



Memorandum

#20-067

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Amanda Hovis, Director
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: November 10, 2020

SUBJECT: Updated WIC Director's Planning Calendar & Required Local Agency Policies Plans and Procedures Documents

The WIC Director's Planning Calendar of State Required Due Dates and the Required Local Agency Policies, Plans and Procedures have been updated (revision date 10/1/2020) and are attached and also available for downloading from the Director webpage at [WIC Directors' Calendar and Required Policies](#)

Revisions to the calendar include the following:

Front page

- New date for September (final voucher and final FSR) due by Dec 29th instead of Nov 29th
- Close out reports (final billings) changed from 60 calendar days following contract term to 90 days (Dec 29th)
- Added WIC Asset Management System, which replaces the GC-11
- Changed WIC Certification Specialist (WCS) contact name

Quarterly

- Added - conduct multi-disciplinary quality management committee meetings

Ongoing

- Added Your WIC Experience customer service survey (real-time client satisfaction survey currently in Qualtrics)

Annually

- Removed employee performance evaluations that were part of the DSHS Standards for Public Health Clinic Services, as these will no longer be used.

For all QA and self-audit procedures added, if errors are identified, a Corrective Action Plan must be developed. Retain documentation of self - audit and corrective action at the LA. If LA uses a different form to conduct QA, they must include all review criteria listed on current fiscal year Quality Management Monitoring Tool

Revisions to the Required Local Agency (LA) Policies, Plans and Procedures

- Removed CS: 16.0 WCS Plan
- Added GA: 14.0 Staffing Standards – A waiver with plan if the agency cannot meet staffing standards
- Removed all requirements that referenced the DSHS Standards for Public Health Clinic Services as these will no longer used.

If you have any questions, contact Paula Kanter, Quality Assurance Coordinator, at paula.kanter@hhs.texas.gov or Carla Alaniz, Quality Management Branch Team Lead, at carla.alaniz@hhs.texas.gov for Quality Assurance related questions.

WIC Directors' Planning Calendar of State Required Due Dates

FREQUENCY	ACTION	TO SA?	COMMENTS
30th calendar day of month following reporting month	FSR-269A January 1 st quarter (Oct., Nov., Dec.) April 2 nd quarter (Jan., Feb., Mar.) July 3 rd quarter (Apr., May, June) October 4 th quarter (July, Aug., Sept.) November* 4 th quarter (July, Aug., Sept.) Form 4116 (Reimbursement Voucher) for previous month	Y	Submit to WICVouchers@hhsc.state.tx.us by the 30 th calendar day of the month following the reporting month. (AC: 28.0) *(September Final Voucher and Final FSR - liquidation of all encumbrances due by December 29 th ; 90 days following the contract term)
Monthly	Provide staff training/education	N	Retain documentation at the LA including name of attendees, job title, training topic and date training was completed. (TR:03.0)
	Provide in-service on breastfeeding topics for Breastfeeding Peer Counselors	N	Retain documentation at the LA. (BF: 03.0 & 04.0). PC meetings can be conducted by conference call, if necessary. Attending Texas WIC Training as available is an option for meeting in-service requirements.
	Reconcile all SA purchased breast pump inventory against Texas MIS system breast pump inventory	N	This should be done monthly, at minimum. (BF: 05.0 & 06.0)
March 1 st	Update clinic hours within the Business Unit in TXIN for the upcoming fiscal year – both in description box and work hours calendar	N	State Agency will generate Non-Traditional Hours Report on March 1 st . (GA: 13.0)
March (During month)	Track expenses by Client Services, Admin, NE and BF. Identify client service expenses separate from Admin expense under Admin voucher.	N	This activity is for the WISE Report due April 30th to the SA (AC: 29.0)
April 30 th	WISE Report due	Y	Follow instructions provided in the annual memo (AC: 29.0)
May 31 st	Update disaster plan and local point-of-contact list with information concerning staff and emergency resources/contacts, conduct/attend disaster training and maintain disaster kit.	N	Must be updated annually in TXIN. See Annual Disaster Memo.
June 15 th	Plan to Allocate Direct Costs (PADC) due for the following Fiscal Year.	Y	Submit to Quality Management Branch (QMB) at WICPADC@hhsc.state.tx.us . (AC: 03.0)
Aug 31 st	Physical Inventory of Reportable Assets in WIC Asset Management System (WAMS), previously GC-11	N	Ensure WIC Asset Management System is updated with new assets, anything removed (disposed etc), transferred to another LA, or moved to another site.
Sept 30th	Submit a minimum of 5 continuing education credits/hours every fiscal year to maintain WCS certification	Y	Trainings may include SA trainings, LA trainings or subject appropriate trainings offered by outside entities. Send to Robyn.majors@hhs.texas.gov (CS: 16.0)
	FYXX Outstanding Obligations	N	Retain documentation at the LA (AC: 02.0)
90 calendar days following contract term date (Dec 29 th)	Close Out Reports (Final FYXX billings) due	Y	Submit to WICVouchers@hhsc.state.tx.us (AC: 32.0)

FREQUENCY	ACTION	TO SA?	COMMENTS
Ongoing	Complete 504 Checklist for all new sites, sites that have changed location or have been remodeled	N	Retain documentation at the LA for three years plus current year. (CR: 06.0) WIC Director webpage - 504 Checklist
	Renew CLIA Certificate of Waiver when needed	N	The CLIA Certificate of Waiver or copy must be kept on file at the LA. (GA: 16.0). A Certificate of Waiver is valid for two years.
	Email regular clinic hour changes to the State Agency	Y	Submit to AnnualPlanforOPS@hhsc.state.tx.us . For regular clinic hour changes, update TXIN by going to the business unit> facilities> and update both <u>description box</u> and <u>work hours calendar</u> .
	Email temporary clinic hour changes or closures to the State Agency (staff meetings, holidays, emergencies, etc.)	Y	Submit to WICClinics@hhsc.state.tx.us
	Submit disposition of assets on the GC-11 or WIC Asset Management System (WAMS) requiring SA approval. Complete Data Sanitization form, if appropriate on GC-11 until LA transitions to WAMS.	Y	Submit to WICLARRequests@hhsc.state.tx.us . (AC: 36.0 & AUT: 9.0) Complete in WAMS or complete Data Sanitization (stock #13-06-15208) if dispose/transfer/surplus computers or devises on GC-11 until transfer to WAMS.
	Submit Clinic Site Justification Form to SA for approval when opening, closing or relocating a clinic	Y	Submit to ClinicSiteRequests@hhsc.state.tx.us . (GA: 21.0). Form found at WIC Director webpage - Clinic Justification Form
	Maintain up-to-date local resource list of healthcare/drug/substance abuse counseling/treatment	N	Retain documentation at the LA. (CS: 21.0)
	Maintain update-to-date all required LA policies and plans. WIC Director webpage - WIC Required LA Policies	Y	Submit policies requiring SA approval to LA's State Agency Partner (SAP) prior to implementation. Retain approvals and waivers at the LA.
	Submit amendments to PADC as they become effective	Y	Submit changes to health & insurance rates, travel rates, and other activities. Submit to QMB at WICPADC@hhsc.state.tx.us . (AC: 03.0)
	Calibrate scales and hemoglobin/hematocrit equipment as needed per manufacturers' instructions	N	Retain documentation of calibration at the LA. (CS: 17.0 and Guidelines for Nutrition Assessment)
	For an existing WCS Program, submit changes to WCS Plan (CS: 16.0)	Y	Submit changes and names of new WCS candidates for SA approval prior to beginning the WCS Training Program. Send to Robyn.majors@hhs.texas.gov .
	Ensure the LA has designated NE, BF, Training, 504 Coordinators (504 if 15 or more employees) and a NVRA Liaison	Y	The names of the NE, BF, and Training coordinators need to be submitted to Nutrition Services with NE & BF Plans. (NE:02.0, BF:02.0, TR:03.0, CR: 06.0 & GA:19.0).
	Complete Orientation Plan for required trainings for new employees. Refer to training chart with timelines WIC Training Chart Current staff complete revised Modules as instructed by the SA. Documentation should include dates of completion	N	Retain Orientation Plan for new employees. (AUT: 08.0, BF: 01.0, BF: 04.0, CR: 08.0, GA:24.0 and TR: 03.0). Retain documentation of completion dates.
	Breastfeeding Coordinator, CA staff and staff who issue pumps receive breast pump training within 6 months of employment or prior to issuing pumps	N	Retain documentation at the LA. (BF: 04.0)
	Within one year, Breastfeeding Coordinator must complete Peer Counselor Management course	N	Retain documentation at the LA. (BF: 02.0)
	CAs complete one of the HHSC BF trainings within 12 months of employment & repeat no less than every 5 years	N	Retain documentation at the LA. (BF: 04.0)
Staff who issue nipple shields receive training prior to issuing shields	N	Retain documentation at the LA. (BF: 04.0)	
Ensure new employees have current registration/licensure and existing employees maintain current licensure	N	Retain documentation at the LA. May use these websites for verification: Nurses www.bon.texas.gov/olv/verification.html ; RDs www.cdrnet.org/ ; LDs www.dshs.texas.gov/dietitian/default.shtm and LCs https://iblce.org/public-registry/	

FREQUENCY	ACTION	TO SA?	COMMENTS
Ongoing	Your WIC Experience (real-time client satisfaction survey currently in Qualtrics)	N	Document the required follow-up details (corrective action plan) in Qualtrics tickets, submit and close tickets within 2 business days (best practice) and no more than 3 business days. Discrimination tickets must be addressed in 1 business day. Monitoring by QMB. For Qualtrics account requests, contact WICClinics@hsc.state.tx.us . Questions about Qualtrics survey, tickets, and dashboards, contact debbie.lehman@hhs.texas.gov .
Quarterly	Conduct multi-disciplinary quality management committee meetings	N	Retain documentation at the LA (QA 01.0)
Every 6 months	Conduct Food Delivery self-audit at all clinic sites using SA worksheets FDA-1 and FDA-2	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self-audit and corrective action at the LA. If LA uses a different form/checklist, they must include all review criteria listed on current fiscal year Quality Management checklists (QA: 01.0)
Bi-annually	Distribute outreach information to potentially eligible persons	N	Retain documentation at the LA. (OR: 01.0)
	Conduct clinical self-audits using the SA Quality Management Administrative and Clinical Monitoring Tools.	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self-audits and corrective actions at the LA. If LA uses different form/checklist for self-audits, they must include all review criteria listed on current fiscal year Quality Management Monitoring Tools. (QA 01.0)
Annually	NE and BF Plans must be submitted to the State Agency	Y	Submit as instructed per annual memo. The due date will be provided in the plan. (NE: 03.0)
	Conflict of Interest statements to be signed by each employee	N	Retain documentation at the LA. (GA: 20.0)
	Conduct Civil Rights, Customer Service, Security Awareness and Computer Usage training for all employees	N	Retain documentation at the LA including attendees name and job title, training topic and date training was completed. (AUT: 08.0, CR: 08.0 & TR: 03.0)
	BF Coordinator to attend Nutrition/Breastfeeding (NBF) Conference	N	Retain documentation at the LA. (BF: 02.0) BF Coordinator may attend other conferences/training in lieu of the NBF conference with SA approval
	NE Coordinator to attend Nutrition/Breastfeeding (NBF) Conference	N	Retain documentation at the LA. NE Coordinator may attend other conferences/training in lieu of the NBF conference with SA approval. (NE: 02.0)
	Annual breastfeeding update for all employees	N	Retain documentation at the LA. (BF: 04.0)
	Maintain up-to-date outreach plan	N	Retain documentation at the LA. (OR: 01.0)
	Conduct QA evaluation of facility at all sites using the facility section of the SA Quality Management Clinical Monitoring Tools.	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self-audits and corrective actions at the LA. If LA uses different form/checklist for self-audits, they must include all review criteria listed on current fiscal year Quality Management Monitoring Tools. (QA 01.0)
	Conduct financial management self-audit using worksheet FA-1 and Quality Management Fiscal Monitoring Tools.	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self-audits and corrective actions at the LA. If LA uses different form/checklist for self-audits, they must include all review criteria listed on current fiscal year Quality Management Monitoring Tools. (QA 01.0)
	Fire extinguishers inspected	N	Occupational Safety and Health Administration e-cfr for portable fire extinguishers
Every 5 Years	BF Coordinator and all CAs/WCS are required to retake HHSC BF training	N	Retain documentation at the LA. (BF: 04.0)

Required Local Agency (LA) Policies, Plans & Procedures

■ State WIC Policy Local Agency (LA) Requirements

1. [BF: 09.0](#) [Worksite Lactation Support for Employees](#)
2. [CS: 21.0](#) [Referral to Health Services](#) (requires LA to maintain up-to-date local resource list of healthcare/drug/ substance abuse counseling/treatment)
3. [CS: 33.0](#) [High Risk Referrals](#) (requires identification of high-risk conditions requiring referral and procedures for follow-up)
4. [GA: 03.0](#) [Plan for Disposal of Records](#)
5. [GA: 06.0](#) [Plan for Coordination of Program Operations](#)
6. [GA: 13.0](#) * [Annual Plan of Operations](#) (clinic hours)
7. [GA: 20.0](#) * [Policy for Staff Fraud and Abuse](#) (conflict of Interest and separation of duties)
8. [IM: 11.0](#) [Designate staff members responsible for screening immunization records](#) (written policy not required)
9. [NE: 02.0](#) * [Nutrition Education and Breastfeeding Plan](#)
[BF: 02.0](#) * [Nutrition Education and Breastfeeding Plan](#)
10. [OR: 01.0](#) [Outreach Plan](#)
11. [QA: 01.0](#) [Quality Assurance Plan](#)

*** Requires State Agency approval prior to implementation.**

■ Disaster Plan

The agency must have a Disaster Response Plan on file that addresses how staff is to respond to emergency situations, such as fires, floods, power outages, bomb threats, etc. The plan must identify the procedures and processes that will be initiated during a disaster and the staff (position) responsibilities. The annual requirements for LAs in the WIC Disaster Plan must be implemented and updated in TXIN on an annual basis.

Required Local Agency (LA) Policies & Plans

The following are only required if applicable.

■ State WIC Policy Local Agency (LA) Requirements

1. [CR: 06.0](#) [Plan for Providing Alternative Service Provisions for the Disabled](#) (Required only if a LA has clinic sites that are not accessible to disabled persons.)
2. [CS: 05.0](#) * [Policy for Proof of Identity](#) (Required only if a LA accepts additional documents for identity other than those listed in WIC Policy.)
3. [CS: 07.0](#) * [Policy for Proof of Income](#) (Required only if a LA accepts additional documents for income other than those listed in WIC Policy.)
4. [CS: 15.0](#) [Contingency Plan for Certifying Authority \(CA\)](#) (Required only if a LA only has one CA on staff.)
5. [GA: 14.0](#)* [Staffing Standards](#) (A waiver with plan if the agency cannot meet staffing standards.)

* Requires State Agency approval prior to implementation.