



Date

WWC Coordinator

Agency name

Address

Dear WWC Coordinator,

Thank you for your time and cooperation on the Women's Wellness Connection (WWC) site visit that WWC staff in attendance and I conducted regarding your agency's Clinical Services and Care Coordination contract(s) on date of site visit. Please thank other staff members in attendance for their time with us as well.

Please remember this letter and the attached reports are management tools that do not directly affect funding. However, site visits and site visit responses are considered when determining performance ratings for the Contract Monitoring System.

There are several outcomes of site visits, including 1) performance improvements requiring a written response, 2) clinical quality improvements requiring a written response, 3) corrections to eCaST based on a data chart audit, 4) optional recommendations WWC staff believe will benefit your agency, and 5) action items assigned during the site visit for both WWC staff and/or local staff. Below is a summary of WWC staff recommendations in each of these areas:

1) **Required Performance Improvements:** Please review the following list of required performance improvements and respond in writing by (6 weeks) with a compliance plan including a timeline of action for full compliance by (6 months). Please include with your response a signed letter, and place any policies or procedures requested on agency letterhead.

1. Required performance improvements

2) **Required Clinical Quality Improvements:** Please review the following list of required improvements and respond in writing by XX/XX/XXX with a timeline for completing these improvements by XX/XX/XXXX. Please include with your response a signed letter, and place any policies or procedures requested on agency letterhead.

1. Required clinical quality improvements

3) **Data Chart Audit Corrections:** During the site visit a data chart audit was discussed. Please refer to the attached audit report and make the following corrections to eCaST by (3 weeks):



1. data correction

4) **Optional Recommendations:** Please review the following recommendations and consider implementing. Note this section does not require a written response.

1. Recommended performance improvements

5) **Action Items Discussed During Visit:** The following action items were discussed during your visit. These could either be action items assigned to WWC state staff or to someone at Inner City. Please ensure that Inner City completes all actions items in a timely manner.

Action item	Responsible party	Due date

Thank you for serving the women of Colorado. If you have any questions regarding this letter or attached reports, please call me at 303.692.2599 or email at [kris.mccracken@state.co.us](mailto:kris.mccracken@state.co.us).

Sincerely,



Kris McCracken  
Women's Wellness Connection Program Coordinator  
Health Services and Connections Branch

CC: Emily Kinsella, WWC Section Manager  
Agency Director

Attachments: WWC Site Visit Final Report, WWC Data Chart Audit Tool

