

**1.29                      Quality Improvement Local Agency Responsibilities**

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**Policy:** Local Agency (LA) personnel play an important role in operational quality improvement to enhance workflow processes and data integrity that result in positive outcomes for WIC children, families and workforce.

Workflow is the logical order to accomplish efficient, stream-lined service provision within a best practice model while continually assessing and prioritizing work tasks. Integrated workflow requirements align federal regulations, Nutrition Services Standards, state policy and procedures, and performance measures into everyday operations at all organizational levels.

The State Agency (SA) and Local Agencies acknowledge that quality improvement and federal standards require continual change and workflow adjustments. The LA assists the SA in carrying out continuous monitoring and improvement of workflow processes in a fair and consistent manner.

The LA also assists the SA in entering and maintaining data for comprehensive applicant and participant records, federal reporting, and management evaluations.

**Procedure:**

**A. Local Agency Required Reports for Continual Quality Improvement**

1. Weekly, designated LA staff will review the following reports within the Crossroads Computer System (XR), and conduct corrective actions to address participant needs:
  - a. WV WIC Care Plan Missing Statement located at XR - Operations - Clinic (**Policy 5.04**)
  - b. WV WIC-53 Missing Scanned Medical Doc located at XR - Operations - Clinic (**Policy 4.09**)
  - c. WV Active Client with no Future Benefits located at XR - Operations
  - d. WV Temporary Certification Report - Missing Documentation located at XR - Operations (**Policy 2.08**)
2. Bi-weekly, designated LA staff will review the following reports within XR, and conduct corrective actions to ensure program integrity:
  - a. WV Separation of Duties Report located at XR - Operations (**Policy 1.18**)
3. Monthly, designated LA staff will review the following reports within XR, and conduct corrective actions to address program service requirements:
  - a. WV Active Pregnant Women located at XR - Clinic for BFPC (**Policy 5.20**)
  - b. WV Active Breastfeeding Women located at XR - Clinic for BFPC (**Policy 5.20**)
4. Bi-Monthly, designated LA staff will reach out to potentially eligible participants within 30 days of receiving the report utilizing a Standard Operating Procedure:

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- a. Medicaid List (2 reports) found on the Local Agency Google Drive in the Outreach Folder titled NonMatchKidsMONYEAR LA## and NonMatchPregMONYEAR
  
5. Quarterly, designated LA staff will review the following reports within XR, and conduct corrective actions to address program service requirements:
  - a. WV Show Rate Report (Policy) located at XR - Appointments by the 15<sup>th</sup> working day of each month to the Program Integrity Coordinator (**Policy 1.13**)

**B. Local Agency Required Document Submission for Performance Measures**

1. Monthly, LA staff will submit the following reports to the designated LA Liaison by the LA outlined deadline to meet WIC grant performance measures, and reporting to the SA, by the 15th day of the month:
  - a. Outreach Monthly Hour Reports (**Policy 7.02**)
  - b. Breastfeeding Monthly Hour Reports (**Policy 5.20**)
  
2. Quarterly, designated LA staff will submit the following reports to meet WIC grant performance measures, and reporting to the SA:
  - a. LA Staff Meeting Sign-in Sheets via Google Meet populated report or 11.01 Attachment #1
  - b. Breastfeeding, Farmers Market, Nutrition Education, Outreach and Vendor Annual Plan Action Templates by August 31, January 31, April 30, and July 31(**Policy 1.30**)
  
3. Biannually, LA staff will submit the following reports to meet WIC grant performance measures, and reporting to the SA:
  - a. Training tracking report to the Staff Development Specialist by April 1 and October 1 (**Attachment #4 Policy 11.01**).
  
4. Annually, LA Liaisons will submit annual plan reporting to meet WIC grant performance measures, and reporting to the SA:
  - a. Annual Plans by August 31 (**Policy 1.30, 5.11, 5.23, 7.10**)
  - b. Mid-Year Reports by April 30 (**Policy 1.30, 5.11, 5.23, 7.10**)
  - c. Final Reports by October 31 (**Policy 1.30, 5.11, 5.23, 7.10**)

**C. Local Agency Required Document Submission for Memorandums of Understanding, Coordination of Services or Data Use Agreements**

1. Monthly, LA staff will submit documents for record keeping to designated LA Liaison in compliance with data use agreements, Memorandums of Understanding, or other required coordination of services:
  - a. Authorization for Release of Health Information Form (WVHIN) (**Policy 5.16**)
  - b. National Voter Registration Forms (**Policy 1.20**)
  - c. Lead Screening Reporting (if applicable to the LA)

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2. Annually, or more frequently as needed, designated LA staff will ensure accurate documents for coordination of services:
  - a. Agency and/or Regional Vendor and Community Resources List (**Policy 8.02**)

**D. Local Agency Required Document Submission for Program Management**

1. Annually, designated LA staff will submit documents to designated SA staff for management evaluations and monitoring by September 30:
  - a. Digital Scales Calibration Log (**Policy 2.12**)
  - b. Staff Training Records (**Policy 11.01**)
  - c. Internal Monitoring Reports (**Policy 9.02**)
2. Biennially, designated LA staff will submit documents to designated SA staff:
  - d. Site Security (**Policy 1.26**)
  - e. Inventory (**Policy 6.15**)
3. Within designated timeframes, LA staff will submit documents to designated SA staff:
  - a. Policy Memo Acknowledgement within 14 working days following release of the memo
  - b. New Employee Network Access two (2) days prior to start date
  - c. Departing Employee Network Access Deprovision within five (5) working days of departure (**Policy 1.26**)

**E. Local Agency Optional Reports for Continual Quality Improvement**

1. If directed by the Local Agency Director (LAD), LA staff will review the following reports within XR, and conduct corrective actions to address participant needs or ensure the most accurate data within records:
  - a. Daily Appointment to be Rescheduled located at XR - Appointments
  - b. WV Nutr Ed Missed Appt located at XR - Appointments
  - c. WV Families with no Future Appt located at XR - Appointments
  - d. WV Family Alerts located at XR - Operations

**F. Required Documents to be Maintained in XR**

1. Various documents are submitted, reviewed, verified and issued during an application, certification process, or ongoing service provision. Documents that must be scanned within the participant XR record are:
  - a. Income information if applicant is over income (**Policy 2.09**)
  - b. Notification of Ineligibility (**Policy 2.09**)
  - c. Self-Declaration Form (**Policy 2.17**)
  - d. Foster Care, Kinship Care and/or Adoption Custody Documentation (**Policy 2.07**)
  - e. Consent of Release of Information (**Policy 1.03**)

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- f. WIC-53 Exempt Formula and WIC Nutritionals Authorization Form (**Policy 4.09**)
- g. Participant Agreement, if completed via paper (**Policy 2.10**)
- h. Medical Documentation for Physical Presence Exemption (**Policy 2.01**)
- i. Medical Documentation for Hemoglobin Testing Exemption (**Policy 2.13**)
- j. Photo Release Form (**Policy 7.02**)