

## IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** West Virginia for FY 2020

Organization and management involves the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

**A. State Staffing – 246.3(e), 246.4(a)(4) and (24):** describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.

**B. Evaluation and Selection of Local Agencies - 246.4(a)(5)(i) and (7) and 246.5:** describe the procedures and criteria utilized in the selection and authorization of local agencies.

**C. Local Agency Staffing - 246.4(a)(4):** describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.

**D. Disaster Planning** - describe the disaster plans to be implemented in the event of a disaster.

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**A. State Staffing**

**1. State Level Staff**

a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in the section’s Appendix noted here:

<b>Position</b>	<b>FTE WIC</b>	<b>FTE WIC</b>	<b>Total FTE</b>
Director	1		1
Nutritionist	3		3
Vendor Specialist	4		4
Program Specialist	10		10
Financial Specialist	2		2
Breastfeeding Coordinator	1		1
(MIS/EBT) Specialist	3		3
Intern			
<b>Other (specify by typing into the cells below):</b>			
<b>Clerk / Secretary</b>	1		1

b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.

Yes  No

If yes, please attach and/or reference the location of the State agency's WIC organization chart:  
Appendix M – WV Office of Nutrition Services Org Chart

c. If available, please attach and/or reference the location of the overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization:

Appendix N – WV Bureau for Public Health (BPH) Org Chart

d. The State agency has updated position descriptions for each of the above positions.

Yes  No

If yes, please attach and/or reference the location of the position descriptions:  
Appendix O – Position Descriptions

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:**

<b>Function</b>	<b>Percent of Total Staff Time</b>
Certification, including nutrition risk determination	4%
Breastfeeding training/promotion and support	4%
Nutrition education	5%
Monitoring of local agencies	3%
Fiscal reporting	14%
Food delivery system management	2%
Vendor management, including vendor training	27%
Staff training and continuing education	1%

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(MIS/EBT) system development and maintenance	29%
Civil rights	1%
Coordination with and referrals to other assistance programs and social service agencies	
<b>Other (specify by typing into the cells below):</b>	
FMNP	1%
Secretarial Support	9%
<b>TOTAL (please add and type here):</b>	100%

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

#### 3. Drug-Free Workplace

a. The State agency has a plan that will enable them to achieve a drug-free workplace.

Yes  No

b. Please attach and/or reference the location of a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix of this section.

Appendix P – Drug Free Workplace Policy

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

#### B. Evaluation and Selection of Local Agencies

Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)

#### 1. Local Agencies Authorized

8 Number of local agencies authorized to provide WIC services last year

8 Number of local agencies planned to provide WIC services this year

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

#### 2. The State agency accepts applications from potential local agencies:

Annually

Biennially

On an on-going basis

Other (specify): On an as needed basis

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

#### 3. Existing local agencies must reapply and compete with new applicant agencies for authorization:

Annually

Biennially

Not applicable

Other (specify):

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

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### 4. Selection Criteria

- a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:

New Service Areas	Existing Service Areas		
<input type="checkbox"/>	<input type="checkbox"/>	Coordination with other health care providers	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Projected cost of operations/ability to operate with available funds	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location/participant accessibility	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial integrity/solvency	
<input type="checkbox"/>	<input type="checkbox"/>	Relative need in the area	
<input type="checkbox"/>	<input type="checkbox"/>	Range and quality of services	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of performance in other programs	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ability to serve projected caseload	
<input type="checkbox"/>	<input type="checkbox"/>	Non-smoking facility	
<input type="checkbox"/>	<input type="checkbox"/>	Americans with Disabilities Act (ADA) compliance	
		<b>Other (specify by typing into the cells below):</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>	
<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>	

- b. The State agency conducts studies (provide date of most recent study: 1/1/2014) of the cost-effectiveness of local agency operations that examine:

- Location and distribution of local agencies in proportion to participants/potential eligibles
- Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)
- Staff-to-participant ratios and related staffing analyses
- Comparative analyses of local agency/clinic costs
- Other (specify):

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

5. The State agency enters into a formal written agreement or contract with each local agency.

- Yes (state duration): **October 1<sup>st</sup> - September 30<sup>th</sup> each year**
- No

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

6. The State agency has established statewide fair hearing procedures for local agency appeals.

- Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below.
- No
- Not Applicable

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

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WV WIC Policy and Procedure Manual 1.17

**7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach and/or reference the location of the listing:**

- Location
- Type of site (e.g., hospital, health department, community action program)
- Service area
- Hours of operation
- Days of operation
- Health services provided on-site
- Social services provided on-site
- Participation
- Other (specify):

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation): Appendix Q – Local Agency Clinic Contact Information**

### **C. Local Agency Staffing**

**Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)**

#### **1. Staffing Standards**

**a. The State agency prescribes local agency staffing standards that include:**

- Credentials
- Staffing levels
  - Staff-to-participant ratio standards
  - Time spent on WIC functions
  - Other (specify):
- Functions of CPAs
- Paraprofessional requirements
- Separation of duties to ensure no conflicts of interest
- Other (specify):
- Not applicable

**b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards.**

- Yes       No

**c. The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices.**

- Yes       No

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- d. Local agencies follow staffing standards established by unions or local governmental authorities.

Yes  No

If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities?

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

### 2. Local Level Staffing Data

- a. The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> For each clinic/local agency                                 | <input type="checkbox"/> By function         |
| <input type="checkbox"/> At regular intervals  | <input type="checkbox"/> Program management  |
| <input type="checkbox"/> Monthly   | <input type="checkbox"/> Food delivery       |
| <input type="checkbox"/> Quarterly   | <input type="checkbox"/> Certification       |
| <input type="checkbox"/> Annually  | <input type="checkbox"/> Nutrition education |
| <input type="checkbox"/> Breastfeeding promotion and support                                     |  |
| <input checked="" type="checkbox"/> Other (specify): <b>During the Monitoring Review Process</b> |  |
| <input type="checkbox"/> Other (specify):  |  |

- b. Results of analyses are reported back to local agencies.

- No
- Yes, in a single report comparing all local agencies
- Yes, in a local agency-specific report (no comparative data)

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

### 3. Local Agency Breastfeeding Staffing Requirement

- a. Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.

8

- b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS Loving Support Peer Counseling Model.

Yes  No

- c. Number of local agencies with breastfeeding peer counselors. 8

## D. Disaster Plan

1. State agency has developed a WIC disaster plan.

Yes  No

2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan.

Yes, what agency(ies): **WV Department of Health and Human Resources (DHHR) and WVDHHR Management**

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### Information Systems (MIS)

No

**3. The State agency shares the disaster plan with its local agencies and clinics?**

Yes       No

**4. The Disaster Plan addresses:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Procedures to access the extent of a disaster and report findings   | <input checked="" type="checkbox"/> MIS alternate procedures |
| <input checked="" type="checkbox"/> Access to program records   | <input type="checkbox"/> Emergency authorization of vendors  |
| <input checked="" type="checkbox"/> Certification and food issuance sites and procedures                | <input checked="" type="checkbox"/> Back up computer systems |
| <input checked="" type="checkbox"/> Food package adjustments  | <input type="checkbox"/> Back up filing systems              |
| <input checked="" type="checkbox"/> Food delivery systems to include electronic benefits transfer (EBT) | <input checked="" type="checkbox"/> Staffing arrangements    |
| <input checked="" type="checkbox"/> Management Information System (MIS) Recovery                        | <input type="checkbox"/> Use of mobile equipment, clinics    |
| <input type="checkbox"/> Publication notification of Variances in program operations                    |  |
| <input type="checkbox"/> Other (describe):  |  |

**5. The State agency requires local agencies/clinics to have individual disaster plans.**

Yes       No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

Yes       No

**6. The State agency has a designated staff person to coordinate disaster planning.**

Yes       No

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