

## IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** Missouri 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.

## IV ORGANIZATION AND MANAGEMENT

### 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: Appendix A – WIC Org Chart

<u>Position</u>	<u>FTE WIC</u>	<u>FTE WIC</u>	<u>Total FTE</u>
Director	1		1
Nutritionist	8		8
Vendor Specialist	5		5
Program Specialist	5		5
Financial Specialist	5		5
Breastfeeding Coordinator	3		3
(MIS/EBT) Specialist	5		5
Intern			
Other (specify): Assistant Director	1		1
Other (specify): Support Staff	2		2
Other (specify):			

- 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 A – WIC 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 B – Section HFY Org Chart  
Appendix C – Division Org Chart  
Appendix D – Governor's 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 E – Staff Matrix FFY 2020

**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:

<u>Function</u>	<u>Percent of Total Staff Time</u>
Certification, including nutrition risk determination	2%
Breastfeeding training/promotion and support	10%
Nutrition education	10%
Monitoring of local agencies	27%
Fiscal reporting	10%
Food delivery system management	4%
Vendor management, including vendor training	15%

## IV ORGANIZATION AND MANAGEMENT

Staff training and continuing education	2%
(MIS/EBT) system development and maintenance	17%
Civil Rights	2%
Coordination with and referrals to other assistance programs and social service agencies	1%
Other (specify):	
Total	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 F – Drug Free Administrative 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

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

118 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) As needed

**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):**

## IV ORGANIZATION AND MANAGEMENT

### 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coordination with other health care providers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Projected cost of operations/ability to operate with available funds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Location/participant accessibility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Financial integrity/solvency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Relative need in the area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Range and quality of services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	History of performance in other programs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ability to serve projected caseload
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Non-smoking facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Americans with Disabilities Act (ADA) compliance

**Other (specify by typing into the cells below):**



- b. The State agency conducts studies (provide date of most recent study: [Click here to enter a date.](#)) 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 : District staff review as needed

**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): One (1) 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):**  
Policy 1.05800 Local WIC Provider Administrative Appeals

## IV ORGANIZATION AND MANAGEMENT

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:**
8. Appendix G – MO Local Agency Directory
  - 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):**

### 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

Staff 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): Required staffing: Breastfeeding Coordinator, WIC Coordinator, Retailer Coordinator, Voter Registration Coordinator, Nutrition Coordinator, Anthropometric Skills Validator, and Breastfeeding Peer Counseling Coordinator (BFPC) if the agency has a BFPC program.

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

**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?**

108 Missouri local agencies are under the authority of a local government.

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

## IV ORGANIZATION AND MANAGEMENT

### 2. Local Level Staffing Data

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

- For each clinic/local agency       By function
- At regular intervals                       Program management
- Monthly     Food delivery
- Quarterly     Certification
- Annually     Nutrition education
- Breastfeeding promotion and support
- Other (specify):
- 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.

118

#### b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the WIC Breastfeeding Support.

- Yes       No

#### c. Number of local agencies with breastfeeding peer counselors. 88

### 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.

Missouri Department of Health and Senior Services

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

- Yes       No

## IV ORGANIZATION AND MANAGEMENT

**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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Use of mobile equipment, clinics   |
| <input checked="" 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