

FFY 2017

WIC Local Agency Plan (LAP) Training Manual

Missouri **WIC**

Eat Healthy. Stay Well.

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GENERAL INFORMATION

Agency staff can have one of two roles to access the WIC LAP:

WIC AGENCY – Allows access to all areas of the LAP, including personnel and salary information.

WIC DATA ENTRY – Allows access to all areas of the LAP except personnel and salary information.

An ASAP request must be completed for all new users. Instructions for completing the ASAP request are located at

<http://health.mo.gov/living/families/wic/wiclwp/ppt/ASAP.ppt>.

The WIC LAP is similar to a contract application. Once approved, it becomes part of the contract and serves as the working operations document and budget for the contract between the state and LA. Separate written or verbal approvals for activities or purchases in the plan are only necessary if the plan is modified. Screens of the LAP have Help links to explain how to complete the Plan and where data needed may be found.

A plan submitted lacking any of the required information will be rejected. Approval of the WIC LAP cannot proceed until all parts are complete. **Submission of the completed LAP is due August 31, 2016.**

The LA should focus on one, two, or at most three goals in the plan. This allows agencies to develop short- and long-term objectives and strategies to meet those goals.

The LAP has examples of small, medium and large agency plans. Immediately following each section in this manual are the questions used by Technical Assistance Staff in the LAP approval process. You may use these as part of your final review prior to LAP submission.

IN-KIND COSTS

Section 13.7 of the WIC Local Agency Nutrition Services Contract Scope of Work states, “The Contractor shall document and report when non-WIC Program funds are used to meet the requirements of this contract or to provide services. These funds must be for allowable expenses and shall be included in the LAP budget and reported in the monthly billing as in-kind.”

Enter all allowable WIC approved costs. Enter the amount to be paid with non-federal funds in the appropriate In-Kind fields. In-Kind for individual salaries and benefits may be entered on the Personnel Totals screen. In-Kind for non-personnel line items may be entered on the Line Items screen. In-Kind is carried forward to the WIC budget summary.

TO ACCESS THE LAP

Open the LAP application by clicking [here](#). Select your Agency ID Number. Click the **ACCESS NEXT YEAR'S WIC LAP** button to allow you to update to the previous year's LAP data as the New Federal Fiscal Year Local Agency Plan. The new fiscal year LAP cannot be edited after submission. To view past years LAPs, select your Agency ID Number. In the box to the right of **SUBMITTED/APPROVED LAP(s)** select the year you want to view and then click the **ACCESS LAP** button.

CHANGES TO THE FFY 2017 LAP

There are some changes to the FFY 2017 LAP. Changes were made to the following screens: Agency Information, Attachments, Employees, Evaluations, Goals/Objectives/Strategies, Needs Identification, Staff Roles, and Line Items. Please see these screens for the specifics. The new items are at the beginning of the section.

AGENCY INFORMATION

Changes for 2017

- The name of the person for which the emergency contact phone number is listed must be entered.
- All email addresses must be verified throughout the application.

Agency information is posted on the WIC web site. Make sure it is accurate when the LAP is submitted.

- Enter the legal business name of the local organization contracting with the state to be a Local Agency (LA).
- Give the LA contracting organization's physical street address which may be used for shipping and a post office box for receiving mail, if there is one.
- Enter the LA contracting organization's city, state and zip code. (All Missouri local agencies are located in Missouri.)
- Enter the contact phone number of the LA contracting organization.
- List the contact phone number (and extension, if needed) to reach the WIC clinic. This number is used as the agency contact number on the state's WIC web site.
- Enter an emergency contact number that can be used by state staff to contact the agency in the event of an emergency. This number is not listed on the web site.

- Enter the secure fax number for the WIC clinic.
- List the days and hours that applicants and participants can visit the site and receive WIC services. Include any special instructions like “Call for an appointment”; if the site is administrative only, note “No onsite services available”.
- Give the name of the agency Administrator or the organization’s executive responsible for the WIC contract and the email address for the person listed as the Administrator.
- If the agency has a Facebook or social media page, please list the web site address.
- Indicate whether the main site provides hospital certifications.
- Indicate whether the main site or a satellite is located at a Head Start agency.
- Indicate if the main site and/or satellite sites have only one person performing all activities for certification/recertification, including issuing benefits.
- Indicate whether or not agency will bill for indirect costs. Information to assist local agencies to decide whether or not to bill for indirect costs is located in the June 29, 2015 WIC Updates (article # 4), <http://www.health.mo.gov/living/families/wic/wicupdates/2015/index.php>.

APPROVAL QUESTIONS

Have they given the agency’s correct contact information (Address, Agency Phone number, WIC Phone number, ext., fax)?

Have they entered the days and hours the WIC Main Office clinic is open to see participants?

Did they give an acceptable current name and e-mail address for the Agency Administrator?

SATELLITES

Satellite clinic information is posted on the state’s website. Make sure it is accurate when the LAP is submitted.

Enter the name of the satellite clinic and the agency assigned satellite ID#. Enter the physical street address, city of address, and zip code which may be used for shipping.

Enter the phone number (and extension, if needed) to reach the satellite. This number will show as a contact number on the state’s WIC website. List the WIC clinic hours when participants can receive WIC services. Include any special instructions such as, “Call for an Appointment”; if site is administrative only, list “No Onsite Services

Available”; if the satellite is a hospital site for hospital patients only, list “Hospital Patients Only”.

Indicate whether the satellite site provides hospital certifications. Also indicate whether the satellite is located at a Head Start Agency.

Indicate if satellite sites have only one person performing all activities for certification/recertification, including issuing benefits (this question will not show if the agency on the Agency Information screen said satellites did not have a single person doing the entire participant certification).

To update satellite information, select the row by checking the box to the left of the row. Update site/location, address, phone, fax, e-mail, and/or hours of operation. Use the Update button to save changes before moving on to another screen. Otherwise, changes entered will be lost. You may also remove a site by checking the box to the left of the row and using the Delete button.

APPROVAL QUESTIONS

Have they put the satellite’s contact information (address, phone number, ext., fax)?

Have they included the Hours of Operation for the satellite clinics?

Are the Satellite ID numbers for the satellites correct?

ATTACHMENTS

Changes for 2017

- If utilizing social media, the Local Agency must develop a policy and procedure for social media usage. To include this attachment, select “Social Media” in the Document Type drop down box. Please reference the WIC Operations Manual (WOM) policy 1.02150 for more information.

The *Attachments* screen makes documents a permanent part of the LAP for audit and historical purposes. Required attachments are Interpretive Services Policy; Breast Pump Loan Agreement; Breast Pump Loan Policy; Complaint & Grievance Policy; and Outreach Plan. If applicable to the agency, other required attachments may include Contracts; Indirect Cost Rate Letter; and/or Signed Written Agreements. You may also select “Other” and specify the type in the document name. A LAP without the required documents attached cannot be approved.

You may go to the history version of the LAP and view the attached document from previous years.

Select an Attachment Type, type in a name for the document, and use the Browse feature to find the Document Pathname.

Attachment Types:

- Signed Written Agreements/MOU/MOA
- Nutrition Lesson Plan
- Current Signed Contracts
- Indirect Cost Rate Letter
- Outreach Plan
- Interpretive Services Policy
- Complaint & Grievance Policy
- Breast Pump Loan Policy
- Breast Pump Loan Agreement
- Immunization MOA
- Social Media
- Other (specify type of document in the name)

Attachment Name Examples:

- Nutritionist Contract
- Hospital MOU
- Registered Dietitian Agreement
- ABCD WIC Agency Outreach Plan

APPROVAL QUESTIONS

Are all contracts and agreements signed and do they have dates for this fiscal year?

Is the Indirect Cost Rate Letter or documentation of the rate approved by the governing body, County Auditor, or similar authority attached?

Is the agency's Outreach Plan attached and is it appropriate to the local population?

Is the agency's Interpretive Services Policy attached and does it conform to WOM guidelines?

Is the agency's Complaint & Grievance Policy attached and does it conform to WOM guidelines?

Are nutrition and/or breastfeeding education lesson plans for group classes attached?

Are all required documents attached?

Is the agency's Breast Pump Loan Policy and Loan Agreement attached and does it conform to WOM guidelines?

NEEDS IDENTIFICATION

Changes for 2017

- Dropped the Year 2011 from Data Trends. Added the Year 2016.

The *Needs Identification* screen is a tool for tracking statewide concerns and prioritizing goals and nutrition sessions for the current contract year. The *Needs Identification* screen shows data for all years in the current 5 year plan. The previous year's data is added each year of the 5 year plan. This data will assist in developing and tracking long-term goals, objectives, and outcomes.

The *Needs Identification* screen shows current service and potential eligibles and is also used to identify potential gaps in service to participants by ethnic background and program category. State % and LA % columns are reported by the MOWINS data system. Evaluation of this data is essential for ongoing civil rights and equal access to service compliance.

The needs identification data has five areas: Health, Behavioral, Administrative, Language Preference and Potential Eligibles. Click Enter Priority/Comments for the input screen and enter the priority number and applicable comments for each selection. List additional information in the comment field (e.g., the reason the need received the ranking given or the reason the need will or will not be an objective). When updating from the previous year, you should not enter a number that has already been assigned.

HEALTH INDICES

Breastfeeding Anytime

% of Total Infants that were Breastfed Ever

Breastfeeding Duration 6 mo

% of Total Infants that were Breastfeeding at 6 mo.

Breastfeeding Duration 12 mo

% of Total Infants that were Breastfeeding at 12 mo.

RF 113 - Obese (C) 2-5 years

- Children 2 to 5 years: BMI-for-Age \geq 95th percentile or weight-for-stature \geq 95th percentile.
- Data Source - % of Children 2-5 years assigned RF 113 between July 1 and June 30 of Fiscal Year.

RF 114 - Overweight or At Risk of Overweight (I, C)

- Infant
 - <12 months and born to a biological mother whose BMI \geq 30 at the time of certification or at any point in the first trimester of pregnancy.

- If the biological father is present and the biological father's BMI ≥ 30 at the time of certification.

Children

- 2 to 5 years old
 - If the BMI-for-age is $\geq 85^{\text{th}}$ or $< 95^{\text{th}}$ percentile based on data entered on the Height/Weight/Blood tab.
 - If the weight-for-stature is $\geq 85^{\text{th}}$ or $< 95^{\text{th}}$ percentile based on data entered on the Height/Weight/Blood tab.
 - Optional if biological mother's BMI is ≥ 30 at the time of child's certification.
 - Optional if biological father is present and the biological father's BMI is ≥ 30 at the time of certification.

Data Source - % of Infants and Children assigned RF 114 between July 1 and June 30 of Fiscal Year.

RF 201 - Low Hemoglobin/Low Hematocrit (P, B, N, I, C)

Infants: 6-12 months of age: $< 11.0/33.0$ hgb/hct.

Children: 1 < 2 years of age: $< 11.0/32.9$ hgb/hct.

Children: 2 to 5 < years of age: $< 11.1/33.0$ hgb/hct.

Prenatal women:

- Non-Smoking - 0 to 13 Weeks of Gestation: $< 11.0/33$ hgb/hct, 14 to 26 Weeks of Gestation: $< 10.5/32$ hgb/hct, 27 to 40 Weeks of Gestation: $< 11.0/33$ hgb/hct.
- Smoking Less than 1 (< 1) Pack per Day - 0 to 13 Weeks of Gestation: $< 11.3/34$ hgb/hct, 14 to 26 Weeks of Gestation: $< 10.8/33$ hgb/hct, 27 to 40 Weeks of Gestation: $< 11.3/34$ hgb/hct.
- Smoking 1 to 2 (≥ 1 and ≤ 2) Packs per Day - 0 to 13 Weeks of Gestation: $< 11.5/34.5$ hgb/hct, 14 to 26 Weeks of Gestation: $< 11.0/33.5$ hgb/hct, 27 to 40 Weeks of Gestation: $< 11.5/34.5$ hgb/hct.
- Smoking More than 2 (> 2) Packs per Day - 0 to 13 Weeks of Gestation: $< 11.7/35$ hgb/hct, 14 to 26 Weeks of Gestation: $< 11.2/34$ hgb/hct, 27 to 40 Weeks of Gestation: $< 11.7/35$ hgb/hct.

Breastfeeding women:

- Non-Smoking - 12 to 14 Years of Age: $< 11.8/35.7$ hgb/hct, 15 to 17 Years of Age: $< 12.0/35.9$ hgb/hct, 18 Years of Age or Older: $< 12.0/35.7$ hgb/hct.
- Smoking Less than 1 (< 1) Pack per Day - 12 to 14 Years of Age: $< 12.1/36.7$ hgb/hct, 15 to 17 Years of Age: $< 12.3/36.9$ hgb/hct, 18 Years of Age or Older: $< 12.3/36.7$ hgb/hct.
- Smoking 1 to 2 (≥ 1 and ≤ 2) Packs per Day - 12 to 14 Years of Age: $< 12.3/37.2$ hgb/hct, 15 to 17 Years of Age: $< 12.5/37.4$ hgb/hct, 18 Years of Age or Older: $< 12.5/37.2$ hgb/hct.
- Smoking more than 2 (> 2) Packs per Day - 12 to 14 Years of Age: $< 12.5/37.7$ hgb/hct, 15 to 17 Years of Age: $< 12.7/37.9$ hgb/hct, 18 Years of Age or Older: $< 12.7/37.7$ hgb/hct.

Non-breastfeeding women:

- Non-Smoking - 12 to 14 Years of Age: $< 11.8/35.7$ hgb/hct, 15 to 17 Years of Age: $< 12.0/35.9$ hgb/hct, 18 Years of Age or Older: $< 12.0/35.7$ hgb/hct.

- Smoking Less than 1 (< 1) Pack per Day: 12 to 14 Years of Age: < 12.1/36.7 hgb/hct, 15 to 17 Years of Age: < 12.3/36.9 hgb/hct, 18 Years of Age or Older: < 12.3/36.7 hgb/hct.
- Smoking 1 to 2 (≥ 1 and ≤ 2) Packs per Day: 12 to 14 Years of Age: < 12.3/37.2 hgb/hct, 15 to 17 Years of Age: < 12.5/37.4 hgb/hct, 18 Years of Age or Older: < 12.5/37.2 hgb/hct.
- Smoking more than 2 (> 2) Packs per Day: 12 to 14 Years of Age: < 12.5/37.7 hgb/hct, 15 to 17 Years of Age: < 12.7/37.9 hgb/hct, 18 Years of Age or Older: < 12.7/37.7 hgb/hct.

Data Source - % of Women, Infants, and Children, assigned RF 201 between July 1 and June 30 of Fiscal Year.

RF 101 - Underweight (P, B, N)

- Prenatal women: Pre-pregnancy BMI < 18.5
- Breastfeeding and non-breastfeeding woman < 6 months postpartum: Pre-pregnancy or current BMI < 18.5
- Breastfeeding women ≥ 6 months postpartum: Current BMI < 18.5
- Non-breastfeeding women who are less than (<) 6 months postpartum: Pre-pregnancy or current BMI < 18.5

Data Source - % of Women assigned RF 101 between July 1 and June 30 of Fiscal Year.

RF 111 - Overweight (P, B, N)

- Prenatal women: Pre-pregnancy BMI ≥ 25
- Breastfeeding and non-breastfeeding women < 6 months postpartum: Pre-pregnancy or current BMI ≥ 25
- Breastfeeding women ≥ 6 months postpartum: Current BMI ≥ 25

Data Source - % of Women assigned RF 111 between July 1 and June 30 of Fiscal Year.

RF 131 - Low Maternal Weight Gain – Prenatal with one fetus

Low weight gain at any point in pregnancy, such that:

- Prenatal weight plots at any point in her pregnancy below the bottom line of the appropriate weight gain channel for her respective pre-pregnancy weight category {Underweight < 18.5, Normal weight BMI 18.5 – 24.9, Overweight BMI 25 -29.9 or Obese BMI ≥ 30 }.

A low rate of weight gain, based on the recommended weight gain range for her pre-pregnancy BMI category, such that: in the 2nd and 3rd trimesters, singleton pregnancies: Pre-pregnancy weight categories weight gain per week {Underweight < 1 pound, Normal weight <.8 pound, Overweight < .5 pound, Obese < .4 pound}

Data Source - % of Prenatal Women with one fetus assigned RF 131 between July 1 and June 30 of Fiscal Year.

RF 132 - Maternal Weight Loss During Pregnancy – Prenatal only

- Any weight loss below pre-gravid weight during the 1st trimester (0 – 13 weeks gestation), or
- Weight loss of ≥ 2 lb in the 2nd or 3rd trimester (14 – 40 weeks gestation).

Data Source - % of Prenatal Women assigned RF 132 between July 1 and June 30 of Fiscal Year.

RF 133 - High Maternal Weight Gain (P, B, N)

Prenatal women (singleton pregnancy)

- Weight plots at any point above the top line of her appropriate weight gain channel for her respective pre-pregnancy weight category {Underweight < 18.5 BMI, Normal weight 18.5 – 24.9 BMI, Overweight 25 – 29.9 BMI, Obese ≥ 30 }
- A high rate of weight gain based on her pre-pregnancy BMI for her respective pre-pregnancy weight category, such that in the 2nd and 3rd trimester: Pre-Pregnancy Weight Categories Weight Gain Per Week {Underweight > 1.3 pounds, Normal Weight 1 pound, Overweight .7 pound, Obese .6 pound}
- Breastfeeding or non-breastfeeding women (most recent pregnancy only) with one fetus: total gestational weight gain exceeding the upper limits based on her pre-pregnancy BMI weight category as indicated in the table below:

<u>Categories</u>	<u>BMI Definitions</u>	<u>BMI Total Weight Gain</u>
Underweight	< 18.5	> 40 pounds
Normal Weight	18.5 – 24.9	> 35 pounds
Overweight	25.0 – 29.9	> 25 pounds
Obese	≥ 30	> 20 pounds

Data Source - % of Women assigned RF 133 between July 1 and June 30 of Fiscal Year.

RF 142 - Prematurity (I, C < 24 months)

- Infants (0 - 12 months) born at ≤ 37 weeks gestation
- Children < 24 months born at ≤ 37 weeks gestation

Data Source - % of Infants and Children < 24 months assigned RF 142 between July 1 and June 30 of fiscal year.

RF 141 - Low Birth Weight or Very Low Birth Weight (I, C < 24 months)

- Infants 0 -12 months Birth weight ≤ 5 lb. 8 oz.
- Children < 24 months Birth weight ≤ 5 lb. 8 oz.

Data Source - % of Infants and Children < 24 months assigned RF 141 between July 1 and June 30 of Fiscal Year.

RF 153 - Large for Gestational Age (Infants)

Infants Birth weight is \geq 9 pounds

Data Source - % of Infants assigned RF 153 between July 1 and June 30 of Fiscal Year.

BEHAVIORAL INDICES**RF 371 - Maternal Smoking (P, B, N)**

Daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars as reported on the Health Information tab.

Data Source - % of Women assigned RF 371 between July 1 and June 30 of Fiscal Year.

RF 904 - Environmental Tobacco Smoke [ETS] Exposure (P, B, N)

Household Smoking field on the Demographics tab is checked yes, after the LA staff has asked if anyone living in the household smokes inside the home.

Data Source - % of Women assigned RF 904 between July 1 and June 30 of Fiscal Year.

RF 372 - Alcohol and Illegal Drug Use (P, B, N)

Alcohol

- Prenatal any consumption of alcohol as recorded on the Health Information tab.
- Breastfeeding & Non Breastfeeding when routine use is \geq 2 drinks per day.

Illegal Drug Use

- All women when they report usage of any illegal drug.

Data Source - % Women assigned RF 372 between July 1 and June 30 of Fiscal Year.

ADMINISTRATIVE**Enrollment in WIC during the First Trimester**

Data Source - % of Total Prenatal Entry into WIC during the First Trimester between July 1 and June 30 of state fiscal year.

Prenatal Care Began during the First Trimester

Data Source - % of WIC Prenatals whose Prenatal Care Began during the First Trimester between July 1 and June 30 of state fiscal year.

Race & Ethnicity

Data Source - # and % Race & Ethnicity from MOWINS Data

Caucasian, Black/African American, Asian, Native American, Pacific Islander, Hispanic, Reporting 2 or more races

Language Preference

Data Source - # and % Spoken Language Preference and # and % Read Language Preference

Albanian, Arabic, Bosnian, Chinese, Farsi, French, German, Italian, Russian, Somali, Spanish, Vietnamese, Other

Potential Eligibles

Contracted Monthly Caseload

Monthly Caseload Number contracted at the beginning of the year.

Average Monthly Caseload Served

Calculated average based on Total Caseload for the year thus far, divided by the number of months so far in this Federal Fiscal Year.

% Served of Contracted

Calculated by dividing the Average Monthly Caseload Served by the Contracted Monthly Caseload.

MO HealthNet Prenatals Not on WIC

Number of Prenatal MO HealthNet Participants not on WIC for the last MO HealthNet Reported Year. Click on the link to open a report table with numbers for all counties.

APPROVAL QUESTIONS

Have priorities and/or comments been updated for the current year?

Has the agency justified the ranking with appropriate comments?

EVALUATIONS

Changes for 2017

- The Evaluations tab is separate from the Goals/Objectives/Strategies tab.

Each year you must evaluate and explain the results of the previous year's Objectives. **For each objective in the previous year's LAP, provide your evaluation method and explain measurable results of your evaluation.** The results need to be objective data as defined in the previous year's plan and must be measurable.

Steps in the review process:

1. Compare current and previous year's data which is relevant to your objectives [Crystal Reports, Needs Identifications, Customer Survey Results, etc.]
 - a. Did your data results increase, decrease, and/or maintain?
2. Provide explanations when interpreting data.
 - a. Explain measurable results for the objective.
 - b. Explain how strategies were or were not effective.
 - c. List evaluation method used [Crystal Reports, Needs Identifications, Customer Survey Results, etc.]

On the *Evaluations* tab, select the "View/Enter Evaluation" button; this will display the Annual Objective Evaluation screen. Provide evaluation method and explain measurable results of the objective. From the dropdown, select the name of the Nutritionist completing the evaluation of the Objective. To access previous year's annual evaluations of goals use the FY 2016 approved LAP under the Goals/Objectives/Strategies/Evaluation tab. This tab will show a history of the previous evaluations of the 5-year plan.

APPROVAL QUESTIONS

Has the agency explained if results were significantly different than planned and/or stated changes to be made in the future or plans to continue objective?

GOALS

A goal is a statement of broad direction or purpose and is general in nature, with one or more related objectives. A goal is really about the final impact or outcome that our program wants to accomplish.

All agencies will be required to have a breastfeeding goal, which is to **“Improve breastfeeding rates of Missouri WIC participants”** and it will be automatically entered for your agency as Goal #1.

The agency can select from 2 additional broad goals:

- **Improve health outcomes of Missouri WIC participants.**
- **Improve customer service to Missouri WIC participants.**

Determine if your agency will need to continue an existing goal, revise the goal for the next fiscal year, or if the goal will be dropped all together.

Enter a date either in the “Continued Date or Complete\Drop Date” column for the existing goal, if applicable. In the “Why Dropped” column enter revisions to the goal or indicate why the goal was dropped.

If you decide to add a new goal this year, you will need to enter the start date in the “Start Date” column. The start date can be entered by selecting the calendar icon in the “Start Date” column or by entering 2-digits for the month/day and 4-digits for the year.

The next step after reviewing or adding a goal is to add your objectives. Click on the “View/Enter Objective” link located in the last column. Selecting the “Toggle Needs Identification” button allows you to toggle between the screens.

OBJECTIVES

Objectives start with phrases like, ‘to increase’, ‘to decrease’, or ‘to maintain’ and indicate the direction of the improvement expected. The objective represents a step toward accomplishing a goal. Objectives must be measurable and include a statement, ‘from (measurement indices) to (measurement indices) by (specific date)’.

Example: “To reduce anemia from 18% to 16% in pregnant women identified “at risk” by June 30, 2016.” One exception to objectives including a measure is when baseline data does not exist. Developmental objectives should be written with a target for improvement without using the ‘from () to () by ()’ format. Developmental objectives require initial strategies that address the need to determine baseline data.

At the top of the page you will see the Goal Description you have selected. To the right of the Goal Description you will see two buttons. One button is labeled Return to Goals and the other one is labeled Toggle to Needs Identification. Clicking on either button will allow toggling back and forth between screens.

Your agency will need to determine if you want to continue with an existing objective or add a new objective. If you had an objective entered last year, the Objective description is displayed in the 'Objective' column. In the "Priority" column add or update the Priority, if applicable. Enter a date either in the "Continued/Revised Date or Completed/Dropped Date" column for the objective, if applicable. In the "Why Dropped or What Revisions Made" column enter revisions or indicate why the objective was dropped. In the "Person Responsible" column; the name of who is responsible for ensuring this objective is completed will appear.

To enter a new Objective click on the "Enter New Objective" button. Enter the objective for the goal in the "Objective" column. Select a priority number, if applicable, in the "Priority" column. In the "Start Date" column select or enter a start date for the objective. The start date can be entered by selecting the calendar icon in the "Start Date" column or by entering 2-digits for the month/day and 4-digits for the year. Remember to click the "Save" button after updating this screen.

The next step after reviewing or adding an objective is to add your strategies. Click on the "View/Enter Strategies" link located in the last column. This will take you to the Strategies screen. Select the "Enter New Strategy" button; this will display the **WIC Strategies** screen.

STRATEGIES

Strategies should include an action verb and the means to accomplish the objective. When constructing strategies be sure to include timelines; when the strategy will be completed. **Example: "During the fiscal year, introduce 12345 FIT-TASTIC to parents of children over two and encourage them to use the actions in their daily lives" or "Annual breastfeeding training will be provided at a one hour Lunch and Learn session in <month> for all WIC staff."** Strategies used to accomplish objectives should involve more than merely certifications and initial education contacts or general group education, e.g. staff training, extra targeted participant contacts, outreach, special speakers, take-home information, or other activities that would have an impact on the objective.

At the top of the page you will see the Goal Description and Objective Description you have selected. To the right of the Goal Description you will see three buttons. The buttons are labeled Return to Goals, Return to Objectives and Toggle to Needs Identification. Clicking on any button will toggle back and forth between screens.

The lower half of the page is the WIC Strategies section. Your agency will need to determine if you want to continue with the existing strategies or if a new strategy be added. You should see the strategies you entered last year displayed in the screen for this objective. In the 'Strategy' column is the description of the activities your agency identified last year for this specific goal and objective. You will enter a date either in the

“Continued/Revised Date or Completed/Dropped Date” column or “Why Dropped or What Revisions Made” column.

To enter new Strategies click on the “Enter New Strategy’ button. Enter the activity in the “Strategy” column. In the “Start Date” column select or enter a start date for this strategy. The start date can be entered by selecting the calendar icon in the “Start Date” column or by entering 2-digits for the month/day and 4-digits for the year. Remember to click the ‘Save’ button after updating this screen.

The next step after reviewing or adding a strategy is to return to the Objectives page and complete these steps for each Objective listed.

APPROVAL QUESTIONS

Objectives:

Do the objectives include a “from” and “to” statement?

Have they included a timeframe for completion of the objective?

Have they listed an appropriate person to be responsible for overseeing the objective?

Strategies:

Are the strategies a means to accomplish the objective?

Do strategies include more than normal WIC procedures?

Are the strategies appropriate for the WIC Program?

NUTRITION SESSIONS

The *Nutrition Sessions* screen is not required to be completed when an agency provides only individual nutrition education.

See Missouri WOM ER# 2.06400 for guidelines on Nutrition Education Session contacts and documentation.

Use the Nutrition Session Input area to enter group or alternative nutrition education sessions. Select the month the session will be available. Use Ongoing if availability is not limited. If the session is available in multiple months, add for each month. **Indicate the nutrition education topic to be recorded in the participant's record.** Please note that there have been some updates to the nutrition topics below. Nutrition Topics listed in the MOWINS system are listed below:

Adolescent Prenatal Nutrition	Alcohol/Substance Abuse
Benefits of Nutrition Education	Benefits of WIC Foods
Beverages	Breastfeeding Advantages
Breastfeeding Challenges	Breastfeeding Education
Breastfeeding Nutrition	Child Nutrition/Feeding Toddler 1-2 Yr.
Child Nutrition/Feeding 3-5 Yr.	Client Refused Nutrition Education
Complementary Feeding	Cooking with Kids
Dairy	Dietary Guidelines
Discussion of WIC Risk Factors	Eating Out
Exit Counseling	Family Mealtime
FIT WIC	FNEP (See General Notes)
Folic Acid	Food Allergy
Food Labels	Food Safety & Preparation
Food Security	Fruits and Vegetables
General Breastfeeding Nutrition	General Child Nutrition
General Infant Nutrition	General Postpartum Nutrition
General Prenatal Nutrition	Growth and Development
Healthy Meal Planning	Healthy Snacks
Immunization	Importance of Health Care
Inappropriate Nutrition Practices	Iron
Lead Poisoning Prevention	My Pyramid
No Show for Nutrition Education	Nutrition/Feeding 0-1 Month
Nutrition/Feeding 1-3 Months	Nutrition/Feeding 4-5 Months
Nutrition/Feeding 6-11 Months	Nutritionist Not Available
Oral Health	Other (See General Notes)
Peer Counselor Breastfeeding Class	Physical Activity
Portion Sizes	Pregnancy Concerns
Prenatal Nutrition	Referral Services
Rights and Responsibilities	Smart Shopping
Smoke Exposure	Smoking
TV/Screen Time	Vitamins and Minerals
Weaning	Whole Grains

If the session is related to a priority from the *Needs Identification* screen, enter the priority number. You can add up to 5 priorities related to the nutrition session. Not every topic will address a specific priority. For each nutrition education topic enter group session title. Example:

Nutrition Education Topic: Food Safety & Preparation

Group Session Title: Keep the food you prepare at home both delicious and safe.

Enter a description of any costs associated with the Nutrition Session in the justification column. If using the Technical Assistance Packet located at <http://health.mo.gov/living/families/wic/wiclwp/policies.php>, the cost amount should match the Est. Cost area in the Local Agency Nutrition Education Lesson Plan. Use the Select Cost Type from the dropdown:

- Food
- Printing/Copying
- Purchased Pamphlets/Books
- Educational Props (Breastfeeding Dolls, Breastfeeding Models, Flip Charts, Teaching Models, Power Point Presentations, Posters, Audio Visual Aids, Food Models)
- Staff Resource Materials (Peer Review Nutrition and Breastfeeding Books, Magazines, Journals and Newsletters)
- Breastfeeding Aids (Breast Pumps, Pumping Kits, Breast Shields, Nursing Bras, Nursing Pads)
- Not Applicable

Add In-Kind contribution, if applicable.

Click the Add Session button to save.

To update nutrition sessions select row(s) by checking the box on the left. Make changes to the columns of that row and use the Update button to save.

To delete nutrition sessions select row(s) by checking the box on the left. Click Delete. Costs entered on the *Nutrition Sessions* screen populate to the Nutrition Education Materials portion of the *Line Items* screen. Nutrition session costs may also be entered thru the *Line Items* screen, Nutrition Materials input area.

APPROVAL QUESTIONS

Have they provided the necessary justification for each item?

Is the cost allowable per policy?

Are the appropriate MOWINS NE Topics entered for each session?

Does alternative education meet policy requirements?

EMPLOYEES

List the names of all employees who work in WIC. If you plan to invoice for an employee, that person must be listed in this section. Do not list titles or job roles here. To add a new employee, click on the Add Employee button. Enter the Employee Name then select credentials from the list. You may select more than one credential by holding down the CTRL key while selecting choices. Credentials currently tracked include:

- Breastfeeding Peer Counselor – BFPC
- Dietetic Technician Registered – DTR
- International Board Certified (IBC) Lactation Consultant – IBCLC
- Licensed Dietitian – LD
- Licensed Practical Nurse – LPN
- Nurse Practitioner – NP
- Nutritionist – Nutr.
- Registered Dietitian – RD
- Registered Nurse – RN

Select the rate type used by your agency to pay staff from the drop down list. This is the method used to calculate the employees' annual salary. Rate Types have the following pay periods each year:

- Monthly – 12
- Semi-Monthly – 24
- Weekly – 52
- Annually – 1
- Bi-Weekly – 26
- Hourly – 2080

Start with the employee's salary rate at the beginning of the Federal Fiscal Year (FFY), October 1. **Include the entire rate for this person, not just the WIC portion.** The WIC portion of salaries will be calculated later.

Enter the number of pay periods you expect the employee to be paid at this first salary rate. Use the Rate Types above for the total number of pay periods in the year. Enter the Salary rate after an increase over the original rate and enter the number of pay periods you expect the employee to be paid at this second rate. Enter the Salary rate after a second increase and enter the number of pay periods you expect the employee to be paid at this third salary rate. Use the Save button to add this employee.

To update, click the Edit button to the left of the row. After selecting, make changes to the information and save using the Apply Changes button. To delete, select the Edit button to the left of the row. Use the Delete button to remove.

APPROVAL QUESTIONS

Have they listed all WIC staff?

Have they ensured staff names are not duplicated?

Have they entered credentials correctly?

Do the salaries look appropriate for the rate type?

Does the total of pay periods add up to the annual total for the rate type?

Are RD licenses current with the Division of Professional Registration and RN licenses current with Nursys (located at <https://www.nursys.com/>)?

Have they completed the salary rate fields appropriately?

EMPLOYEE BENEFITS

Guidelines for WIC allowable benefits can be found in the WOM ER# 1.03500.

There are two sections to the *Employee Benefits* screen. The first section (left side) lists benefits calculated as a percentage of the employee's salary (e.g. retirement) and the second section (right side) lists benefits calculated as annual dollar amounts (e.g., health, dental, life, disability insurance, etc.).

The Social Security column already has the FICA percentage entered. To modify this percentage, type the correct percentage in the field. To correctly record percent amounts for your agency in the Percents 2-5 columns, column headings should be labeled using the Edit Column Headings button. When entering percents, enter all digits appearing on the calculator as the figure is to appear on the screen (e.g. for 4.338%, type 4.338). Enter the rate for each benefit based on a percentage of the total salary. Individual employees may have different rates for the same benefit. The Total Percent column is automatically calculated (sums columns Social Security and Percents 2-5). The Subtotal Percentage Amounts is automatically calculated (Total Percent column times Salary).

To correctly record dollar amounts for your agency in the Dollar 1-5 columns, column headings should be updated using the Edit Column Headings button. Enter an annual dollar amount for each benefit. Individual employees may have different annual dollar amounts for the same benefit. The Subtotal Annual Dollar Amounts is automatically calculated (sums columns Dollar 1-5). Note: If the benefit is reported as a percentage, do not include the actual value. This will result in duplicate reporting.

After completing the screen with the appropriate percentages and annualized dollar amounts, use the Update button to save. Total Annual Benefits is automatically calculated (sums calculated columns: Social Security and Percents 2-5 and Dollar 1-5). The Total Annual Benefits amount flows to the Employee Totals Screen.

APPROVAL QUESTIONS

When using dollar amount method, have the dollar amounts been annualized?

When using the percentage method, are the percentages realistic?

Have they ensured there is no duplication on the dollar-amount and percentage-amount benefits?

STAFF ROLES

Changes for 2017

- A phone number for the Breastfeeding Coordinator is a required field.
- The LWP Training Coordinator has been removed.
- Skills Validator has been changed to Anthropometric Skills Validator
- Vendor Coordinator has been changed to Retailer Coordinator
- <Select Employee> has been added to the top of the drop down list on the bottom section of the screen.

The State Agency maintains an e-mail listing for the following required positions:

WIC Coordinator
Nutrition Coordinator
Breastfeeding Coordinator
Retailer Coordinator
NVRA Liaison
Anthropometric Skills Validator

A Primary E-mail Address is a required field for these positions. In addition, the direct telephone number (and extension, if needed) is required for the WIC Coordinator, Nutrition Coordinator, and Breastfeeding Coordinator roles.

Select a name from the dropdown list for each Coordinator or Liaison position and enter the primary and secondary (if applicable) e-mail address. A person can be assigned to more than one of the required positions but a primary e-mail address is required each time you select the name for a position.

Use the Roles/Job Functions to add or remove personnel in those roles/functions on the Active Personnel list. Select a name from the dropdown list and use Add as CPA (Nutritionist, HPA, WIC Certifier) to add to the staff role (Active Personnel) list. Select personnel from the Active Personnel list and use the Delete Personnel button to remove.

Roles/Job Functions entered on this screen carry over to the Employee Hours screen, so you will want to assign roles for staff paid through WIC funds.

APPROVAL QUESTIONS

Do the Nutrition and WIC Coordinator have an agency email address?

Does the agency have a Nutritionist listed in active personnel?

Do they have necessary personnel listed in positions to provide appropriate services?

Are the CPA's listed as an RN or Nutritionist?

EMPLOYEE HOURS

The breakdown of hours in each classification is reported to USDA, so it is important that you understand how these hours are classified. Use the following list as a guideline for the types of tasks or functions related to each classification.

WIC Program Management Hours - Time in this category is time spent:

- Managing clinics, caseload and finances
- Completing the administrative cost report (online invoice)
- Preparing and evaluating the Local Agency Plan (LAP)
- Conducting outreach activities (NOT related to Breastfeeding Promotion and Support)
- Participating in approved continuing education activities
- Reviewing and using reports
- Performing supervisory duties
- Documenting WIC services provided to WIC participants for reports
- Reading WIC Updates and emails/guidance from the State Agency
- Attending general WIC or MOWINS training not related to nutrition education or breastfeeding promotion and support

WIC Client Service Hours – Time in this category is time spent:

- Intake interviews for eligibility and certification information
- Issuing and printing food instruments
- Participant transfers, into or out of the agency
- Referring the applicant/participant to social and/or community service programs
- Interviewing participants regarding possible fraud or violations
- Scheduling appointments
- Following up on no show applicants/participants and rescheduling or mailing missed appointment cards
- Provision of information on the recommended immunization schedule appropriate to the current age of an infant/child and referral information for immunization services
- Explaining local rules and regulations, especially those related to appointments and rescheduling process and procedures

- Inquiries to the participant regarding problems in redeeming food instruments
- Recording the appropriate supplemental food package
- Recording the approval of special formulas according to state WIC program policies and procedures

WIC Nutrition Education Hours – Time in this category is time spent:

- Nutrition Education delivery (individual or group)
- Nutrition Education evaluation
- Delivery of or attending Nutrition Education training (that is NOT Breastfeeding Promotion and Support)
- Consultation with State Nutritionist relating to Nutrition Education
- Development and evaluation of the nutrition portion of the Local Agency Plan (LAP)
- Develop/procurement/review of educational materials, or instructional curricula related to Nutrition Education that is NOT related to Breastfeeding Promotion and Support
- Tailoring of individual participant's food package
- Making comparisons of laboratory test results, anthropometric measures and or dietary intakes to establish a standard to determine basic nutrition counseling needed for specific participants

WIC Certifiers, CPAs and Nutritionists may code time to Nutrition Education (both on the LAP and the monthly invoice). WIC Certifiers should have only a minimal amount of time budgeted and coded to Nutrition Education – no more than 3% on a regular basis. Appropriate activities for WIC Certifiers include providing initial nutrition education, prescribing standard food packages, entering initial nutrition assessment responses into MOWINS, and procuring and producing nutrition education materials (ordering or copying handouts, preparing bulletin boards, preparing mailings, etc.).

Time coded to nutrition education counts toward the required 16.7% nutrition education, therefore it is important that the TA nutritionist monitor for appropriate use of this time coding.

WIC Breastfeeding Support & Promotion Hours - Time in this category is time spent:

- Delivering or attending training on Breastfeeding Promotion and Support that will directly benefit WIC participants
- Direct participant services relating to breastfeeding
- Participation in state and/or local planning committees dedicated to Breastfeeding Promotion and Support
- Organizing volunteers and/or community groups to support Breastfeeding WIC participants
- Breastfeeding Peer Counselors or other individuals hired to undertake home visits or other actions intended to assist women to continue with an initial decision to breastfeed (that is not being entered on a Breastfeeding Peer Counseling special funding screen of the online invoicing system)

- Evaluating breastfeeding initiatives
- Developing or procurement of educational materials or instructional curricula related to Breastfeeding Promotion and Support
- Travel time related to any of the above activities incurred by WIC
- Direct delivery of breastfeeding counseling (individually or in groups)
- Performing Breastfeeding Coordinator functions

All WIC staff may code time to Breastfeeding Promotion and Support (both on the LAP and the monthly invoice). Clerical staff, HPAs, and WIC Certifiers should have only a minimal amount of time budgeted and coded to Breastfeeding Promotion and Support – no more than 3% on a regular basis, excluding training events. Appropriate activities for non-professional staff include procuring and producing breastfeeding promotion and support materials (ordering or copying handouts, preparing bulletin boards, preparing mailings, etc.).

All staff attending breastfeeding training or helping prepare for the training may code this time as breastfeeding promotion and support. Time coded to breastfeeding promotion and support counts toward the required 16.7% nutrition education, therefore it is important that the TA nutritionist monitor for appropriate use of this time coding.

The Role column is the WIC role or job function and is auto-filled from entry on the Staff/Roles page. Hierarchy is: Nutritionist, CPA, WIC Certifier, HPA. This is used when a staff member has more than one role in the agency (if the employee is a Nutritionist and a CPA, the field will show Nutritionist.)

Complete the Employee Hours screen by entering the average number of monthly hours each staff member works at the agency; in WIC and all other functions (staff may work different total hours per month), and the monthly hours each staff member works in each classification. Use the Update button to save.

APPROVAL QUESTIONS

Does all staff listed have WIC hours showing?

Are functional hours appropriate to staff title?

Does the Nutritionist have hours listed in functions other than nutrition education?

When HPA's, Clerical and WIC Certifier have Program Nutrition Education or Breastfeeding Promotion and Support hours, is it no more than 3% on a regular basis, excluding training events?

Are there Nutrition Education and Breastfeeding Promotion and Support hours listed for CPA, Nutritionists and BF Peer Counselor?

Do they have total staff hours appropriate to assigned caseload participation?

EMPLOYEE TOTALS

Total Annual Salary, Total WIC Salary, Total Annual Benefits and Total WIC Benefits are calculated and auto-populated from data entered on the *Employee Salaries*, *Employee Benefits* and *Employee Hours* screens. For each individual on the screen enter the amount of the individual's salary reported as In-Kind (not billed), up to the amount in the WIC Salary column. Enter the amount of the individual's benefits reported as In-Kind (not billed), up to the amount in the WIC Benefits column. Use the Update button to save the entries. Note: It is highly preferable that nutritionist and CPA salaries and benefits not be reported as In-Kind.

If the total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA must show In-Kind services in the budget proposal. In-Kind services must be WIC allowable, proven and documentable. Reporting In-Kind expenses, if any, is required in the WIC Scope of Work. If In-Kind expenditures are not planned for and reported, the state does not officially know it exists. When reported, the state may use the information to make a better case to USDA for additional rate per participant funding for the LA. At the end of the contract year, if the LA has funds remaining in the contract it may reclaim expenses previously reported as In-Kind.

APPROVAL QUESTIONS

Are the In-Kind amounts reasonable?

Have they avoided In-Kind nutritionist and CPAs salary and/or benefits, if possible, and instead reported as In-Kind clerical, HPAs & WIC Certifiers salary and/or benefits?

SUMMARY

The *Summary* screen is auto-filled with salaries, benefits and hours from the previously completed *Employees*, *Employee Benefits*, *Employee Hours* and *Employee Totals* screens. These fields are used to calculate Total WIC Personnel Compensation and Total WIC Personnel Benefits.

Total Personnel Salary is the total amount of the Annual WIC Salary for all employees less any In-Kind salary amount.

Total WIC Personnel Benefits is the total amount of the Annual WIC Benefits for all employees less any In-Kind benefit amount.

Total WIC Personnel Compensation and Benefits is the sum of Total Personnel Compensation and Total WIC Personnel Benefits.

LINE ITEMS

The LA budget for allowable WIC expenditures is entered on the Line Items screen. The Total In-Kind for each Line Item is shown on the main page as a read-only field; enter In-Kind for Line Items on the View/Enter worksheet for each cost item separately. In-Kind amounts directly affect the total billable amount for that Line Item cost.

Refer to the WIC Operations Manual, General Volume, Funding and Accountability Section for what is allowed under each line item and any documentation required.

Contract Services – Review the WOM ER# 1.03600 - “The local agency (LA) shall use the contract services line item to budget and bill allowable expenses for contracts with other agencies or with individuals providing nutrition services and/or interpretive services.”

Documentation required: A signed and dated contract between the LA and the subcontractor or individual approved in the LAP budget process; Documentation of payment to the subcontractor or individual; and Subcontractor or individual records submitted for services performed. Signed contracts must be submitted as an attachment to the LAP.

Click View/Enter for Contract Service Input. Enter the Contracting Organization, Services Provided, Cost and Nutrition Education Portion of the cost. Enter any In-Kind amount for each cost item line and Nutrition Education portion of In-Kind. Use the Add Contract button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Conference and Training – Review the WOM ER# 1.03700 – “The local agency (LA) shall budget and bill all non-personnel costs for approved conferences and trainings on the conference and training line item. Personnel costs associated with conference and training shall be shown in the line items for personnel compensation and benefits. Nutrition contractor costs associated with conference and training shall be shown in the line item for contract services.”

Documentation required: Receipts for lodging, registration fees and travel other than by automobile; Expense sheet signed by employee for meals and mileage; and agency direct payment of employee expenses.

Click View/Enter for the Conference and Training Input. Enter the Conference Title, Persons Attending, Registration Fee, Meals, Hotel Costs, Mileage/Fares Cost and the Nutrition Education Portion of each conference. Enter any In-Kind amount for each cost item line and Nutrition Education portion of In-Kind. Use the Add Event button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Travel – Review the WOM ER# 1.03800 – “The local agency (LA) shall budget and bill all travel for WIC operations, except for conference and training related on the travel line item.” Documentation required: Receipts for lodging and travel other than automobile; Expense sheet signed by employee for meals and mileage; and Agency direct payment of employee expenses.

Documentation required: Receipts for lodging, registration fees and travel other than by automobile; Expense sheet signed by employee for meals and mileage; and agency direct payment of employee expenses.

Click View/Enter for Travel Input. Enter the Activity, Person(s) Attending, Meals, Hotel Cost, Mileage/Fares Cost and the Nutrition Education Portion of each trip. Enter any In-Kind amount for each cost item line and Nutrition Education portion of In-Kind. Use the Add Trip button to save. To update check the box to the left of the row and after making changes, use the Update button to save.

Administrative Office Costs – Review the WOM ER# 1.04100 – “The local agency (LA) shall budget and bill for costs that do not fall into another specific category on the administrative office costs line item.”

Documentation required: Receipts or other source documents for all purchases and expenditures; formulas used for calculating costs including the documentation of the basis of the formula and the actual calculated costs; and auditable documentation of payment.

Click View/Enter for Administrative Office Costs Input. Select the Category from the drop down box, then enter the Item Description, the Total Item Cost, and if any of these costs are tied to a specific goal or priority note the # and enter the Nutrition Education portion of cost. List the method used to determine WIC share of the costs—Actual for actual WIC costs, Hours for a ratio of personnel hours, Square Feet, Time Study for a time study to determine WIC’s share of the cost, or Other if another method approved by WIC TA staff was used. Enter the Agency Hours or Square Feet and the WIC Hours or Square Feet. The WIC percentage and WIC Cost will be calculated automatically. Enter a description if Other was listed as the method. Enter any In-Kind amount for each cost item line and Nutrition Education portion of In-Kind. Use the Add Item button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Medical Materials - Review the WOM ER# 1.04200 – “The local agency (LA) shall budget and bill for items needed to do health assessments on the medical materials line item.”

Documentation required: Receipts or other source documents for all purchases and expenditures; formulas used for calculating costs including the documentation of the basis of the formula and the actual calculated costs; and auditable documentation of payment.

Click View/Enter for Medical Materials Input. Enter the Item Description and the Total Item Cost. List the method used to determine WIC share of the costs—Actual for actual WIC costs, Hours for a ratio of personnel hours, Square Feet, Time Study for a time study to determine WIC's share of the cost, or Other if another method approved by WIC TA staff was used. Enter the Agency Hours or Square Feet and the WIC Hours or Square Feet. The WIC percentage and WIC Cost will be calculated automatically. Enter a description if "Other" was listed as the method. Enter any In-Kind amount for each cost item line. Use the Add Item button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Facilities Costs – Review the WOM ER# 1.04400 – “The local agency (LA) shall budget and bill for allowable space and utilities costs on the facilities costs line item.”

Documentation required: Receipts or other source documents for all purchases and expenditures; formulas used for calculating costs including the documentation of the basis of the formula and the actual calculated costs; and auditable documentation of payment.

Click View/Enter for Facilities Costs Input. Select the Category from the drop down box, then enter the Item Description and the Total Item Cost. Relate the cost to a priority #, if appropriate. List the method used to determine WIC share of the costs—Actual for actual WIC costs, Hours for a ratio of personnel hours, Square Feet, Time Study for a time study to determine WIC's share of the cost, or Other if another method approved by WIC TA staff was used. Enter the Agency Hours or Square Feet and the WIC Hours or Square Feet. The WIC percentage and WIC Cost will be calculated automatically. Enter a description if Other was listed as the method. Enter any In-Kind amount for each cost item line. Use the Add Item button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Indirect Costs – Review WOM ER# 1.04500 – A claim for indirect costs shall be supported by either a federally approved indirect cost rate letter or an approved cost allocation plan. Indirect cost billing shall not exceed 10% of the direct contract costs billed. Cost must not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstance, has been assigned as a direct cost.

Documentation: The rate approval letter from HHS should be attached to the LAP; the cost allocation formulas and supporting documentation used for calculating the cost rate to WIC; and auditable documentation of actual expenses covered under indirect costs. No portion of the indirect cost line item is chargeable to nutrition education.

Click View/Enter for Indirect Cost Input. In the Category drop down box, select either De Minimis or Indirect Letter. Enter a description of the item used benefiting more than one activity and not readily identifiable to a particular program or activity. Enter Total Cost, the Calculation Description and the WIC Cost. Show any amount of In-Kind for each cost item line. Use the Add Item button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Equipment Purchases – Review WOM ER# 1.03900 – “The local agency (LA) shall budget and bill for purchases of all health assessment equipment on the equipment purchases line item. The Local Agency shall budget and bill for purchases of other equipment, except computer hardware and software, with a minimum value of \$500.00 on the equipment services line item. The LA must obtain prior written approval from the District Administrative Technical Assistant.”

Documentation required: Purchase invoice and/or receipt; written authorization from the District Administrative Technical Assistant; verification of payment; and updated inventory record.

Click View/Enter for Equipment Purchases Input. Enter a description of equipment of lasting value with expenditure authorization by the District Administrative Technical Assistant, justification for why the equipment is needed and why it is appropriate, and the location of the equipment shown on the inventory record. Relate the equipment to a goal or priority #, if appropriate, and show the cost of the equipment as well as the nutrition education portion. Enter any In-Kind amount for each cost item line and Nutrition Education portion of In-Kind. Use the Add Equipment button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Computer Hardware – Review WOM ER# 1.04300 – The local agency (LA) shall budget and bill for all purchases of computer hardware on the Computer Hardware line item. The Local Agency must obtain prior purchase approval from the District Administrative Technical Assistant.”

Documentation required: Purchase invoice and/or receipt; written authorization from the District Administrative Technical Assistant; verification of payment; and updated inventory record.

Click View/Enter for Computer Hardware Input. Enter a description of computer hardware with written authorization from the District Administrative Technical Assistant, justification for why the equipment is needed, and the location of the equipment shown on the inventory record. Relate the equipment to a goal or priority #, if appropriate. Show the total cost of the equipment and enter any In-Kind amount for each cost item line. Use the Add Hardware button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

Nutrition Materials – Review WOM ER# 1.04000 – “The local agency (LA) shall budget and bill all materials and supplies used for direct support of nutrition and breastfeeding education and breastfeeding support aids on the nutrition materials line item. The LA must obtain prior purchase approval from the State Agency.”

Documentation required: Receipts or other source documents; auditable documentation of payment; approval from the State Agency given either through the

local agency plan (LAP) process OR at another time for a specific request as necessary.

Click View/Enter for Nutrition and Breastfeeding Materials Input. Enter a description of approved materials and supplies and select type of cost from the dropdown list:

- Food
- Printing/Copying
- Purchased Pamphlets/Books
- Educational Props – Breastfeeding Dolls, Breastfeeding Models, Flip Charts, Teaching Models, Power Point Presentations, Posters, Audio Visual Aids, Food Models.
- Staff Resource Materials-Peer Review Nutrition and Breastfeeding Books, Magazines, Journals and Newsletters.
- Breastfeeding Aids-Breast Pumps, Pumping Kits, Breast Shields, Nursing Bras, Nursing Pads.

Relate the equipment to a goal and/or priority #. Enter a justification for the cost item. Show the total cost; all items are considered Nutrition Education Items. Show any In-Kind amount for each cost item line. Use the Add Item button to save. To update, check the box to the left of the row and after making changes, use the Update button to save.

The Total Operations Cost is auto-calculated by summing the total of all Line Items and the Total Nutrition Education Portion of Operations Cost.

In-Kind Costs are calculated as the Total of Approved LA In-Kind Costs on the Line Items.

CONTRACT SERVICES APPROVAL QUESTIONS

Are services allowable costs per policy?

Have they included a nutrition education portion on items if appropriate?

Have they ensured contract person does not have salary on Employees screen?

Have you reviewed a copy of the signed and dated Contract? Is a signed and dated copy of the contract attached?

CONFERENCE AND TRAINING APPROVAL QUESTIONS

Have they listed the name and/or title of persons attending?

Have they included a nutrition education portion on items if appropriate?

Are all Conferences and Trainings allowable costs per policy?

Are all Conferences and Trainings listed?

TRAVEL APPROVAL QUESTIONS

Have they included a nutrition education portion on items if appropriate?

Are all Travel items allowable costs per policy?

Is the nutritionist's percent of travel time consistent with percentage of nutrition hours to total hours?

ADMINISTRATIVE OFFICE COSTS APPROVAL QUESTIONS

Are all items allowable costs per policy?

Have they included a nutrition education portion on items if appropriate?

Do they give a method and a realistic calculation of WIC costs?

If method is square feet, are the figures realistic?

If method is hours, are they using correct total WIC hours and accurate agency hours, to include all employees who work at the agency?

If method is other, did they explain and show their calculation in description?

If method is Actual Costs, is this realistically a separately incurred cost for WIC?

Are items identified in detail?

MEDICAL MATERIALS APPROVAL QUESTIONS

Are all items allowable costs per policy?

Do they give a method and a realistic calculation of WIC costs?

If method is square feet, are the figures realistic?

If method is hours, are they using correct total WIC hours and accurate agency hours, to include all employees who work at the agency?

Are items listed separately?

If method is other, did they explain and show their calculation in description?

FACILITY COSTS APPROVAL QUESTIONS

Are all items allowable costs per policy?

Are all costs clearly defined; such as insurance----what kind of insurance?

Do they give a method and a realistic calculation of WIC costs?

If method is hours, are they using correct total WIC hours?

If method is square feet, are the figures realistic?

If method is other, did they explain and show their calculation in description?

Is each cost only listed here in Facility Costs not in Administrative Office Costs?

INDIRECT COSTS APPROVAL QUESTIONS

Are all items allowable costs per policy?

Have they used the correct percentage to calculate the cost? (Never over 10% of the other Line Item costs unless documented in the HHS letter).

Do they have a current Health and Human Services letter or documentation of indirect cost apportionment approved by their governing body, County Auditor, or similar authority? If so, is it attached to the LAP?

EQUIPMENT APPROVAL QUESTIONS

Are all items allowable costs per policy?

Have they included a nutrition education portion on items if appropriate?

Have they included the site location of the equipment?

Have they provided appropriate justification for the equipment?

COMPUTER HARDWARE APPROVAL QUESTIONS

Are all items allowable costs per policy?

Have they included the site location of the equipment?

Have they provided appropriate justification?

NUTRITION MATERIALS APPROVAL QUESTIONS

Have they provided the necessary justification for each item?

Are all items allowable as direct support of nutrition education or breastfeeding promotion per policy?

Are all items appropriate for the WIC Program?

Have they entered the Needs Identification priority, if applicable?

ADMINISTRATIVE CONTRACT & SPECIAL FUNDING

WIC Administrative Contract

This area is a summary of the WIC Administrative Contract and Special Funding. The local agency's WIC Administrative Contract is the Total Annual Caseload times the Total WIC Rate-Per-Participant. **Amount Over Target will tell you if the budgeted amount exceeds or is less than the WIC Administrative Contract amount.** If the budgeted amount exceeds the contract, the local agency must reduce the amount budgeted or increase In-Kind amounts. If the budgeted amount is less than the contract the local agency must increase the amount budgeted or decrease In-Kind amounts. You will not be able to submit your LAP if it is out of balance.

Special Funding

Breastfeeding Peer Counseling (BFPC) costs are funded through a special USDA grant for those agencies that participate. They are not a part of the regular funding received in the original WIC contract. BFPC costs are considered 100% Nutrition Education Breastfeeding Promotion and Support and will be calculated as such.

Guidelines for Allowable Items for Reimbursement under BFPC Special Funding 1

Wages and Salary –

- Peer Counselors cannot be paid below the Missouri minimum wage. Use of gift certificates is not allowed. The payment must be made directly to peer counselors.
- Hours for providing peer counseling services, attending meetings and trainings.
- Hours for managing the program including supervision.

Other Expenses –

- All expenses listed below for Special BFPC Funding 2 and any additional expenses necessary to manage an effective Breastfeeding Peer Counselor Program.
- Includes items that can be given to participants, such as breastfeeding supplies and literature.

Click View/Enter for the Input screen. In Item Description list the appropriate expenditure for the grant and choose the appropriate funding category. See above for appropriate expenditures. Enter description of allowable expenditure, such as peer counselor salary, educational/training materials that support breastfeeding, travel and related expenses, office costs/breastfeeding supplies, breastfeeding literature, postage, telephone costs and peer counselor training. A name is required on personnel hours budgeted. To update, check the box to the left of the row and after making changes, use the Update button to save.

Guidelines for Allowable Items for Reimbursement under Special Grant for BFPC Special Funding 2

Wages and Salary –

- Peer Counselors cannot be paid below the Missouri minimum wage. Use of gift certificates is not allowed. The payment must be made directly to peer counselors.
- Hours for providing peer counseling services, attending meetings and trainings.
- Hours for managing the program including supervision.
- The majority of Special BFPC Funding 2 should be used for peer counselor salary.

Office Supplies –

- Filing System, carrying cases or bag for supplies.
- Postcards (reminders for contacting mothers) and Postage
- Binders, Dividers, Sheet protectors, Name tags
- Start-up resources (printing resource manuals)
- Outreach materials to promote services through BFPC and recruit peer counselors.

Training and Continuing Education –

- Cost for conducting training sessions or in-services to peer counselors, including cost of training materials.
- Cost of attending the BFPC training sessions in Jefferson City for program coordinators.
- Cost of attending regional Peer Counseling trainings.

Peer Counselor Retention –

- Newsletters for Peer Counselors
- Recognition items for Peer Counselors such as T-Shirts

Mileage –

- Costs incurred for traveling to the WIC office and during home visits.

Telephone –

- Making phone contacts while providing peer counseling services.
- Expenses must be used to support the work of the Peer Counselor.
- Items that are distributed to participants are not allowed under Special BFPC Funding 2.

Click View/Enter for the Input screen. In Item Description list the appropriate expenditure for the grant and choose the appropriate funding category. See above for appropriate expenditures. Enter a description of allowable expenditure, such as peer counselor salary, educational/training materials that support breastfeeding, travel and related expenses, office costs/breastfeeding supplies, postage, telephone costs and

peer counselor training. A name is required on personnel hours budgeted. To update, check the box to the left of the row and after making changes, use the Update button to save.

Special Funding 3 – Breastfeeding Friendly Incentive

This funding category promotes a statewide effort to implement evidence-based breastfeeding strategies to encourage and recognize local agency’s that offer an optimal level of breastfeeding support for those agencies participating. Special Funding 3 can only be used for salary for staff that are able to provide breastfeeding education and support. A name is required on personnel hours budgeted.

Special Funding 4 is no longer available.

Special Funding 5 – WIC Conference

The State Agency determines how many participants from each local agency will be able to attend the conference based on caseload totals. Travel expenses are then calculated based on this number. This section is auto-populated for each local agency.

Special Funding 6 – Administrative Services

This funding category is only open to Region G.

Special Funding 7 is not currently available.

Special Funding 9 – UAT Testing

This funding category is only open to agencies participating in User Acceptance Testing.

Total of WIC Administrative Contract and Funding - The LAP application calculates the total by summing the WIC Administrative Contract and all of the Special Funding amounts.

APPROVAL QUESTIONS FOR SPECIAL FUNDING

BFPC Special Funding 1

Are Peer Counselor salaries at least 50% of the total funding?

Do items listed support the BFPC mission and goals?

Are Peer Counselors (PC) and PC Coordinators not regular WIC staff whose regular salary is 100% paid by WIC?

Have they listed Peer Counselors' names?

BFPC Special Funding 2

Items that are distributed to participants are not included in Special Funding 2?

Do items listed support the BFPC mission and goals?

Are Peer Counselors (PC) and PC Coordinators not regular WIC staff whose regular salary is 100% paid by WIC?

Have they listed Peer Counselors' names?

Special Funding 3 Breastfeeding Friendly Incentive

Are the only expenditures for salary and benefits?

Is the employee whose salary and benefits are listed not already 100% paid by regular WIC or BFPC WIC?

Are the personnel listed appropriate staff to support breastfeeding?

Special Funding 6 – Administrative Services

Is the budget amount correct?

Are items listed appropriate and correctly listed?

Is nutrition education portion correctly identified?

BUDGETED HOURS

The Agency Budgeted Hours brings forward the Total WIC Hrs./Mo. from Summary. The Agency Budgeted Mins./Participant is calculated by multiplying the Total WIC Hrs./Mo. times 60 minutes and dividing by the Caseload: Monthly Average.

HOURLY DISTRIBUTION

Hourly Distribution amounts are auto-populated from entry or calculations on previous employee screens.

Program Management –

Hours – From Summary, the Total WIC Program Management Hrs./Mo.

% - From Summary, the Total Program Management Hrs./Mo. divided by Total WIC Hrs./Mo.

Client Services –

Hours – From Summary, the Total WIC Client Services Hrs./Mo.

% - From Summary, the Total Client Services Hrs./Mo. divided by Total WIC Hrs./Mo.

Nutrition Education –

Hours – From Summary, the Total WIC Nutrition Education Hrs./Mo.

% - From Summary, the Total Nutrition Education Hrs./Mo. divided by Total WIC Hrs./Mo.

Breastfeeding Support/Promotion –

Hours – From Summary, the Total WIC Breastfeeding Support & Promotion Hrs./Mo.

% - From Summary, the Total Breastfeeding Support & Promotion Hrs./Mo. divided by Total WIC Hrs./Mo.

Nutrition Education & Breastfeeding Support –

Hours – Total of Nutrition Education and Breastfeeding Support/Promotion Hours

% - Total of Nutrition Education and Breastfeeding Support/Promotion %

Total Budget – Total WIC Administrative Contract Amount (Caseload Annual Total times the Cost-Per-Participant) is auto-populated.

RATE-PER-PARTICIPANT (RPP)

Amounts are auto-populated using amounts from the Summary screen.

Personnel RPP – Result of Total WIC Personnel Compensation & Benefits divided by Caseload: Annual Total

Operation RPP – Result of Total WIC Operations Cost divided by Caseload: Annual Total

Total WIC RPP – System calculates by summing Personnel RPP and Operations RPP Amounts

NUTRITION TOTALS

Nutrition Total – Sum of Nutrition Education & Breastfeeding Promotion and Support. Salaries and Benefits and the Nutrition Education portion of the Line Item Nutrition Materials.

Nutrition % - Nutrition Total divided by the WIC Administrative Contract Total. A LAP submitted with less than 16.7% of the administrative contract amount spent on nutrition education will receive an error message.

§7CFR 246.14 (c) (1) During each fiscal year, each State agency shall expend, for nutrition education activities and breastfeeding promotion and support activities, an aggregate amount that is not less than the sum of one-sixth of the amount expended by the State agency for costs of NSA and amount equal to its proportionate share of the national minimum expenditure for breastfeeding promotion and support activities.

Per SOW 13.1.2 “At a minimum, one sixth (1/6th) of Contractor’s funds received and documented under this contract must be spent on nutrition education and breastfeeding promotion and support.”

LA COSTS

This screen is auto-populated from entry on previous screens and calculations from Summary and Line Items data. Following is an explanation of amounts in each of the rows and columns.

Caseload

Caseload Monthly Average: entered by State Agency. Equals 1/12 of the annual caseload figure.

Caseload Annual Total: entered by State Agency.

Rate-Per-Participant: entered by State Agency. The maximum dollar amount per participant per month that will be reimbursed. This amount times the Caseload Annual total creates the total of participation/caseload budget for the Administrative Cost Report.

Approved LA Costs

Personnel Salary – From Line Items

Total Projected Operation Costs is the Total WIC Salary Cost; the total annual amount of WIC Salary for all employees.

In-Kind Costs is the In-Kind of Salary; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show In-Kind services in the budget proposal.

Total Operational Cost is the Total Personnel Compensation; the total amount of Annual WIC Salary for all employees less any In-Kind amount.

Nutrition Education Portion of Costs is the Nutrition Education and Breastfeeding Promotion and Support portion of WIC Salaries.

Nutrition Education In-Kind Costs is the Nutrition Education Portion In-Kind Costs; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show In-Kind services in the budget proposal.

Personnel Benefits – From Employee Totals

Total Projected Operation Cost is the WIC Benefits; the total Annual WIC Benefits for all employees.

In-Kind Costs is the In-Kind of WIC Benefits; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show In-Kind services in the budget proposal.

Total Operational Cost is the Total WIC Benefits; the total amount of Annual WIC Benefits for all employees less any In-Kind amount.

Nutrition Education Portion of Costs is the Nutrition Education and Breastfeeding Promotion and Support portion of WIC Benefits.

Nutrition Education In-Kind Costs is the Nutrition Education In-Kind Benefits; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show In-Kind services in the budget proposal.

Contract Services – From Line Items

Review the WOM ER#1.03600 for what is included in this Line Item. This is the amount of contract services and any In-Kind amount. Subtract In-Kind for Total Operational Costs. Show the amount of the Nutrition Education Portion and any Nutrition Education In-Kind amount.

Conference/Training – From Line Items

Review the WOM ER#1.03700 for what is included in this Line Item. This is the amount of conference/training costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs. Shows the amount of the Nutrition Education Portion and any Nutrition Education In-Kind amount.

Travel – From Line Items

Review the WOM ER#1.03800 for what is included in this Line Item. This is the amount of travel costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs. Shows the amount of the Nutrition Education Portion and any Nutrition Education In-Kind amount.

Administrative Office Costs – From Line Items

Review the WOM ER#1.04100 for what is included in this Line Item. This is the amount of administrative office costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs. Shows the amount of the Nutrition Education Portion and any Nutrition Education In-Kind amount.

Medical Materials – From Line Items

Review the WOM ER#1.04200 for what is included in this Line Item. This is the amount of administrative office costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs.

Facilities Costs – From Line Items

Review the WOM ER#1.04400 for what t is included in this Line Item. This is the amount of facilities costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs.

Indirect Costs – From Line Items

Review the WOM ER#1.04500 for what is included in this Line Item. This is the amount of indirect costs to be billed and any In-Kind amount. Subtract In-Kind for Total Operational Costs. A copy of the Health and Human Services letter or approved plan of cost allocation to indirect cost should be attached to the LAP.

Equipment Purchases – From Line Items

Review the WOM ER#1.03900 for what is included in this Line Item. This is the amount of equipment purchases costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs. Show the amount of the Nutrition Education Portion and any Nutrition Education In-Kind amount.

Computer Hardware – From Line Items

Review the WOM ER#1.04300 for what is included in this Line Item. This is the amount of computer hardware costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs. Justification of Computer Hardware Purchases is required for requests.

Nutrition Materials – From Line Items

Review the WOM ER#1.04000 for what is included in this Line Item. This is the amount of nutrition materials costs and any In-Kind amount. Subtract In-Kind for Total Operational Costs. All items in this Line Item are considered Nutrition Education items.

Administrative Contract Total is the sum of the columns and the **WIC Cost-Per-Participant** is calculated by dividing the Administrative Contract Total by the annual caseload total. The **Nutrition % of WIC Administrative Contract** is calculated by dividing the Nutrition Education subtotal by the Administrative Contract Total.

LA COSTS APPROVAL QUESTION

Does the nutrition education minimum meet/exceed federal requirement of 16.7%?

TOTAL BUDGET/SF

This screen is a summary of the Special Funding and Total WIC Budget and is auto-populated from Summary and Line Items or calculations from previously completed screens.

WIC BUDGET TOTALS

The Administrative Contract Total officially reports the agency projected operational cost to be reimbursed for providing WIC services within the contracted dollar amount, the nutrition education portion of cost and the local agency In-Kind costs. The fields are auto-populated from Summary Pt 1 and Summary Pt 2 and/or calculations from previously completed screens. Below is an explanation of amounts in each of the rows and columns.

Grand Total – Grand Total Operations Costs equals the Grand Total Projected Operations Costs less In-Kind Costs. Grand Total Nutrition Education Portion of Costs and Grand Total Nutrition Education In-Kind Costs are auto-populated from the WIC Budget Approved LA costs.

WIC Rate-Per-Participant – The State Agency will notify the local agency of the total annual caseload to be served and the Rate-Per-Participant amount.

Nutrition % of WIC Operations – The Nutrition % is calculated by dividing the Total Nutrition Education Costs by the Total WIC Operations Costs. **Does the Nutrition Education minimum meet or exceed the federal requirement of 16.7%?**

Caseload

Caseload Monthly Average: entered by State Agency. Equals 1/12 of the annual caseload figure.

Caseload Annual Total: entered by State Agency.

Rate-Per-Participant: entered by State Agency. The maximum dollar amount per participant per month that will be reimbursed. This amount times the Caseload Annual total creates the total of participation/caseload budget for the Administrative Cost Report.

SPECIAL FUNDING

Breastfeeding PC Special Funding (SF) 1 and 2

Breastfeeding Peer Counseling (BFPC) project costs are an amendment to the WIC contract for those agencies that participate. BFPC Special Funding funds are not a part of the regular funding (participation/caseload based) received in the original WIC contract. The BFPC funding will appear on the Special Funding line item of the agency budget. BFPC costs are considered 100% Nutrition Education & Breastfeeding Promotion and Support costs.

Special Funding 3 Breastfeeding Friendly Incentive

Special Funding 3 can only be used for salary for staff that are able to provide breastfeeding education and support. A name is required on personnel hours budgeted.

Special Funding 4 Dietetic Internship is no longer available.

Special Funding 5 – WIC Conference

The State Agency determines how many participants from each local agency will be able to attend the conference based on caseload totals. Travel expenses are then calculated based on this number. This section is auto-populated for each local agency.

Special Funding 6 – Administrative Services

This funding category is only open to Region G.

Special Funding 7 is not currently available.

Special Funding 9 – UAT Testing

This funding category is only open to agencies participating in User Acceptance Testing.

APPROVALS

This section of the LAP lists all of the questions the TA staff will ask while reviewing the LAP and in order to approve the application. Click on the small arrows at the end of each section title to expand the questions for that particular section of the LAP. Use this as a reference to make sure information has been entered correctly.

SUBMIT

Click the Submit 2017 LAP button when ready to submit the LAP. Please note that a plan submitted lacking any of the required information will be rejected.