# IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency: UT** for **FY: 23**

**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 capture a description of waivers authorized by Congress with separate reporting requirements, i.e., the Families First Coronavirus Response Act (PL 116-127).

**More recently, Executive Order (EO) 13988, “*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.”* was issued to all Federal Agencies.  The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations.  However, where appropriate, State agencies may update their policies and procedures to align with the contents of the EO.**

1. [***State Staffing***](#_State_Staffing) ***–*** [***246.3(e)***](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.3(e))***,*** [***246.4(a)(4)***](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.3(e)) ***and*** [***(24)***](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(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.
2. [***Evaluation and Selection of Local Agencies***](#_Evaluation_and_Selection) ***-*** [***246.4(a)(5)(i)***](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(5)(i)) ***and*** [***(7)***](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(7)) ***and*** [***246.5:***](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.5(a))describe the procedures and criteria utilized in the selection and authorization of local agencies.
3. [***Local Agency Staffing***](#_Local_Agency_Staffing) ***-*** [***246.4(a)(4)***](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-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.
4. [***Disaster Planning***](#_Disaster_Plan) ***-*** describe the disaster plans to be implemented in the event of a disaster.

#  State Staffing

* 1. State Level Staff
		1. 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:

Position FTE WIC FTE WIC Total FTE

Director 1       1

Nutritionist 3       3

Vendor Specialist 1       1

Program Specialist 5       5

Financial Specialist 1       1

Breastfeeding Coordinator 1       1

(MIS/EBT) Specialist 2       2

Intern                   Other (specify):

Other (specify):

Other (specify):

* + 1. The State agency has a WIC organizational chart showing all positions, titles, and staff names.

[x]  Yes [ ]  No

If yes, please attach and/or reference the location of the State agency's WIC organization chart:

* + 1. 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:

* + 1. The State agency has updated position descriptions for each of the above positions.

[ ]  Yes [x]  No

If yes, please attach and/or reference the location of the position descriptions:

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

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

Function Percent of Total Staff Time

Certification, including nutrition risk determination 5

Breastfeeding training/promotion and support 5

Nutrition education 10

Monitoring of local agencies 10

Fiscal reporting 5

Food delivery system management 15

Vendor management, including vendor training 10

Staff training and continuing education 5

(MIS/EBT) system development and maintenance 15

Civil Rights 5

 Coordination with and referrals to other assistance 5

 programs and social service agencies

 Other (specify): Assisting local staff with MIS issues 10

 Total 100

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

* 1. Drug-Free Workplace
		1. The State agency has a plan that will enable them to achieve a drug-free workplace.

[x]  Yes [ ]  No

* + 1. 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.

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

# Evaluation and Selection of Local Agencies

[ ]  **Does not apply because the State agency has only one location or no local agency(ies). (PROCEED TO NEXT SECTION)**

1. Local Agencies Authorized

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

13 Number of local agencies planned to provide WIC services this fiscal year

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

1. The State agency accepts applications from potential local agencies:

[ ]  Annually [ ]  Biennially

[x]  On an on-going basis [ ]  Other (specify)

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

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

[ ]  Annually [ ]  Biennially

[x] Not applicable [ ]  Other (specify)

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

1. Selection Criteria
	1. 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** |  |
|[ ] [ ]  Coordination with other health care providers |
|[ ] [ ]  Projected cost of operations/ability to operate with available funds |
|[ ] [ ]  Location/participant accessibility |
|[ ] [ ]  Financial integrity/solvency |
|[ ] [ ]  Relative need in the area |
|[ ] [ ]  Range and quality of services |
|[ ] [ ]  History of performance in other programs |
|[ ] [ ]  Ability to serve projected caseload |
|[ ] [ ]  Non-smoking facility |
|[ ] [ ]  Americans with Disabilities Act (ADA) compliance |
|  |  | **Other (specify by typing into the cells below):** |
|[x] [x]  All local health departments are authorized (county/district LHDs) |
|[x] [x]  Only local health departments are authorized as local WIC agencies |

* 1. 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

[x]  Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)

[x]  Staff-to-participant ratios and related staffing analyses

[x]  Comparative analyses of local agency/clinic costs

[ ]  Other

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

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

[x]  Yes (state contract duration):       [ ]  No

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

1. 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:

[x]  No

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

1. 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:

 [x]  Location

 [ ]  Type of site (e.g., hospital, health department, community action program)

 [x]  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):

# Local Agency Staffing

[ ]  **Does not apply because the State agency has only one location or no local agency(ies). (PROCEED TO NEXT SECTION)**

* 1. Staffing Standards
		1. The State agency prescribes local agency staffing standards that include:

 [x]  Credentials

 [ ]  Staff levels

 [ ]  Staff-to-participant ratio standards

 [ ]  Time spent on WIC functions

 [ ]  Other (specify):

 [x]  Functions of CPAs

 [x]  Paraprofessional requirements

 [x]  Separation of duties to ensure no conflicts of interest

 [ ]  Other (specify):

 [ ]  Not applicable

* + 1. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards.

[x]  Yes [ ]  No

* + 1. 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 [x]  No

* + 1. Local agencies follow staffing standards established by unions or local governmental authorities.

[x]  Yes [ ]  No

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

13

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

* 1. Local Level Staffing Data
		1. 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

 [x]  Other (specify): In conjunction with management evaluations

* + 1. Results of analyses are reported back to local agencies.

[ ]  No

[ ]  Yes, in a single report comparing all local agencies

[x]  Yes, in a local agency-specific report (no comparative data)

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

* 1. Local Agency Breastfeeding Staffing Requirement
1. Number of local agencies with a designated staff person to coordinate breastfeeding promotion and support activities.

13

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

[ ]  Yes [x]  No

1. Number of local agencies with breastfeeding peer counselors. 13

# Disaster Plan

* 1. State agency has developed a WIC disaster or emergency operations plan.

[x]  Yes [ ]  No

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

☐X Yes, what agency(ies): **DHHS**

☐ No

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

[ ]  Yes [x]  No

* 1. The Disaster Plan addresses:

[x]  Procedures to assess the extent of a disaster and report findings

[x]  Access to program records

[ ]  Certification and food issuance sites and procedures

[ ]  Food package adjustments

[x]  Food delivery systems to include electronic benefits transfer (EBT)

[x]  Management Information System (MIS) Recovery

[ ]  Publication notification of variances in program operations

☐ Necessary equipment (health and safety) approval process

[x]  Communications plan

[ ]  Use of mobile equipment, clinics

[ ]  Staffing arrangements

[ ]  Back up filing systems

[ ]  Back up computer systems

[x]  MIS alternate procedures

[ ]  Emergency authorization of vendors

[ ]  Other (describe):

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

[x]  Yes [ ]  No

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

[x]  Yes [ ]  No

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

[ ]  Yes [x]  No

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