

IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency: South Dakota**

for **FY: 2023**

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.

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:

<u>Position FTE</u>	<u>FTE WIC</u>	<u>FTE WIC</u>	<u>Total</u>
Director			1
Nutritionist			1
Vendor Specialist			1
Program Specialist			2
Financial Specialist/Assistant Director			1
Breastfeeding Coordinator			1
(MIS/EBT) Specialist			1
Intern			.09
Other (specify): Quality Assurance Specialist			1
Other (specify): OCFS Administration			.8
Other (specify): MCH Epidemiologist			.01

- 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:
Please see Appendix B, C within Section 3 State Policy and Procedure IV Organization and Management

- c. 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 A within Section 3 State Policy/Procedure IV Organization and Management

- 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:

See Appendix J – Staffing and Organization Policy and Procedure

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

[See Appendix J](#)

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	
Breastfeeding training/promotion and support	10
Nutrition education	10
Monitoring of local agencies	9

Fiscal reporting	10
Food delivery system management	15
Vendor management, including vendor training	15
Staff training and continuing education	15
(MIS/EBT) system development and maintenance	15
Civil Rights	.5
Coordination with and referrals to other assistance programs and social service agencies	.5
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.

1.14 Smoke and Drug Free Workplace Section 3 IV Organization and Management

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 or no local agency(ies). (PROCEED TO NEXT SECTION)

1. Local Agencies Authorized

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

74 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)

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

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

The State Agency along with the Office of Child and Family Services reviews on a continuous basis the cost-effectiveness of local agency operations. This is done through various committees, Leadership Team, each time a person resigns a position and quarterly time study reviews are analyzed. In addition, at each ME time is analyzed against participation to assure staffing is adequate to serve the population. Analysis of staffing and effectiveness of the program is reviewed at each ME and monthly through the 798 reporting process and our 100% time study allocation process. Effective October 1, 2020, The Office of Child and Family Services contracted for a Project Manager to assist in a complete assessment of the Office of Child and Family Services operations. In May 2021, the assessment was completed and we are currently in the implementation phase of the project. We are working to reduce the number of nursing staff providing WIC services and have developed a new position for a public health assistant. Through attrition we will replace nursing staff with Dietitians, PHA's and Nutrition Educators. Ultimately reducing the cost for the delivery of WIC services in South Dakota. Anticipation for completion of the process is 3-5 years. As of July 24th, 2021, we have changed from 7 Regions to 4 Regions and have developed teams in each of the regions to include a Public Health Manager, Team Leads for Nursing, Dietitians and Billing and Operations. Since hiring the Teams we have already started to fill positions with Dietitians and have several open PHA positions.

The WIC Program is offered to all counties in the State. Each year we evaluate the need for services based on analysis of income and needs for each county, See Affirmative Action Plan Appendix E - Section 3 -IV Organization and Management.

History:

The expansion effort was directed to and Programs were implemented in those counties identified as most in need, the neediest one-third first. Each county now has a Program or is served by a neighboring county (three counties are served in this manner). In 1987 a WIC Program was started on the Pine Ridge Indian Reservation which made the state complete in serving WIC in SD in all counties. A unique arrangement was entered into through a joint agreement between the Oglala Sioux Tribe, Indian Health Service and the Department of Health, WIC Program whereby all parties have a role in providing WIC to the reservation. Other clinics throughout the state have similar arrangements.

All counties are currently serving priorities I through VI. Priorities may be limited throughout the year based on funding. Further outreach efforts will be directed to reach those individuals in all counties most at risk, specifically pregnant women and infants.

A marketing plan has been developed for marketing the Program and increasing clients' awareness of the Program (e.g., local newspapers free to the public radio announcements and/or public service announcements). This is described under Program Availability. A needs assessment may be done to identify more than one agency in counties specifically

where distances to travel to the Local Agency is a hindrance to several clients.

Since WIC has been implemented statewide, operations will be expanded in the neediest one-third to one half of the state according to the following:

Local Agencies with a minimum caseload of 100 in the top one-third to one-half of the Affirmative Action Plan will be assessed for expansion of outlying clinic sites, according to the potential eligible not being served and distance to travel/proximity of participants to the clinic site.

Documentation will be kept as to the reason an area of lower priority was chosen.

Selection of Local Agencies - The State Agency shall consider the following priority system which is based on the relative availability of health and administrative services, in the selection of local agencies:

- a. First consideration shall be given to a public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.
- b. Second consideration shall be given to a public or a private nonprofit health or human service agency that will enter into a written agreement with other agency for either ongoing or routine pediatric and obstetric care or administrative services.
- c. Third consideration shall be given to a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants, or children).
- d. Fourth consideration shall be given to a public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.
- e. Fifth consideration shall be given to a public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

Refer to State Plan Policy/Procedure – Chapter 1 – 1.06, 1.06A and 1.06B

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

- Yes (state contract duration): No

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

Refer to WIC Manual Chapter I Administration; 1.04 Office of Child and Family Services – these formal written agreements are for our County Clerical positions mostly. We do have agreements with Public Health Alliance Sites for public health services which includes WIC.

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):

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:

Appendix D – Local Agency Directory - Section 3 Organization and Management

- 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):

[Please refer to www.sdwic.org](http://www.sdwic.org)

C. 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

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):
- 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?

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
- At regular intervals
- Monthly
- Quarterly
- Annually
- Breastfeeding promotion and support
- Other (specify):
- By function
- Program management
- Food delivery
- Certification
- Nutrition education

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):

We are now utilizing Tableau to provide data back to the Local Agencies in a dashboard format. We are working to develop data related to redemption and certification process in the next year. Current dashboard data is available at: <https://sdwic.org/kb/data-center/> Password: WICsd1978!

3. Local Agency Breastfeeding Staffing Requirement

a. Number of local agencies with a designated staff person to coordinate breastfeeding promotion and support activities.

74

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. 74

D. Disaster Plan

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

- Yes
- No

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

- Yes, what agency(ies): **Department of Health Disaster Plan, Refer to WIC Manual Chapter I Administration 1.18**

- No

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

Yes No

4. The Disaster Plan addresses:

- Procedures to assess 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
- Use of mobile equipment, clinics
- Staffing arrangements
- Back up filing systems
- Back up computer systems
- MIS alternate procedures
- Emergency authorization of vendors
- 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

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