'WI' Confirmed and Probable 4/1/25-6/30/25

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Trista Groth CSP, RS, Environmental Health Sanitarian
Date: 8/11/2025

Re: Environmental Health Report Q2 (April through June)

June 30th marked the end of the 2024-2025 license year for establishments. Of the 57 total Tourist Rooming House (short-term rental) licenses, 15 did not renew. Prior to the NFL Draft, we had approximately 21 TRH licenses; we now have 42. The Sanitarian will continue to work with Development Services to identify unlicensed short-term rentals (STRs) and to update the map which reflects current, compliant STRs in De Pere.

In June, an intergovernmental agreement between Brown County Public Health (BCPH) and De Pere Health Department was signed and approved. The agreement places responsibility on BCPH to license and inspect events at the Brown County Fairgrounds property. This agreement allows the Sanitarian more time to dedicate to other temporary events in De Pere, such as the Beer Garden and Farmer's market.

The Health Department hired a Public Health Intern again this summer. The Intern was trained to conduct TRH inspections and to assist with biweekly pool sampling. She is also assisting with the development of environmental health education materials, documentation of the FDA Retail Program Standards comprehensive strategic plan, and website improvements for licensed facilities.

CITY OF DE PERE

MEMO

To: Members of the Board of Health
From: Chrystal Woller BSN, RN, MBA
Date: 8/11/2025

Re: Q2 Dashboard results (April-June)

The purpose of a Performance Management and Quality Improvement System is to provide a framework to guide program performance management (PM) and quality improvement (QI) activities at the City of De Pere Health Department. Effective performance management allows for monitoring of important trends in data related to the Department's systems, services, and processes, allowing for outcomes and improvements to be made and tracked over time related to efficiency, effectiveness, and resource allocation.

DPHD Performance Management dashboard

Program Performance Measures						
Administrative	**2025 Goal**	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
Percent of staff who completed CPR training.	**60%**	0%	60%			**60%**
Percent of staff who completed professional development for at least one identified public health competency	**100%**	0%	40%			**40%**
Percent of policies and procedures reviewed/revised	**100%**	100%	n/a			**100%**
Percent of staff who completed the Performance Management and Quality Improvement annual training.	**100%**	0%	0%			**0%**
Emergency Preparedness and Response						
Percent of staff compliant with required Incident Command System training based on their positions.	**100%**	100%	100%			**100%**
Percent of staff whose profiles and emergency call ranking are reviewed for accuracy and updated in the PCA Portal.	**100%**	0%	100%			**100%**
Percent of Wisconsin Emergency Assistance Volunteer Registry (WEAVR) members, within our Jurisdiction, responding to an exercise/drill within 48 hours.	**50%**	0%	41%			**41%**
Performance Measure - Foundational Public Health Service Areas (hyperlinked)						
Communicable Disease Control	**2025 Goal**	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
Total number of children and adults who received a flu vaccine administered by DPHD.	**206**	0	0			**0**
Percent of City of De Pere 2 year-olds who are compliant with the 4:3:1:3:3:1 primary vaccine series (to include late up to date).	**85%**	77%	83%			
Percent of animal bite incident reports addressed within 1 business day of receipt.	**100%**	100%	100%			**100%**
Average Communicable Disease response time (from staging to nursing assignment) within 24-72 hours in accordance with state statute disease response parameters.	**72 hrs**	2	5			**3**

Chronic Disease & Injury Prevention						
Total number of unique individuals trained in Narcan administration.	**100**	0	24			
Percent of families who state YES to improved knowledge of car seat installation technique and resources	**90%**	100%	100%			**100%**
Percent of eligible referrals that completed a home visit through the Steps to Safety Program (appropriate and not out of jurisdiction).	**30%**	N/A	N/A			
Percent of participants who implemented at least one fall reduction measure since starting Bingocize. (checked answers and/or true of those who answered)	**90%**	100%	N/A			**100%**
Percent of participants who rate their satisfaction with the quality of the Bingocize program as satisfied or very satisfied (checked of those who answered).	**75%**	86%	N/A			**86%**
Environmental Public Health						
Total number of short-term radon kits distributed for home testing.	**90**	53	5			**58**
Percent of children who received follow up for blood lead levels ≥ 3.5 mcg/dL.	**100%**	n/a	100%			**0%**
Percent of total DATCP/DSPS **facilities** inspected (routine inspection& pre-inspections).	**100%**	19%	39%			58% ☆
Total number of DATCP/DSPS **inspections** conducted (this data is based on a calendar year).	**256**	68	112			**180** ★
Staff capacity to meet **inspection** standards by FTE status (.8 FTE=224-256 inspections)	**100%**	27%	44%			**71%** ★
Percent of complaints acknowledged within 5 business days of substantiated human health hazard complaint.	**100%**	100%	100%			**100%**

☆ This includes pre-inspections as new establishments come in and change of owner. The pre-inspection counts as a routine inspection; therefore, denominator shifts. Schools are required to have 2 routine inspections per year

★ At least one inspection per establishment. This will be higher due to including pre-inspections, school second inspections, complaints (other).

★ Always use 256 as denominator (max # of inspections per .8 FTE status)

Maternal, Child & Family Health						
Total number of birth packets that are mailed to first time parents with resources and services.	**225**	58	69			**127**
Total number of parents that have been informed of the ASQ developmental screenings and provided free access to the assessment tool.	**150**	49	120			**169**
Outreach and Access to & Linkage with Clinical Care						
Total number of health related referrals made to community agencies.	**30**	15	12			**27**
Total number community engagement/outreach events provided for members of the De Pere community connecting to and/or providing essential/valued services.	**120**	44	30			**74**

Fee Revenue Collected by Program							
Public Health / Environmental Health	**2025 Goal**	**Q1**	**Q2**	**Q3**	**Q4**	**Total Revenue Collected**	**Percent of Goal**
General Public Health	**$420**	$120	$260			**$380**	**90%**
Food & Beverage Licenses	**$106,000**	$8,748	$94,595			**$103,343**	**97%**
Grants	**$112,790**	$15,112	$17,590			**$32,702**	**29%**
Weights & Measures	**$21,005**	$0	$21,026			**$21,026**	**100%**

2024 Organizational Goals & Objectives Progress Tracker				
Priority Area 1: Workforce Development	**Q1**	**Q2**	**Q3**	**Q4**
Goal 1, Objective 1: During 2025, each staff member will have at least a quarterly one-on-one to discuss challenges, successes, and professional development goals with their supervisor.	100%	100%		
Goal 2, Objective 1: By December 31, 2025, review and revise the 2024 Workforce Development Plan.	0%	50%		
Priority Area 2: Strategic Plan	**Q1**	**Q2**	**Q3**	**Q4**
Goal 1, Objective 1: By December 31, 2025, collaboratively plan and approve a new strategic plan.	**0%**	**25%**		

Q1= Jan-March

Q2= April-June

Q3= July-September

Q4= October-December

Quarter 2 2025 Community engagement

MCW Narcan Training	110 Grant St (110 Grant St, De Pere, Wisconsin 54115)	Wed 4/9/2025 1:00 PM
Car Seat Clinic 2nd Thursday PM	De Pere Fire Rescue (400 Lewis St, De Pere, WI 54115)	Thu 4/10/2025 3:00 PM
VFC Clinic Walk-In Wednesday (3rd)	De Pere Health Department (335 S Broadway, De Pere, WI 54115)	Wed 4/16/2025 2:30 PM
Car Seat Clinic 4th Tuesday AM	De Pere Fire Rescue (400 Lewis St, De Pere, WI 54115)	Tue 4/22/2025 9:30 AM
Helmet Fitting for Bike Rodeo	Foxview Intermediate School (650 S michigan St, De Pere, WI 54115)	Mon 4/28/2025 8:00 AM
Helmet Fitting for Bike Rodeo	Foxview Intermediate School (650 S michigan St, De Pere, WI 54115)	Tue 4/29/2025 8:00 AM
Helmet Fitting for Bike Rodeo	Foxview Intermediate School (650 S michigan St, De Pere, WI 54115)	Wed 4/30/2025 8:30 AM
Helmet Fitting for Bike Rodeo	Foxview Intermediate School (650 S michigan St, De Pere, WI 54115)	Wed 4/30/2025 2:00 PM
Helmet Fitting for Bike Rodeo	Foxview Intermediate School (650 S michigan St, De Pere, WI 54115)	Fri 5/2/2025 8:00 AM
Media interview - Green Bay Press Times	Press Times Friday, May 16, 2025 - Press Times	Tue 5/6/2025 4:00 PM
BCCFSP Booth at BC Suicide Summit	Brown Country Library (515 Pine Street, Green Bay, WI 54301)	Thu 5/8/2025 12:00 PM
Bike Rodeo West	West De Pere Intermediate School (901 S 9th St, De Pere, WI)	Mon 5/12/2025 7:45 AM
Bike Rodeo West	West De Pere Intermediate School (901 S 9th St, De Pere, WI)	Tue 5/13/2025 7:45 AM
Media interview-Channel 2	New milk depot collects mothers' milk for babies in NICU	Tue 5/13/2025 8:00 AM
Bike Rodeo West	West De Pere Intermediate School (901 S 9th St, De Pere, WI)	Wed 5/14/2025 7:45 AM
Bike Rodeo West	West De Pere Intermediate School (901 S 9th St, De Pere, WI)	Fri 5/16/2025 8:15 AM
RTAC/HERC Conference	Technical College	Mon 5/19/2025 7:00 AM
VFC Clinic Walk-In Wednesday (3rd)	De Pere Health Department (335 S Broadway, De Pere, WI 54115)	Wed 5/21/2025 2:30 PM
Car Seat Clinic Thursday PM (RESCHEDULE)	De Pere Fire Rescue (400 Lewis St, De Pere, WI 54115)	Thu 5/22/2025 3:00 PM
Car Seat Clinic 4th Tuesday AM	De Pere Fire Rescue (400 Lewis St, De Pere, WI 54115)	Tue 5/27/2025 9:30 AM
Car Seat Clinic @ CCS	Center for Childhood Safety (2827 Ramada Way, Green Bay, WI 54304)	Tue 6/3/2025 12:00 PM
FIDELITY CHECK For ADRC Bingocize	Aging & Disability Resource Center (ADRC) of Brown County (300 S Adams St, Green Bay, WI 54301)	Thu 6/12/2025 1:00 PM
Car Seat Clinic (returned to original date)	De Pere Fire Rescue (400 Lewis St, De Pere, WI 54115)	Thu 6/12/2025 3:00 PM
De Pere Beer Gardens	Voyageur Park (100 William St, De Pere, WI 54115)	Tue 6/17/2025 4:00 PM

VFC Clinic Walk-In Wednesday (3rd)	De Pere Health Department (335 S Broadway, De Pere, WI 54115)	Wed 6/18/2025 2:30 PM
Heat Safety video	City of De Pere Social Media	Fri 6/20/2025 9:30 AM
Tour De Pere Bike Rodeo 12pm-3pm w/ DPPD	St Norbert College (100 Grant St, De Pere, WI 54115)	Mon 6/23/2025 11:00 AM
Car Seat Clinic 4th Tuesday AM	De Pere Fire Rescue (400 Lewis St, De Pere, WI 54115)	Tue 6/24/2025 9:30 AM
Senior Safety Expo 1pm-3pm	De Pere Community Center (600 Grant St, De Pere, WI 54115)	Wed 6/25/2025 11:30 AM
Grapevine @ Optimist Meeting (12pm-1pm) Better Sleep	Julie's Cafe & Catering (500 Grant St, De Pere, WI 54115)	Mon 6/30/2025 11:45 AM