

## IV. ORGANIZATION AND MANAGEMENT

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

for **FY: 2022**

Organization and management involve 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.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to [include/capture] a description of waivers authorized by Congress with separate [reporting requirements and timeframes/terms and conditions], i.e. the Families First Coronavirus Response Act (PL 116-127).

**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.

## 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 Organization Chart; All positions on the WIC Organization Chart are FTE, resulting in 46 FTE positions.

<u>Position FTE</u>	<u>FTE WIC</u>	<u>FTE WIC</u>	<u>Total</u>
Director			
Nutritionist			
Vendor Specialist			
Program Specialist			
Financial Specialist			
Breastfeeding Coordinator			
(MIS/EBT) Specialist			
Intern			
Other (specify):			
Other (specify):			
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 Organization 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 Chart  
Appendix C – Division Org Chart  
Appendix D – DHSS 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 2022

**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%
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**

118 Number of local agencies authorized to provide WIC services last fiscal year

117 Number of local agencies planned to provide WIC services this fiscal 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):**

**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):**

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

**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 new applicants/participants  
 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: Technical Assistance 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

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**  
Appendix G - Policy 10.1.050 Local Agency Administrative Appeals

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

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

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**  
Appendix H – MO Local Agency Directory

**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?**

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

## 2. Local Level Staffing Data

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

- 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):

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 staff person to coordinate breastfeeding promotion and support activities.**

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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.** 84

## 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.**

WIC's continuous operations plan for state agency operations is a part of the Missouri Department of Health and Senior Services. The state agency also has a local agency operations disaster plan that is shared with local agencies.

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

- Yes       No

**4. The Disaster Plan addresses:**

- Procedures to access the extent of a disaster and report findings
  - Access to program records
  - Certification and food issuance sites and procedures
  - Food package adjustments
  - Food delivery systems to include electronic benefits transfer (EBT)
  - Management Information System (MIS) Recovery
  - Publication notification of variances in program operations
  - Necessary equipment (health and safety) approval process
  - Communications plan
  - Other (describe):
- MIS alternate procedures
  - Emergency authorization of vendors
  - Back up computer systems
  - Back up filing systems
  - Staffing arrangements
  - Use of mobile equipment, clinics

**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

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