

# Division of Public Health

## Agreement Addendum

### FY 17-18

Women's and Children's Health Section  
Nutrition Services Branch

**DPH Section / Branch Name**

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**DPH Program Contact**

(name, phone number, and email)

**Local Health Department Legal Name**

403 WIC

**Activity Number and Description**

06/01/2017 – 05/31/2018

**Service Period**

07/01/2017 – 06/30/2018

**Payment Period**

**DPH Program Signature**

**Date**

(only required for a negotiable agreement addendum)

**Original Agreement Addendum**

**Agreement Addendum Revision #** \_\_\_\_

**I. Background:**

The WIC Program is designed to provide food to low-income pregnant, postpartum and breastfeeding women and their infants and children until the age of five, and offer a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. The WIC Program has proven effective in preventing and improving nutrition related health problems within its population.

The requirements and regulations of the WIC Program fall within Section 17(a) of Public Law 95-627 (Child Nutrition Amendments of 1978) and the Healthy, Hunger-Free Kids Act of 2010. Funding for the WIC Program is allocated through the United States Department of Agriculture, Special Supplemental Nutrition Program for WIC, Award NC700705, 7 CFR 246, CFDA 10.557.

**II. Purpose:**

To improve pregnancy outcomes, reduce maternal and early childhood morbidity and mortality, and optimize the growth and development of children through improved nutritional status.

**III. Scope of Work and Deliverables:**

Deliverables #1 to #3 are process outcome objectives. The Local Health Department agrees to improve the percentage from the last available data for each of these three quality assurance indicators. All WIC Program-related activities should be completed within the confines of the Local Health Department's local WIC agencies or designated satellite site(s) and performed by qualified WIC Program staff.

Health Director Signature

(use blue ink)

Date

Local Health Department to complete:

(If follow-up information is needed by DPH)

LHD program contact name: \_\_\_\_\_

Phone number with area code: \_\_\_\_\_

Email address: \_\_\_\_\_

**Signature on this page signifies you have read and accepted all pages of this document.**

The last available local WIC agency data and Local Health Department-specific and State-specific trend data is in the Agreement Addenda Data section of the WIC website, located at <http://www.nutritionnc.com/wic/wicLAR.htm>.

The Local Health Department shall:

**1. Deliverable #1 – Coordinate with Medicaid**

- A. Increase the percent of pregnant women enrolled in Medicaid who receive prenatal WIC Program services.

**2. Deliverable #2 – Promote Healthy Weights**

- A. Increase the percent of children 2–4 years of age who receive WIC Program services who have a Body Mass Index (BMI) below the 85<sup>th</sup> percentile but above the 5<sup>th</sup> percentile for age and gender.
- B. Increase the number and percent of North Carolina women with live term singleton births who gain weight within the National Academy of Sciences – Institute of Medicine (IOM) Recommended Total Weight Gain Ranges During Pregnancy.

**3. Deliverable #3 - Breastfeeding Promotion and Support**

- A. Increase the percent of women participating in WIC who initiate breastfeeding.
- B. Increase the percent of infants participating in WIC who are breastfeeding at 6 weeks of age.
- C. Increase the percent of infants participating in WIC who are breastfeeding at 6 months of age.

**4. Deliverable #4 – Compliance**

Complete all work under this Agreement Addendum in compliance with all applicable federal and state statutes, rules, regulations, and policies, including 42 U.S.C. 1786, 7 C.F.R. Part 246, Title 10A, Subchapter 43D of the North Carolina Administrative Code, and the *North Carolina WIC Program Manual*.

**5. Deliverable #5 - Required Meetings**

Require at least one staff person to attend each Nutrition Service Branch sponsored WIC meeting or training session that addresses new program policy and procedures and/or changes in current policies and procedures.

**6. Deliverable #6 - Nutrition Education Plan**

- A. Write and submit with this WIC Agreement Addendum a Fiscal Year 2017-2018 Nutrition Education Plan which addresses at least one of these focus areas:
  - a. Establish or expand activities that promote physical activity;
  - b. Establish or expand activities that promote eating more fruits and vegetables;
  - c. Establish or expand activities that promote eating more whole-grain food;
  - d. Establish or expand activities that promote drinking low-fat or non-fat milk (1% or less) among persons 2 years of age or older;
  - e. Establish or expand community partnerships dedicated to breastfeeding promotion;
  - f. Acquire training to improve the counseling or clinical skills of WIC Program staff;
  - g. Implement a new strategy for delivering nutrition education;
  - h. Establish or expand activities that promote meal preparation at home;
  - i. Establish or expand activities that promote healthy beverage choices;

- j. Other focus area pre-approved by the respective Regional Nutrition Consultant.
- B. In the Fiscal Year 2017-2018 Nutrition Education Plan, describe at least one activity that the Local Health Department's WIC Program will implement this fiscal year to address the selected focus area. At a minimum, include:
  - a. A description of what the activity is
  - b. How it will be implemented
  - c. Who will take the lead responsibility for implementation
  - d. Who the target audience is, and
  - e. The estimated timeline for development and implementation.

**7. Deliverable #7 - Evaluation of Prior Year's Nutrition Education Plan**

Write and submit with this WIC Agreement Addendum a brief evaluation of the Local Health Department's Fiscal Year 2016-2017 Nutrition Education Plan. Address the following questions as applicable along with any other pertinent information about the activities. Was the plan implemented? If not, why not? To what degree was the plan successful? What was the participant response to the activities? Will the Local Health Department continue the activities? If not, why not? Will you modify any of the activities? If so, how will the activities be modified?

**8. Deliverable #8 - WIC Program Staffing**

- A. Ensure that any nutritionist hired or contracted with, who has the responsibility for determining the eligibility of clients, meets or exceeds the education and experience required by the Office of State Human Resources for a Nutritionist I.
- B. Ensure that any Dietetic Technician, Registered (DTR) hired or contracted with, who has the responsibility for determining the eligibility of clients, meets or exceeds the education and experience required by the Office of State Human Resources for a Dietetic Technician, Registered-Local. The DTR must be supervised by a Registered Dietitian or a Nutritionist.
- C. Ensure that any staff member whose salary is paid in whole or in part by WIC Program funds does not have ownership in any authorized WIC Vendor, and is not an employee, or have a spouse, child, or parent who is employed by a WIC vendor in the county served by the Local WIC Program.
- D. Ensure compliance with the federal regulation related to Separation of Duties as outlined in the WIC Program Manual.

**9. Deliverable #9 - Vendor Management**

- A. The Local Health Department shall ensure that designated staff perform the following vendor management activities:
  - a. Provide and accept vendor applications at least one month every quarter
  - b. Review vendor applications in addition to related forms and work with applicants to ensure documentation is complete
  - c. Provide orientation training to vendor applicants in their service area
  - d. Submit the vendor application and related forms to the Division once the vendor's application packet is complete
  - e. Perform a pre-authorization monitoring visit of the vendor
  - f. Provide vendors with the WIC Vendor Manual, all other Vendor Manual amendments, blank WIC Price lists, and any other documents and materials required for the vendors'

participation as authorized vendors

- g. Provide annual vendor training to authorized vendors in the service area
- h. Offer additional training to vendors upon request by the vendor or Nutrition Services Branch
- i. Assist vendors with questions regarding their participation in the WIC Program
- j. Conduct on-site routine monitoring, including verification of minimum inventory requirements, of all vendors in its service area at least every three federal fiscal years (FFY), and conduct routine monitoring of at least one-third of its vendors each FFY; The Local Health Department vendor staff must also monitor a vendor as follows:
  - 1. Within three weeks of a routine monitoring visit during which WIC Program violations are found
  - 2. Within seven days of a request by the Nutrition Services Branch
  - 3. When the vendor has had two or more violations assessed (same or different) by the Nutrition Services Branch during the previous FFY
  - 4. When a vendor has been disqualified from the Program within the last three years and is now participating, and
  - 5. New vendors by end of the federal fiscal year following the date of their authorization approval.
- k. Document all monitoring visits on the Vendor Monitoring Report form (DHHS 2925) on the date of the monitoring visit and in the Crossroads system, prior to sending the Vendor Monitoring Report form to the Nutrition Services Branch for review.
- l. Provide requested information to the Nutrition Services Branch or the Nutrition Services Branch's Attorney and ensure the appropriate staff members are available to prepare for and testify at vendor hearings
- m. Report immediately to the Nutrition Services Branch complaints related to a vendor's business integrity or suspected fraud
- n. Ensure the secure storage and accountability of Food Instruments (FI), Cash Value Vouchers (CVV), check stock, and WIC vendor stamps
- o. WIC vendor stamps shall be distributed by the Local Health Department to authorized vendors once approved by the Nutrition Services Branch
- p. Retrieve the vendor stamp when a vendor's WIC Vendor Agreement is terminated
- q. Review replacement requests submitted by vendors in their service area for FIs, CVVs, and vendor stamps to ensure the requests are completed correctly. Submit to the Nutrition Services Branch replacement requests that have been reviewed.

#### **10. Deliverable #10 – National Voter Registration Act (NVRA)**

Comply with the requirements of the National Voter Registration Act (NVRA) of 1993 whenever an individual applies for participation in the WIC Program, is subsequently certified for WIC, or notifies staff of a change in name or address.

#### **11. Deliverable #11 - Transition to Electronic Benefits Transfer (EBT) System**

- A. Participate in EBT training offered by the Nutrition Services Branch.
- B. Schedule clinic appointments to allow for the temporary changes in staff availability during the EBT Pilot and Roll-Out Schedule which was established and distributed by the Nutrition Services Branch.

- C. Ensure clinic EBT equipment is set-up and working no less than three business days prior to the established go-live date.
- D. Positively promote EBT to participants and retailers.
- E. Provide up-to-date information to coordinate transition between all stakeholders.
- F. Report immediately to the Nutrition Services Branch any requests for technical assistance received from WIC vendors that cannot be resolved by the vendor's EBT POS provider or local WIC staff.

**IV. Performance Measures/Reporting Requirements:**

- 1. Performance Measures
  - A. Maintain active participation in the WIC Program, which is at least 97% of the base caseload. Base Caseload for each Local Health Department's local WIC agency is provided in Attachment A.
- 2. Reporting Requirements
  - A. Prepare and maintain attendance rosters for the annual vendor training described in Deliverable #9(g) and other vendor training described in Deliverable #9(h), if applicable. Original copies of rosters shall be made available for review by the Nutrition Services Staff during monitoring visits.
  - B. Submit with this WIC Agreement Addendum the Nutrition Education Plan for Fiscal Year 2017-2018 as described in Deliverable #6.
  - C. Submit with this WIC Agreement Addendum an evaluation of the 2016-2017 Nutrition Education Plan as described in Deliverable #7.

**V. Performance Monitoring and Quality Assurance:**

- 1. Caseload participation is tracked and monitored monthly.
- 2. The Nutrition Education Plan is reviewed by Nutrition Services Branch staff and approved annually.
- 3. According to federal regulations, the Nutrition Services Branch is required to conduct a comprehensive monitoring visit of each WIC agency every two years. If areas of concern are found, the WIC agency is required to write a corrective action plan, which is reviewed and approved by the team that monitored the WIC agency.
- 4. A Nutrition Consultant shall follow up on the implementation of corrective action within six months of the initial site visit. In order to close the corrective action plan, a Nutrition Consultant will follow up to verify full implementation of the corrective action plan. If the Local Health Department is deemed out of compliance, program staff shall provide technical assistance, and funds may be withheld until the Local Health Department is back in compliance with deliverables.
- 5. In the year between the Nutrition Services Branch's comprehensive monitoring visits, the Local Health Department's local WIC agency shall conduct a comprehensive self-assessment. If areas of concern are found, the WIC agency shall develop a corrective action plan. This plan is reviewed and approved by Nutrition Services Branch staff, and later assessed to ensure full implementation.

**VI. Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with 2 *CFR* §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - A. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - B. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. The Local Health Department must complete Attachment B, “WIC Budget Page” to allocate funds among the four WIC activities (Client Services, Breastfeeding Promotion, Nutrition Education, and General Admin). The Local Health Department must follow the instructions on the Budget Page so that the total allocations match the total on the Budgetary Estimate. Local WIC agencies must meet the minimum/maximum thresholds as applicable for specific program areas. The WIC Budget Page form is to be signed and returned with the WIC Agreement Addendum to the Division’s Contract Unit.
3. Final reconciliation must occur no later than November 30, 2017 for Federal Fiscal Year 2017 funding. This funding is delineated by the code “GH” and shall be used to support program costs incurred during the time period of June 1, 2017 through September 30, 2017.
4. Final reconciliation must occur no later than June 30, 2018 for Federal Fiscal Year 2018 funding. This funding is delineated by the code “GJ” and shall be used to support program costs incurred during the time period of October 1, 2017 through May 31, 2018.
5. At the discretion of the Head of the Nutrition Services Branch, funding may be reduced if the average monthly participation falls below 97% of the base caseload.
6. At the discretion of the Head of Nutrition Services Branch, additional funding may be provided to the Local Health Department if the average monthly participation rises above 100% of the base caseload assignment, at which time the base caseload assignment will also increase and will be reflected in an additional Attachment A-1 with the Agreement Addendum Revision.