Georgia WIC FFY 2013 State Plan

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Note: The State Plan is completely updated each year; so changes are not highlighted.

Chapter 1: Public Health Overview:
A. Department, Division, and Maternal and Child Health Program Capacity

The Georgia Department of Public Health (GDPH) was created as a new department by the legislature (HB 214) on July 1, 2011. The Department is the lead agency entrusted by the people of the State of Georgia with the ultimate responsibility for the health of communities and the entire population. At the state level, DPH is divided into numerous divisions, sections, offices, and units; and at the local level, DPH functions via 18 Health Districts and 159 county health departments. The department's mission is "To prevent disease, injury, disability; promote health and well being; and prepare for and respond to disasters."

At the state level, the executive management team is composed of ten division chiefs who lead and guide the structure and goals of DPH. The ten divisions or offices are:

- Chief of Staff
- Health Protection
- District and County Operations
- Health Promotion
- Financial Officer
- Inspector General
- General Counsel
- Chief Information Officer
- Communications
- Operations Officer

The Maternal and Child Health (MCH) Program is one of four within the Division of Health Promotion. The three others are Health Promotion and Disease Prevention, Volunteer Health Care, and Health Equity. There are seven Offices within the MCH Program and they are:

- Director
- Deputy Director
- Oral Health
- Epidemiology
- Women's Health/Perinatal Services
- Child Health Services
- Women, Infant and Children (WIC) and Nutrition

The Georgia WIC and Nutrition Office is organized by Units under two Deputy Directors, one for Program and a second one for Fiscal, Vendor Management, and Information Systems.

A few WIC responsibilities are performed by staff in other offices in Public Health.

Georgia WIC has strong collaborations with the other Programs and services located within the other MCH Offices and Units, especially Comprehensive Child Health, Children and Youth with Special Needs, Newborn Screening, Womens' Health, Family Planning, Perinatal Services, Oral Health, and Epidemiology.

Secondly, Georgia WIC works with other Sections, Offices, Units, and Programs to provide, refer and optimize services to the women, infants, and children throughout the state.

B. WIC and Nutrition Office Capacity

Georgia administers the nation's fifth largest Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

During FFY 2011, Georgia WIC provided services to an average of 305,312 participants each month for a total of 545,000 unduplicated participants for the year and contributed $293.3 million to the State's economy. This funding amount is composed of $219.2 million in food and $74.1 million in nutrition education, breastfeeding, and administrative funds.

Services were provided in eighteen Health Districts and two local agencies in 219 clinic locations, a decrease of two percent or four clinic locations from 223 in FFY 2010. These locations provided services with clinic sizes varying greatly as illustrated in the table below. This clinic stratification is based on average monthly participation for the year. As the table illustrates, 134 clinics or 61.19 percent served less than 1,000 participants with 79 clinics or 36.07 percent of these being very small and serving less than 500 participants. The number and percentage of clinic sizes has varied very little over the past several FFYs.

Clinic Size	Number of Clinics	Percentage of Clinics	Cumulative Number / Percentage
< 200	25	11.42	
201-500	54	24.66	79 / 36.07
501-1,000	55	25.11	134 / 61.19
1,001-3,000	61	27.85	195 / 89.04
3,001-5,000	14	6.39	209 / 95.43
5,001-7,500	4	1.83	213 / 97.26
7,501-10,000	5	2.28	218 / 99.54
>10,000	1	0.46	219 / 100.00
Totals	219	100.00	

During FFY 2012, Georgia WIC plans to provide services to an average of 318,624 participants each month and contribute approximately $297 million to the state’s economy. This funding amount is composed of $224.1 million in food and $72.9 million in nutrition education, breastfeeding, and administrative funds.

WIC services are being provided through 211 clinic locations in 18 Health Districts and one contracted local agency, Grady Health System. Locations include 170 health departments, 25 community health centers, 8 hospitals, five military bases, and two Division of Family and Children Services (DFCS) offices. Of these locations, 93 sites provide WIC and other services during a WIC visit; 95 provide other services by referral within the same location; and 23 provide other services by referral to another location service model. Most locations have extended hours with no location providing home visit certifications.

Since FFY 2009, there has been a decrease of 25 or 10.6 percent in the number of clinics. The greatest decrease has occurred in community health center and hospital locations. The percentage of clinic locations that provide services in the various provision models has remained similar over this time period.

FFY	Number of Clinics	Number / Percentage Change
2009	236	
2010	223	(13) / (5.5%)
2011	219	(4) / (1.8%)
2012	211	(8) / (3.7%)

For FFY 2013, the state plans to provide services to 309,792 participants each month through these same 18 Health Districts and one contracted local agency in the same clinic numbers, types and service provision models.

As of July 12, 2012, there were 1,510 active authorized vendors that were participating in the WIC food delivery system who were redeeming approximately 1.1 million vouchers each month.

Georgia WIC and Nutrition Office Positions

Georgia WIC plans to fund 85 positions at the State Office in FFY 2013. WIC funded positions include a Director, two Deputy Directors, two lawyers, eight RD/LDs, one breastfeeding peer counselor coordinator, four clerical, and 44.4 vendor, 11 program, 3.3 financial, and 9.3 automated data processing specialists. The state wide breastfeeding coordinator is funded by MCH funds.

District/Local Agency Positions

As of March 2012, services are provided at the District/local agency levels by 63 RD/LDs for high risk nutrition education, nutrition education and certification, 366 Certified Professional Authorities (CPA), 485 clerks, and 118 District/local agency management staff. Some of the District/local agency management staff are also RD/LDs.

Staffing standards were developed and recommended for Clinic and District/local agency levels in 2007. Staffing recommendations are included in the Georgia WIC Procedures Manual, Certification Section. Staffing standards are assessed during each District/local agency program review, and statewide on a quarterly basis. The results of the October 2011 and March 2012 reports, and plans for October 2012 are listed in the table below:

Standard	State Met the Standard as of October 2011	Number of District/local agency Who Met the Standard as of October 2011	State Met the Standard as of March 2012	Number of District/local agency Who Met the Standard as of March 2012	State Plans to Meet the Standard as of October 2012	Number of District/local agency Planning to Meet the Standard for October 2012
1 RD/LD per 5,000 Participants	No	7	No	9	Yes	9
1 clinical CPA per 1,000 Participants	Yes	13	Yes	11	Yes	11
1 Clinical Clerk per 800 Participants	Yes	12	Yes	13	Yes	14
1 District or Local Agency Staff per 2,500 Participants	No	8	No	7	No	10

In October 2011, all of the District/local agency met at least one of the 2007 recommended staffing standards with no District/local agency meeting all four standards; and the State as a whole meeting two of the four standards. Statewide, 53% of the standards were met (40 of 76) at the District/local agency level.

In March 2012, there was a slight improvement in the RD/LD and clerical capacities, but decreased capacities in CPA and management staff at the District/local agency level. All 19 District/local agencies met at least

one of the standards; with no District/local agency meeting all four standards; and the State as a whole meeting only two of the four standards. Statewide, 53% of the standards were met (40 of 76) at the District/local agency level.

October 2012 plans indicate that there will be a slight improvement in meeting the clinical; and District/local agency staff standard; and a maintenance capacity in meeting the RD/LD and CPA standards. 18 of the District/local agency plan to meet at least one of the standards, with two District/local agencies planning to meet all four standards, and the state as a whole planning to meet three of the four standards. Statewide, 58% of the standards are expected to be met (44 of 76) at the District/local agency level.

Information Systems

Georgia WIC has four front end data collection systems (AEGIS, Mitchell and McCormick, Netsmart, and HealthNet2) and a contract with Computer Services Corporation (CSC) for all back end data processing, banking and reports. Georgia WIC is currently working to complete a Planning Advanced Planning Document (PAPD) that will research, assess and define alternatives for a new WIC clinical system.

The goal of Georgia WIC in conjunction with the DPH Information Technology staff is to coordinate the planning activities that will ultimately provide the state of Georgia with a modern clinical information system that is:

- Cost effective
- Flexible
- Client and case centric
- Standardized for financial management
- Compliant with Functional Requirements Document (FReD) Standards
- Adaptable to Electronic Benefits Transfer (EBT) implementation
- Able to integrate with current clinical systems

Current EBT plans call for implementation of a single state system by October 1, 2014 and complete conversion to EBT by April 1, 2018. Milestones and plans during these next several years are:

- August 2011: Planning Advance Planning Document (PAPD) for single computer system completed
- September 2011: PAPD for single computer system submitted for approval
- October 2014: Single computer system implementation completed
- January 2015 - March 2016: PAPD for EBT developed, submitted and approved
- April - October 2016: IAPD for EBT developed, submitted and approved
- January – July 2017: EBT pilot designed, implemented and tested
- October 2017 – April 1, 2018: EBT rolled out and implemented statewide.

Voucher Management and Reconciliation System (VMARS)

- During FFY 2013, the state of Georgia plans to implement the VMARS state-wide
- The systems will validate all WIC client transactions and information in real time and notify the clinic user of any unresolved critical errors
- Upon completion of the validation process the clinic user will transmit the command to print vouchers, the system will assign voucher serial numbers and send the command to the local printer
- The system will eliminate the need for daily batching, as well as Dual Participation, Bank Exceptions, Cumulative Unmatched Redemptions (CUR), Unmatched Redemption, Critical Errors, duplicate vouchers, and duplicate voucher numbers.

Data Processing Request for Proposals (RFP)

- Georgia WIC is in the final year of its contract with CSC

- An RFP is in the final stages of preparation and will be released early in FFY 2013
- Contract will be in place no later than October 1, 2013
- This will be a "business as usual" contract to give the state time to prepare for upcoming changes, including EBT.

Performance Management

Georgia WIC has utilized ten participant performance measures since FFY 2008 to assess whether its operations at the State, District, and local agency levels have the capacity to serve the potential population and are providing services to improve the health and nutritional status of participants. There are both quantity and quality measures.

These measures will continue to be used in FFY 2013. The chart below contains the progress made from FFY 2009 through March of FFY 2012 and provides a comparison over these years:

Performance Measure	FFY 2009 State Result	FFY 2010 State Result	FFY 2011 State Result	FFY 2012 State Goal	FFY 2013 State Goal	FFY 2012 Six Months Results	FFY 2012 Percent-age of State Goal Met	FFY 2012 Number of Districts/ Local Agencies On Target to Meet the Goal
Average Monthly Participation	323,355	312,013	305,312	318,624	309,792	305,501	96%	1
Average Monthly Prenatal Participation	25,773	22,804	22,634	24,375	24,375	22,483	92%	2
Average Monthly Infant Participation	79,429	75,434	71,994	79,946	79,946	70,489	88%	0
Percent of Prenatals Enrolled in 1st Trimester	0.54	0.53	0.54	0.60	0.60	0.56	93%	8
Percent of Infants Enrolled in 1st Six Weeks of Life	0.86	0.85	0.86	0.90	0.90	0.85	95%	1
Percent of Infants Who Initiate Breast feeding	0.56	0.53	0.55	0.60	0.60	0.55	92%	5
Percent of Infants Who Breastfeed for at Least Six Months*	0.11	0.38	0.35	0.40	0.40	0.34	85%	2
Percent of Children within Normal Weight*	0.68	0.62	0.62	0.80	0.80	0.67	84%	0
Percent of Participants receiving Secondary Nutrition Education	Data Not Available	Data Not Available	Data Not Available	0.90	0.90	Data Not Available	Data Not Available	Data Not Available
Percent of High Risk Participants receiving High Risk Nutrition Education	Data Not Available	Data Not Available	Data Not Available	0.90	0.90	Data Not Available	Data Not Available	Data Not Available

*Methodology changed during FFY 2010; therefore, comparisons using FFY 2010 to FFY 2009 or FFY 2011 – 2013 is not valid.

During the first six months of FFY 2012, the State has made progress in the
-average participation to 305,501
-enrollment of prenatal women in the first trimester to 56%
-percent of children within normal weight to 67%

Other data stayed the same, did not show improvement, or is not available at this time.

The State began the collection of secondary and high risk nutrition education contacts electronically January 1, 2010. A FFY 2011 performance measure report for the missing data has been revised and is anticipated to be completed in the next six months.

The FFY 2012 progress section of this plan identifies many of the accomplishments and activities being implemented at the State, District and local agency levels to improve performance for these measures; it also includes some of the challenges to their attainment. The FFY 2013 plan section identifies some of the activities the State, District and local agency levels plan to implement to accomplish these measures.

C. Data Sharing

It is recognized that certain public organizations housed in the Georgia Department of Public Health as well as the Georgia Department of Community Health and the Georgia Department of Human Services share a common mission: to promote, protect and improve the health and safety of all people in Georgia. Identifying information of WIC applicants and participants is confidential. 7 C.F.R. Section 246.26(d). However, Georgia WIC and its local agencies, pursuant to Federal WIC regulations, may disclose confidential WIC information to public organizations for use in the administration of their programs that serve persons eligible for WIC benefits, provided the required steps are followed. 7 C.F.R. Section 264.26(d)(2)(ii).

The steps required for use and disclosure of confidential WIC applicant/participant information for non-WIC purposes are:

1) The State Health Officer must designate in writing the permitted non-WIC uses of the confidential WIC applicant/participant information and the names of the organizations to whom such information may be disclosed;

2) Notice must be provided to the WIC applicant/participant at the time of application or through subsequent notice that the State Health Officer may authorize the use and disclosure of information about their participation in WIC for non-WIC purposes only in the administration of those programs that serve persons eligible for WIC;

3) Include in the State agency's State plan a list of the designated organizations with which it has executed or intends to execute a written agreement for use and disclosure of WIC applicant/participant information for non-WIC purposes; and

4) Execution of the written agreement that must specify the receiving organization may use the confidential WIC applicant/participant information only to establish eligibility, conduct outreach; enhance health, education or well being; streamline administrative procedures; and/or assess and evaluate responsiveness of the State's health system. The written agreement must also contain the receiving organization's assurance that it will not use the information for any other purpose or disclose it to a third party. 7 C.F.R. Section 246.26(h).

Since July 2010, the State Health Officer has designated in writing that confidential WIC information may be disclosed for non-WIC purposes to establish eligibility, conduct outreach, enhance health or education or well-being, streamline administrative procedures, and/or assess and evaluate responsiveness of the State's health system, based on a written agreement between WIC and designated public organizations.

Georgia WIC revised the Certification form in October 2010 to provide the required notice to WIC applicant/participant, to allow the participant to authorize the disclosure of their information for non-WIC purposes or not via a signature and date, and collect this decision electronically.

As of July 2012, written agreements have been executed and data sharing is occurring with the following organizations:

- Georgia Department of Public Health
  - Health Promotion Division: PRAMS and Maternal and Child Health
  - Health Protection Division: Immunization
- Georgia Department of Community Health
  - Medicaid Division

Georgia WIC will continue to work on executing written agreements with the organizations listed below:

Georgia Department of Public Health

Health Promotion Division:

Health Promotion and Disease Prevention: Tobacco, Obesity, Adolescent Health

Health Protection Division:

Emergency Preparedness

Epidemiology: OASIS/OHIP

Environmental Health: Lead

Georgia Department of Community Health

State Health Benefit Plan Division

Georgia Department of Human Services

Family & Children Services Division

D. Public Comments

2011 Public Comment Survey Results

Georgia WIC received 26,030 surveys for FFY 2011 from WIC participants, advocates and vendors. Participant surveys (English and Spanish) were available in the WIC clinic sites throughout the state and the Public Health Website. A total of 25,822 surveys were completed.

Advocate surveys were mailed and placed on the Public Health Website with a total of 186 surveys being completed. Vendor surveys were also placed on the Public Health Website with twenty-two (22) surveys being completed. The summary of the analysis is currently underway and is not completed to date.

2012 Public Comment Survey Plans

The 2012 Public Comment survey for participants, vendors, and advocates will be available for completion online from August 20, 2012 – September 14, 2012. The public service announcement will be released prior to this date by the Office of Communications to increase awareness and responses to the survey.

Hard copies of the participant survey will be placed at all clinics in the District/local agency so that participants can complete them onsite.

Vendor surveys will be electronically mailed to at least 1,503 vendors.

The Advocate surveys will also be electronically mailed to at least 6,183 WIC advocates including physicians and nurses. The American Academy of Pediatrics-Georgia Chapter and Georgia Academy of Family Physicians will also e-mail the survey to their members.

Chapter 2: WIC and Nutrition Office Overview

A. Program Unit

1. Policy and Best Practices is responsible for:
   - Drafting, reviewing, finalizing, and submitting the WIC Procedures Manual to the United States Department of Agriculture (USDA) for approval
   - Distributing the Procedures Manual and State Plan to District/local agency and State office staff
   - Updating and submitting the State Plan Guidance to the USDA for approval
   - Coordinating the annual public comment period
   - Monitoring, technical assistance and training for statewide clerical clinic operations
   - Interpreting Federal rules and regulations for the District/local agency, and the State office
   - Developing clinic policies that are utilized by the District/local agency and clinics
   - Posting all policies on the web site and maintaining all policies for the State office
   - Serving as the team lead for all quality assurance program reviews by collaborating with the other Units, District/local agency, and clinics to evaluate clinic operations. Ensures that the review process is closed and an annual Summary of Corrective Action report is completed
   - Handling all phone calls or complaints from the Georgia WIC hotline, including the coordination of any potential Civil Rights complaints
   - Developing and distributing the WIC ID cards
   - Updating and distributing the annual food pantry resource list
   - Coordinating with the Secretary of States' office for voter registration issues
   - Monitoring monthly whether each District, local agency and clinic is in compliance with the processing standards; reviews and processes all extension requests for processing standards
   - Conducting Patient Flow Analysis of clinics

2. Nutrition is responsible for:
   - Ensuring, promoting, and influencing statewide nutrition related policies, practices, and system development; including breast feeding
   - Administering the nutrition portion and assist in the coordination of the continued development of goals across all District/local agency
   - Collaborating with the Policy and Best Practices Unit, and District/local agency to conduct quality assurance program reviews to assure compliance
   - Providing support to other Units, especially Systems and Information and Vendor Management
   - Assisting in the development and updating of the Procedures Manual and State Plan
   - Facilitating the development, approval, and dissemination of the Approved Foods List
   - Designing food packages that meet Federal regulations and policies based on USDA certification type, age, and feeding methods

- Providing District and local agencies with training on food packages and approved foods list. Staff also assist District/local agency and clinic staff with interpreting Federal regulations and policies in the development of food packages
- Providing support for nutrition education and breast feeding promotion by working with other Units and external partners, such as the American Academy of Pediatrics, to promote applicable nutrition science
- Increasing workforce competency through the operation of our Commission on Accreditation for Dietetic Education accredited Dietetic Internship
- Providing training and educational resources such as continuing education for current staff, new staff, and training on Georgia WIC specific updates such as the recently implemented Value Enhanced Nutrition Assessment (VENA) and food packages
- Providing technical assistance to District/local agency relating to nutrition education contacts, medical documentation, nutrition-related client complaints, food packages and formulas
- Implementing the national risk criteria through policies, procedures, technical assistance, training and quality assurance reviews
- Operating the special infant formulas ordering system by reviewing, approving, ordering, tracking and processing special formula orders when not available from local vendors
- Managing the provision of metabolic formulas through a contract with Emory's Genetics program
- Coordinating District input for nutrition services through the coordination of various committees; Food Package, Nutrition Education materials, Nutrition Training, and Risk Criteria

B. Financial, Vendor, Information Systems and Planning Unit:

1. Information Systems is responsible for:

- Providing technical assistance and consultation to develop, implement and improve clinic information systems and back end data processing
- Planning, coordinating, and evaluating testing procedures for all proposed system changes; recommending policies and procedures for the development and implementation of system changes statewide; and monitoring system changes for compliance with State and/or Federal guidelines through reports and on-site visits
- Collaborating with the other Units and District/local agency to conduct quality assurance program reviews of system changes to assure compliance with USDA mandates
- Serving as the database administrator (DBA) for in-house developed applications, including formulating best practices for data capture, input, and reporting; assisting with developing policies and training for automated processes; and producing user manuals
- Working with all WIC Units to facilitate automation of functions and processes
- Coordinating data requests and reports
- Overseeing the equipment inventory control processes to ensure that purchased equipment is accounted for at all levels; District/local agency, clinic and State
- Providing software and hardware support to both State, District, and local agency staff
- Serving as the liaison between staff who use the Vendor Integrity Profile System (VIPS) and CSC; the Unit coordinates problem resolution associated with batching and reports
- Tracking contracts that include recording them into the state database, informing upper management of extensions due, termination dates, modifications and changes as well as producing all appropriate documents such as the Contract Action Request (CAR), etc.
- Collaborating with other Units as well as front and back end developers to convert from current paper voucher system to EBT by April 1, 2018.
- Reconciling Cumulative Unmatched Redemption (CUR), Bank Exception and Critical Error Reports. Staff import data monthly from text files into the CUR database. In addition, the Unit coordinates manual reconciliation of vouchers by entering manual reconciliations into CUR database to show true reconciliation rate. The unit corresponds with local agencies and data processing contractor in the reconciliation process.

The FFY 2009 through FFY 2012 reconciliation rates are included in the table below:

FFY	Total Vouchers Produced	Un-matched Original (CUR 1 and 2)	Un-matched Final	Manually Recon-ciled	Total Unrecon-ciled	Total Recon-ciliation Rate	Total Unrecon-ciliation Rate
2009	12,414,216	50,975	13,780	7,104	6,676	99.9462%	0.0538%
2010	16,463,151	27,745	3,012	1,737	1,275	99.9923%	0.0077%
2011	12,285,222	33,760	6,937	6,724	213	99.9983%	0.0017%
2012*	3,769,513	28,196	8,719	8,496	223	99.9941%	0.0059%

* First four months of manual reconciliations (through January, 2012)

2. Vendor Management, Vendor Relations, Vendor Operations is responsible for:
   - Selecting, authorizing, and training Georgia WIC vendors to ensure access to WIC approved foods by participants and to reduce vendor incidents of fraud and abuse
   - Managing the application processes of all currently authorized and prospective vendors, including selection criteria and pricing assessments
   - Managing the operational processes of all currently authorized vendors, including payment consideration for returned vouchers, assessment and termination for non-compliance, preparations and testimony for administrative hearings, communications, and complaints.
   - Conducting all mandated training for new, prospective and current vendors on an ongoing, annual and triennial basis
   - Determining cost competitiveness of Georgia WIC vendors and assuring their compliance with cost guidelines through above-50%-vendor assessments and shelf price collection. Activities include new and annual assessment of food sales data, and assisting in the annual process of determining cost neutrality
   - Operating the Farmers' Market Nutrition Program (FMNP)
     -Providing checks to the District/local agency to be distributed to participants to purchase locally grown, unprepared fruits and vegetables
     -Interpreting federal regulations; and developing and distributing State operational manuals, policies and procedures
     -Conducting management evaluations of District/local agency; and providing technical assistance and training
     -Developing the State FMNP Plan
     -Performing market development, public awareness, education and training to State and District/local agency, educational institutions, farmer organizations and community groups
     -Authorizing all farmers and farmers markets
     -Managing the statewide FMNP database and overseeing overall management and operation

3. Financial is responsible for:
   - Developing allocation methodology
   - Determining annual and supplemental allocations for the District/local agency
   - Interacting with other Departmental offices related to funding, budget, and expenditures

4. Planning is responsible for:
   - Developing, tracking, and evaluating the annual Georgia WIC plan based on submissions from State Office staff and District/local agency plans
   - Developing, tracking, and evaluating performance measures for services, and ensuring that they are complimentary to other MCH and PH initiatives
   - Developing and coordinating data sharing requests, agreements, reports and evaluation activities

Chapter 3: Other Offices with WIC Responsibilities Overview

A. Maternal and Child Health Program

1. Breastfeeding Support is responsible for:
- Developing, implementing, reviewing, revising and evaluating the promotion, education and support plan
- Developing guidelines for District/local agency promotion, education and support plans; and reviewing each plan and providing feedback
- Monitoring the progress of District/local agency promotion, education and support through on-site quality assurance programmatic reviews
- Developing and implementing a plan to provide training and technical assistance for Competent Professional Authorities (CPAs), paraprofessional, and clerical staff
- Coordinating, promoting, educating and supporting activities with professional groups such as hospitals, physicians, medical organizations and other breast feeding support groups
- Managing and coordinating peer counselor services
- Providing technical assistance and training to the District/local agency

2. Epidemiology is responsible for:
- Reviewing WIC reports for accuracy, completeness and comprehensiveness
- Providing recommendations to improve data collection, accuracy and completeness
- Developing new or revising reports to improve accuracy and completeness
- Assisting with the development of data agreements and reports to share data with other designated public organizations
- Creating linked WIC data sets and reports that can be shared and/or analyzed for program and public health effectiveness that are compliant with the data agreements

B. Office of the General Counsel

1. Legal Support is responsible for:
- Reviewing adverse actions prior to notification to ensure legal sufficiency
- Representing Georgia WIC in full and abbreviated appeals
- Preparing open record requests
- Drafting, reviewing and approving contracts
- Consulting with the different WIC Units as requested and appropriate

C. Office of Inspector General (OIG)

1. Vendor Compliance is responsible for:
- Assessing compliance of Georgia WIC vendors by performing overt and covert investigations to deter potential abuse and to ensure the appropriate delivery of WIC approved foods
- Investigating vendors and clinics when WIC vouchers are reported missing or stolen
- Investigating participant and employee fraud associated with Georgia WIC
- Evaluating and analyzing system reports related to fraud and abuse
- Participating in District/local agency quality assurance program reviews to assess voucher accountability and security
- Assessing vendors found guilty of violations by issuing a sanction, disqualification, or awarding a civil monetary penalty.

Investigations are performed based on the following indicators:

- Analysis of computerized vendor profile reports that provide a score based on vouchers redeemed by each vendor. Five percent of authorized vendors will be selected using this report. The high risk score will be utilized first to identify high risk vendors, and then a lesser score in descending order is used to identify the number of vendors to be investigated
- Complaints regarding the misuse of vouchers at a specific vendor
- Clinic review assessments of the security of vouchers, and voucher issuance materials in clinics during issuance, staff breaks, and the close of business
- Vouchers reported missing or stolen from clinics will be investigated. District/local agency may be subject to corrective action(s) and/or financial penalties if regulations are not being followed
- Semi-annual analysis and review of Dual Participation Reports that may lead to the investigation of participants. Financial penalties may be assessed to participants found guilty of violations.
- Analysis of other system reports, including system generated reports, manual reports, and ad hoc reports.

Chapter 4: Goals and Objectives

Goal: To provide quality services to assure that Georgians are eating healthy, breastfeeding infants, physically active, and accessing complementary services to improve their nutritional status.

A. FFY 2012 Objectives / Performance Measures

Accomplishments to Date:

a) Status of measure as of March 31, 2012 or later
b) Best practices used to meet the measure
c) Challenges to meeting the measure

1. Increase Average Monthly Participation

Target: 309,792
Data source: Close out total participation

a. State

1. Six month average monthly participation was 305,498; 96% of target met

a. District/local agency

1. One District/local agency is on track to meet its target

b. State

1. Continue to conduct program reviews and surprise phone calls to the local agencies in an effort to meet processing standards
2. Local agencies submit quarterly Processing Standard reports to give an update on their progress with meeting processing standards
3. Designated outreach funds in the amount of $32,368 were allocated to each District/local agency to increase participation

b. District/local agency

1. Several District/local agency have implemented call centers that has increased access, efficiency and customer service for participants requesting new or changed appointments
2. Several District/local agency have implemented the provision of nutrition education via videoconferencing
3. Most District/local agency provide services during non-traditional hours such as lunch, evenings and Saturday
4. Most District/local agency have employed outreach workers to contact missed certification appointments, missed voucher pick up/nutrition education, and participants who have not returned due to missing proofs

5. Most District/local agency issue three months of vouchers to participants
6. Most District/local agency utilized an automated system to call or text participants to remind them of certification, and voucher pick up/nutrition education appointments
7. A few District/local agencies are increasing appointments for participants to walk in and receive services
8. Most District/local agency have increased their outreach, inreach and community efforts, such as Head Start, Infant Home Visiting Services, Hispanic communities
9. Most District/local agency are using the Medicaid Reports to contact potential participants of WIC services and how to get an appointment
10. One District/local agency, Albany, developed a six month Outreach Plan that was shared with counties to locate and visit basic sites in assigned counties, discuss outreach material, identify community events and coordinate with community and county partners
11. Several District/local agencies have or are trying to establish partnerships with delivering hospitals
12. Several District/local agency have outreached and trained the medical community
13. One District, Cobb, has placed productivity related to direct service provision in all employees' e-performance evaluations to assure that all staff provide a sufficient percentage of time to services that directly impact participation
14. Several District/local agency utilize nursing staff to provide supporting services to WIC participants

c. State
1. Developed a Processing Standard report that did not initially provide the program the information needed. Therefore, two districts (Gwinnett and Athens) are in the process of piloting the new system updates in an effort to ensure that the revised processing report works prior to sending that information statewide. Gwinnett County (M&M) has conducted their test; the state should receive the results in the next thirty days

c. District/local agency
1. WIC policies and procedures continue to be time intensive and a barrier to participation, for example the need to show and copy proofs at every certification even if there is no change
2. Due to decreases in funding, some County Health Departments are closing early, for meetings, and/or furloughing staff
3. Increased critical errors.
4. Increased costs of transportation
5. Increased number of vendor problems.
6. Food limitations and variety
7. Decreased birth rate.
8. Increased efforts in the area of illegal immigrant law enforcement.
9. Increased competition with other assistance programs, such as SNAP, which is also easier to qualify for
10. Staffing shortages
11. Constant changes in client contact information
12. All clinics do not have access to an automated system to contact participants by phone or text
13. Efforts needed to maintain automatic system that contacts participants by phone or text
14. Increase in SNAP benefits and the misconception by participants that they are not allowed to receive food stamp benefits and WIC concurrently
15. Continued decline in WIC eligible population due to unemployed families relocating
16. Several clinics were closed or relocated
17. Poor customer service
18. Participants do not like the food options versus choices they receive with SNAP benefits
19. County health departments not committed to WIC due to having to spend more time generating income in other programs due to cuts in funding
20. Increased abuse of clinic staff by participants

2. Increase Average Monthly Prenatal Participation
Target: 24,375

Data source: Close out total participation

3. Increase Enrollment of Prenatals in the First (1st) Trimester
Target: 60%
Data source: Number of 1st trimester prenatals certified/Number of prenatals certified

a. State
1. Six month average prenatal participation was 22,478; 92% of target met
2. Six month average percentage of prenatals enrolled in the first trimester was 56%; 93% of target met

a. District/local agency
1. Two District/local agencies are on track to meet their target
2. Eight District/local agencies are on tract to meet their target
3. Designated outreach funds in the amount of $32,368 were allocated to each District/local agency to increase participation

b. State
1. Continue to conduct program reviews and surprise phone calls to the local agencies in an effort to meet processing standards
2. Local agencies submit quarterly Processing Standard reports to give an update on their progress with meeting processing standards

b. District/local agency

1. Most District/local agency provide same day certification for participants with a positive pregnancy test conducted in the health department
2. Several District/local agency provide walk in certifications
3. Most District/local agency have increased outreach and education to OB/Gyn and family physicians, local hospitals, women's centers, DFACs, Planned Parenthood, and pregnancy counseling centers to encourage referrals
4. One District, Albany, coordinates services with the Centering project to ensure referrals for WIC
5. Most District/local agency continue to educate prenatals and postpartum women on the importance of early prenatal care in an effort to encourage early care with future pregnancies
6. Most District/local agency collaborate with Perinatal Case Management, Right from the Start Medicaid, and family planning programs to encourage WIC referrals
7. A few District/local agencies assist with providing Teen Childbirth classes at local delivering hospitals
8. Monitor processing standards in all clinics

c. State
1. Developed a Processing Standard report that did not give the program the information needed. Therefore, two districts (Gwinnett and Athens) are in the process of piloting the new system updates in an effort to ensure that the revised processing report works prior to sending that information statewide. Gwinnett County (M&M) has conducted their test; the state should receive the results in the next thirty days

c. District/local agency
1. Most prenatals are not scheduled for their first MD visit until late in their first trimester
2. Prenatals wait to enroll in WIC because they want formula for their infant
3. Cultural barriers
4. Denial and late identification of pregnancy
5. Women not willing to miss work or school; not worth the trip to the WIC office

4. Increase Average Monthly Infant Participation

Target: 79,946
Data source: Close out infant participation

5. Increase Enrollment of Infants in the First Six (6) Weeks
Target: 90%
Data source: Number of infants certified by six weeks/Number of infants certified

a. State
1. Six month average monthly participation was 70,486; 88% of target met
2. Six month average percentage that were certified by six weeks was 85%; 94% of target met

a. District/local agency
1. No District/local agency is on track to meet its average monthly participation target
2. One District/local agency is on track to meet its target of enrollment by six weeks

b. State
1. Continue to conduct program reviews and unannounced phone calls to the clinics in an effort to meet processing standards
2. Local agencies submit quarterly Processing Standard reports to give an update on their progress with meeting processing standards
3. Designated outreach funds in the amount of $32,368 were allocated to each District/local agency to increase participation

b. District/local agency
1. Hospital clinic that certifies moms and babies prior to discharge
2. Emphasis on meeting processing standards and seeing moms and infants as walk ins
3. CPA's and clerical staff reinforce the importance of calling the clinic during the first week of delivery for an appointment
4. Partnerships with local pediatricians, day care centers, Head Start, NICU, Pediatric Unit, and Childbirth/Lactation staff at local hospitals to refer infants to WIC
5. Educate prenatals on the value of the breastfeeding food package. A visual was created to show the difference between an exclusive, mostly, and some/non-breastfeeding food package. This encourages breastfeeding and WIC enrollment
6. Implemented peer counselors in every delivering hospital
7. Monitor processing standards in all clinics
8. Several District/local agencies have ongoing discussion with local hospitals to reestablish WIC services
9. One District, Cobb, allows the utilization of birth weight information for certification for the first 30 days; and the physical presence exemptions per the GA WIC Procedures Manual

c. State
1. Developed a Processing Standard report that did not give the program the information needed. Therefore, two districts (Gwinnett and Athens) are in the process of piloting the new system updates in an effort to ensure that the revised processing report works prior to sending that information statewide. Gwinnett County (M&M) has conducted their test; the state should receive the results in the next thirty days.

c. District/local agency
1. Difficulties with performing hospital certifications wirelessly and expediently
2. Infants that are hospitalized (NICU) and not discharged prior to six weeks of age
3. Mom is breastfeeding and does not bring infant in for certification
4. Need state approved and targeted PSAs and outreach materials
5. Closing of hospital based clinics

6. Increase Percentage of Infants who Initiate Breastfeeding
Target: 60%
Data source: Number of infants certified who ever breast fed/Number of infants certified

7. Increase Percentage of Infants who Breastfeed for at least Six (6) Months
Target: 40%
Data source: Number of 1 year olds breast fed for 6 months and greater/Number of 1 year olds who ever breast fed

a. State
1. Six month percentage of infants who initiated breastfeeding was 55%; 92% of target met
2. Six month percentage of infants who breastfeed for at least six months was 34%; 85% of target met

a. District/local agency
1. Five District/local agencies are on track to meet their infant breastfeeding initiation target
2. Two District/local agency are on tract to meet their infants who breastfeed for at least six months target
3. Breastfeeding Peer Counseling Program has expanded to eighteen of the nineteen District/local agencies

b. State
1. In clinics that have Breastfeeding Peer Counselors (BFPC), prenatal women are referred to them for support and encouragement
2. In several Districts, BFPC are providing hospital and home visits to assist mothers with breastfeeding

b. District/local agency
1. CPA staff are also Certified Lactation Counselors
2. A BFPC program
3. Local birthing hospital partnerships
4. Minimum of two to three contacts for each prenatal
5. Successful breastfeeding experience starting at the hospital (including communication with hospital and medical staff regarding plans to breastfeed, skin-to-skin contact and nursing within first hour after delivery, rooming-in, no formula, bottles or pacifiers for at least the first six weeks unless medically indicated, and support from trained breastfeeding support person if needed). This is typically done at the last contact prior to delivery
6. Participation with the Centering Pregnancy program in Albany to provide breastfeeding education
7. Creating a breastfeeding friendly environment that also is seen as the “norm”
8. Baby Bistro social club
9. Provide breast pumps (hand or electric pumps) to moms that are separated from infant (based on hospitalization or returning to work or school), are having difficulties with latch, or need to discontinue breastfeeding for a short duration based on medical treatment
10. Expand BFPC to all counties, clinics, and delivering hospitals
11. Provide breastfeeding support groups
12. Lactation consultations and home visits are scheduled with breastfeeding mothers who are having problems as often as is feasible
13. Partner with local breastfeeding coalition
14. Provide breastfeeding classes

c. State
1. Lack of a consistent and accurate breastfeeding data processing system for both front and back end systems.
2. Lack of BFPC in each County Health Department to assist the nutritionists/nurses with breastfeeding promotion and support.

c. District/local agency

1. Some hospital policies and marketing by formula companies
2. Some physicians are not proactive with breastfeeding advice
3. Cultural attitudes and/or lack of support or discouragement
4. Contraindications with breastfeeding (medication, drug use, infectious diseases, etc)
5. Lack of complete data collection
6. Lack of role models
7. Lack of funding
8. Barriers in school or workplace

8. Increase Percentage of Children within Normal Weight
Target: 80%
Data source: Number of children within normal weight / Number of children recertified

a. State
1. Six month percentage of children within normal weight was 67%; 84% of target met

a. District/local agency
1. No District/local agency is on track to meet the target

b. District/local agency
1. Food package changes that offered low fat milk, fruits, vegetables, and less cheese, no juice for infants
2. Most District/local agency schedule high risk nutrition education follow up with a nutritionist and voucher pick up
3. One District (Lawrenceville) has CPAs who have received a training certificate in Childhood and Adolescent Weight Management
4. Most District/local agency offer classes, such as Fit Kids
5. Several District/local agencies have a nutrition education committee that develops lesson plans
6. Several District/local agency schedule high risk follow-up with RD or CPA every month or bi-monthly to reinforce healthy measures and physical activity
7. Most District/local agency perform outreach activities with other community groups, such as Community Centers, Parks and Recreation, Head Start, daycare facilities, health fairs, churches
8. All District/local agency promote breastfeeding beginning in prenatal period
9. All District/local agency use motivational interviewing techniques to encourage realistic and attainable behavior change
10. All District/local agency provide nutrition education that supports health benefits of the new WIC approved foods, healthy eating habits, family meal times, increased exercise, and decreased screen time
11. Some District/local agency have begun to improve the clinic environment, such as
    -Chatham County clinics only approving healthier snack and beverage options in vending machines
    -Dalton Community Center offering physical activities while receiving WIC services
12. All District/local agency using current nutrition education materials, such as MyPlate

c. District/local agency
1. Lack of staff to provide childhood obesity programs in clinics with high incidence
2. Culture of low physical activity, consumption of fast food, difficulties with affording healthy foods
3. Poverty stricken areas, low literacy levels, and comprehension skills/education
4. Lack of community structure (such as sidewalks and safe play areas) that promotes daily physical activity
5. Increased technology, such as computers, I-Pads, gaming systems, etc.
6. Parents and caregivers lack of participation and not feeling that weight is an issue at an early age since no health or social consequences have presented yet
7. Medical providers not expressing concern over weight or BMI
8. Increased availability and low cost of processed, high fat, high sugar and empty calorie foods versus fresh, healthier food choices

9. Infrequent contact, follow up and short time frames to educate parents and children
10. Poor show rate for high risk nutrition education follow up appointments
11. Lack of registered dietitians to provide nutrition counseling
12. Recent misconception that you cannot receive SNAP and WIC benefits at the same time
13. Current epidemic of overweight/obesity among children
14. Ability of participants to exchange their vouchers for unhealthy non-WIC approved food items
15. Lack of clinic space and funds for physical activities
16. Lack of counseling skills among CPA staff
17. Leadership changes

9. Increase Percentage of Participants Receiving Secondary Nutrition Education
Target: 90%
Data source: Number of Secondary Nutrition Ed/Number of participants recertified

10. Increase Percentage of High Risk Participants Receiving High Risk Nutrition Education
Target: 90%
Data source: FFY 2009 Number of High Risk Nutrition Ed/ Number of High Risk Participants recertified

a. State and District/local agency
1. State wide data reports are not available due to other priorities by data contractor
2. Quality Assurance or Program review data from clinics reviewed in FFYs 2010 and 2011 estimate secondary nutrition education rate to be at 82.1%
3. Quality Assurance or Program review data from clinics reviewed in FFYs 2010 and 2011 estimate high risk secondary nutrition education rate to be at 63.22%

b. District/local agency
1. Most District/local agencies call or use an automated system to remind participants of appointments, missed appointments, and to reschedule appointments
2. Most District/local agencies provide both individual and group classes that include demonstrations such as taste testing
3. Several District/local agency offer education via videoconferencing, kiosks, web
4. Most District/local agency provide nutrition education in coordination with voucher pick up, food package changes, transfers
5. Several District/local agencies have or are considering clerical staff trained as Nutrition Assistants
6. Several District/local agency provide a low risk nutrition education contact if the participant misses the high risk nutrition education appointment to ensure that secondary nutrition education requirement is met
7. Several District/local agency schedule the high risk education visit in one month
8. Most District/local agency have extended hours at large clinic sites
9. Most District/local agency explain the purpose of future visits during a certification, including secondary nutrition education and reason for follow up, so that client knows what to expect and can value the info given
10. Several District/local agency increased nutritionists' clinic coverage in each county to no less than once/week
11. Most District/local agency support the public health dietetic internship program to increase the number of RDs working in public health
12. Several District/local agencies coordinate services for the family
13. One District (Augusta) implemented a District Nutrition Education Improvement Plan, and audits nutrition education contacts through M & M from the District office. Clinics out of compliance receive corrective action and must submit improvement plan to the District office
14. One District (Columbus) utilizes laptop computers in clinic waiting rooms to screen high and low risk participants prior to providing nutrition education; and to document nutrition education provided
15. One District (Cobb) has taken a lead in the Metro area to provide outreach and training to physicians on use of the medical documentation form

16. One District (Cobb) has proactively switched their RDs to using the ADIME format for charting high risk contacts and is assisting in the development of state policies for the Nutrition Care Process
17. A few Districts issue one month of vouchers to participants who miss a secondary nutrition education visit and schedule them for next month
18. Most District/local agency nutritionists complete a high risk referral form for Children 1st and monitor to ensure referrals are completed

c. District/local agency
1. Lack of transportation or its cost
2. Occasional long wait times for participants
3. Staff turnover; time required to train staff that can provide secondary nutrition education
4. Staff shortages due to budget cuts
5. Staff prioritizing certifications over secondary nutrition education
5. Participants not returning for vouchers or refuses nutrition education at the voucher pickup
6. Lack of data and report that shows percentage of participants receiving secondary nutrition education in order to monitor all clinics on a regular basis and identify participants who still need secondary nutrition education
7. Transient population
8. Staff neglecting to provide or document nutrition education contact during food package changes or nutrition education kiosks
9. Participants not interested or do not value secondary nutrition
10. Nutritionists not on staff in all clinics on a daily basis
11. Allowing voucher pick up without secondary or high risk nutrition education provided
12. Staff training needed on high risk conditions, high risk care plans and proper documentation
13. Nursing staff lacking understanding of VENA principles and proper documentation
14. Need for clerical staff to be trained as Nutrition Assistants in clinics with shortage of CPA staff
15. Lack of space

11. Competent Professional Authorities (CPA's) will receive at least 12 hours of nutrition specific continuing education Target: 95%
Data Source: Number of CPA staff who have received 12 hours of nutrition specific continuing education/Number of CPA staff

a. State
1. Target met with 95% of staff receiving the training; all but one District/local agency met or exceeded the target goal of 90%

b. District/local agency
1. Most District/local agency offer continuing education/training as part of monthly, quarterly or annual staff meetings, journal clubs
2. Most District/local agency encourages staff to complete self review modules, webinars or on line education
3. Most District/local agency support and reimburse staff for continuing education/training attendances
4. Most District/local agency track via a log or spreadsheet and request documentation of continuing education/training attendances
5. At least one (Dalton) conducts a training needs assessment to help determine content of continuing education/trainings
6. Several Districts provide an annual breastfeeding conference with topics relevant to WIC staff

c. District/local agency
1. No state offered nutrition education meetings
2. CPAs are busy and it is hard to take time from clinics
3. Lack of staff

4. Budget limitations and restrictions
5. Inadequate support of clinic administration
6. Staff functioning in multiple programs within public health may have time limitations
7. Data collection
8. Inadequate notice of conference registrations in a timely manner to allow for CPA staff to attend
9. Concern that some Certified Nutrition Assistants did not meet this same target

12. Dietetic Interns will pass the Registered Dietitian (RD) exam administered by the Commission on Dietetic Registration on the first attempt Target: 90%
Data source: Number of DPH dietetic interns who pass RD exam on first attempt/Number of interns

a. State
1. Target not met, the first time pass rate for the 2011 exam was 62.5%.
2. The state has submitted and received approval for a first time pass rate plan with the Dietetic Internship Accrediting body, ACEND.

13. Distribute State Procedures Manual and Plan Electronically to the Local Agencies
Target: 100% Data source: Date distributed/October 1

a. State
1. Target not met. The State Plan and Procedures Manual was sent electronically to the District/local agency on October 12, 2011. The manual was later placed on the web with search capacity on January 13, 2012 due to the state receiving a contingent approval

b. State
1. A timeline was developed in December 2011 to ensure that the deadline for the 2012 State Plan, State Plan Guidance and State Plan was completed by July 1, 2012
2. The Procedures Manual was sent to Information System Planning Associates (ISPA) to covert the manual into a pdf format for easy searching

14. Conduct Program Reviews and Re-Reviews of Local Agencies
Target: 100% Data source: Number completed/14

a. State
1. Eight Program Reviews or 57% of the target has been achieved as of June 2012
2. Reviews have been completed in the following District/local agency: LaGrange, Clayton, Grady, Cobb, Waycross, Dekalb, Dalton and Dublin

15. Increase Number of Clinics Participating in FMNP
Target: 100%
Data source: Number of clinics added / 5; Total of 52

a. State
1. Increased number of clinics by five or 60%

b. State
1. Continued to encourage District/local agency to increase service areas
2. Requested and granted additional FMNP funds from USDA
3. Conducted end of season meeting to gather best practices from District/local agency to share with others

c. State
1. No staff to support the program administration of the program
2. The State and the District/local agency are challenged to do more with fewer resources

16. Maintain FMNP Redemption Rate
Target: 94% Data source: Vouchers redeemed/vouchers issued

a. State
1. Data not available, but the targeted redemption rate remains the same

b. State
1. District/local agency continue to issue vouchers on the day that the farmer comes to the market. The redemption is greater when the farmer is located at the clinic, which makes it more convenient for the participants to redeem their vouchers

c. State
1. Budget reductions and staff shortages continue to be a challenge for the District/local agency to administer the FMNP at the local level. The District/local agency continue to show commitment for the program even through these difficult times
2. The FMNP has lost four participating District/local agency due to clinic closures, lack of staff and limited resources

17. Automate Client Forms in the Front End Computer Systems
Target: 100% Data source: Number of forms automated / 27

a. State
1. 0% completed to date
2. Electronic Process Committee has been formed to reduce the number of clinic paper forms
3. The committee will meet on a monthly basis to set priorities and develop processes on how the forms will be placed in the front end systems
4. The committee will continue until the clerical forms are placed in the computer system

18. Improve Voucher Reconciliation Processes
Target: 100% Data source: Number of vouchers reconciled/Number of

a. State
1. As of April 2012, the state voucher reconciliation rate was 99.92%

19. Train Vendors Using the Accordant System
Target: 100% Data source: Number of Vendors trained/Number of Vendors
a. State
1. None. Staff met with appropriate staff pertaining to utilizing the Accordant system for authorization and reauthorization training, and annual and cashier training

b. State
1. Developing an online training module via the Accordant system, including a video and reporting capability would be a best practice

c. State
1. Support and permission for the implementation of all training modules via the Accordant system

20. Monitor Vendors to Increase Compliance
Target: 10% Data source: Number of vendors monitored / 1,523

a. State
1. Target exceeded by 260 vendors or 171%; 412 vendors were monitored

21. Implement Web-Based Application for Vendor Selection and Authorization
Target: Yes Data source: Yes or No

a. State
1. No, draft has been completed

b. State
1. Developing a web based application is a best practice

c. State
1. Support and permission for the testing and implementation of the program to complete the application, including electronic signatures

22. Improve Communication on Disqualified Vendors
Target: 100%
Data source: Number of notices sent to the District/local agency/number of disqualified vendors from both Vendor Compliance and Management Units
1. Status report provided in May that included case disposition such as investigations, disqualifications, convictions, and indictments to date.

23. Investigate Vendors to Decrease Fraud and Abuse
Target: 5% Data source: Number of vendors investigated / 1,523

a. State
1. Target exceeded by 121 vendors or 161%, 198 vendors were investigated
2. These investigations resulted in:
- 18 vendors overcharging
- 7 vendors trafficking
- 251 vendors with other violations
- 65 vendors with no violations
- 43 vendors disqualified due to non-compliance
- 19 vendors referred to the SNAP program for disqualifications

24. Expend Food Funds
Target: 97% Data source: Expended funds/Allocated funds

a. State
1. Target not met, 93% of funds expended

25. Re-establish Financial Management Unit
Target: Yes Data source: Yes or No

a. State
1. Target not met, the unit has not been reestablished

B. FFY 2013 Objectives / Performance Measures
Activities Planned to Accomplish this Objective/Performance Measure1. Increase Average Monthly

1. Increase Average Monthly Participation
Target: 309,792
Data source: Close out total participation

District/local agency
1. Most District/local agency will continue calling/texting/mailing participants to remind them of appointments and reschedule when they fail their appointments
2. Some District/local agency will continue to question participants on why they no longer want WIC services
3. Most District/local agency will continue using and may increase outreach workers to promote WIC throughout the communities at health fairs, physician practices, head start, churches, flea markets, apartment complexes, grocery stores
4. At least one District/local agency will hold targeted events, such as Super WIC Wednesday (Valdosta), Wacky WIC Wednesday (Coastal)
5. Purchase more outreach material and Spanish versions
6. A few District/local agency plan to partner with the District PIO person to collaborate on media and press releases to market services, benefits of food package
7. All District/local agency plan to decrease clinic wait times
8. All District/local agency will utilize Clients without Issues Report to call/text/mail and reschedule missed appointments
9. Most District/local agency will continue extended hours and/or Saturday clinics
10. Most District/local agency will continue to provide walk in appointments and coordinate appointments with other health services
11. All District/local agency will continue to strengthen community partnerships and referrals
12. All District/local agency will work to improve customer service

2. Increase Average Monthly Prenatal Participation
Target: 24,375 Data source: Close out total participation

3. Increase Enrollment of Prenatals in the First (1st) Trimester
Target: 60%
Data source: Number of 1st trimester prenatals certified/Number of prenatals certified

District/local agency
1. All District/local agency will continue to educate OB/GYN physicians, hospitals, prenatal education providers, pregnancy counseling centers, lactation counselors
2. Most District/local agency will continue to offer walk-in appointments for prenatals, positive pregnancy tests
3. Most District/local agency will continue calling/texting/mailing participants to remind them of appointments and reschedule when they fail their appointments

4. Most District/local agency will continue using and may increase outreach workers to promote WIC throughout the communities at health fairs, physician practices, head start, churches, flea markets, apartment complexes, grocery stores
5. At least one District/local agency will hold targeted events, such as Super WIC Wednesday (Valdosta), Wacky WIC Wednesday (Coastal)
6. All District/local agency plan to decrease clinic wait times
7. All District/local agency will utilize Clients without Issues Report to call/text/mail and reschedule missed appointments
8. Most District/local agency will continue extended hours and/or Saturday clinics
9. Most District/local agency will continue to provide walk in appointments and coordinate appointments with other health services
10. All District/local agency will continue to strengthen community partnerships and referrals
11. All District/local agency will work to improve customer service

4. Increase Average Monthly Infant Participation
Target: 79,946 Data source: Close out infant participation

5. Increase Enrollment of Infants in the First Six (6) Weeks
Target: 90%
Data source: Number of infants certified by 6 weeks/Number of infants certified

District/local agency
1. Several District/local agencies will continue, establish or reestablish hospital clinics or strong referral processes
2. Several District/local agency remind all prenatals to make mother/baby appointment immediately after hospital discharge
3. Most District/local agency will continue calling/texting/mailing participants to remind them of appointments and reschedule when they fail their appointments
4. Most District/local agency will continue to provide walk in appointments and coordinate appointments with other health services
5. Most District/local agency will continue using and may increase outreach workers to promote WIC throughout the communities at health fairs, physician practices, head start, churches, flea markets, apartment complexes, grocery stores
6. All District/local agency will utilize Clients without Issues Report to call/text/mail and reschedule missed appointments
7. Most District/local agency will continue extended hours and/or Saturday clinics
8. All District/local agency will continue to educate pediatricians, hospitals, prenatal education providers, pregnancy counseling centers, lactation counselors

6. Increase Percentage of Infants who Initiate Breastfeeding
Target: 60%
Data source: Number of infants certified who ever breast fed/Number of infants certified

7. Increase Percentage of Infants who Breastfeed for at least Six (6) Months
Target: 40%
Data source: Number of 1 year olds breast fed for 6 months and greater/Number of 1 year olds who ever breast fed

State
1. Expand BFPC to the remaining District

District/local agency
1. Most District/local agencies will continue or expand CLC certification trainings to increase the number of staff who are certified
2. Several District/local agencies will expand the number and hours of peer counselors
3. A few District/local agencies will establish Baby Friendly sites, such as Baby Bistro Social Meeting Club (Albany)
4. Most District/local agency will continue or expand breast pump provision or loaner programs
5. Most District/local agencies coordinate and/or collaborate with local La Leche League, and Breastfeeding Coalition
6. Most District/local agency will educate and enhance referral systems with hospitals, OB/GYN, family and pediatric physicians
7. Most District/local agency will maintain or enhance breastfeeding friendly environment in clinics
8. Several District/local agency provide home visits
9. Several District/local agencies monitor and track initiation and duration reports and send monthly reports to clinics to track progress
10. Most District/local agency will continue to provide support and help in the form of supplies, such as breast pads, nipple shields, storage bags)
11. A few Most District/local agencies will work with employers to encourage supportive environment using the Business Case for Breastfeeding Program
12. At least one District/local agency (Augusta) maintains a breastfeeding warm line to assist with maternal or community questions or concerns

8. Increase Percentage of Children within Normal Weight
Target: 80%
Data source: Number of children within normal weight / Number of children recertified

District/local agency
1. All District/local agency will provide nutrition education that supports health benefits of the new WIC approved foods, healthy eating habits, family meal times, increased exercise, and decreased screen time
2. All District/local agency will provide participant centered nutrition education that has realistic goals
3. Several District/local agencies will expand nutrition education provided via kiosks, videoconferencing, and the web
4. A few District/local agency will encourage RDs to complete AND's Childhood & Adolescent Weight Management certification course
5. Most District/local agency plan to continue participating in the FMNP to encourage more fruit and vegetable consumption
6. Several District/local agencies will target healthy practices to children that will hopefully benefit the entire family
7. Several District/local agencies will provide bulletin boards in clinics promoting healthy practices
8. All District/local agency use nutrition education materials that contain healthy eating and physical activity recommendations
9. Several District/local agencies will partner with other community resources, such as EFNEP, Community Center to provide cooking demonstrations, exercise classes
10. A few District/local agencies will implement Wii, Fit WIC, Jump with Jill, MyPlate activities in clinics

9. Increase Percentage of Participants Receiving Secondary Nutrition Education
Target: 90%
Data source: Number of Secondary Nutrition Ed/Number of participants recertified

10. Increase Percentage of High Risk Participants Receiving High Risk Nutrition Education
Target: 90%

Data source: FFY 2009 Number of High Risk Nutrition Ed/ Number of High Risk Participants recertified

State
1. Reports at the clinic, county, District/local agency and State levels will be finalized with data for FFY and SFY 2012 and forward will be available.

District/local agency
1. Most District/local agency will call or use an automated system to remind participants of appointments, missed appointments, and to reschedule appointments
2. Most District/local agency will provide both individual and group classes that include demonstrations such as taste testing
3. Several District/local agencies will expand nutrition education via videoconferencing, web, and kiosks
4. Most District/local agency will provide nutrition education in coordination with voucher pick up, food package changes, transfers
5. Several District/local agencies will have or are considering clerical staff trained as Nutrition Assistants
6. Several District/local agency will provide a low risk nutrition education contact if the participant misses the high risk nutrition education appointment to ensure that secondary nutrition education requirement is met
7. Several District/local agencies will schedule the high risk education visit in one month
8. Most District/local agency will have extended hours at large clinic sites
9. Most District/local agency will explain the purpose of future visits during a certification, including secondary nutrition education and reason for follow up, so that client knows what to expect and can value the info given
10. Several District/local agencies will increase nutritionists' clinic coverage in each county to no less than once/week
11. Most District/local agency will support the public health dietetic internship program to increase the number of RDs working in public health
12. Several District/local agencies will coordinate services for the family

11. Competent Professional Authorities (CPA's) will receive at least 12 hours of nutrition specific continuing education
Target: 95%
Data Source: Number of CPA staff who have received 12 hours of nutrition specific continuing education/Number of CPA staff

District/local agency
1. All District/local agencies provide continuing education/training opportunities and/or reimburse staff when they do attend these opportunities.
2. All District/local agencies monitor staff training, usually via a log
3. A few District/local agencies provide continuing education/training opportunities via webinars or self paced modules.

12. Dietetic Interns will pass the Registered Dietitian (RD) exam administered by the Commission on Dietetic Registration on the first attempt
Target: 90%
Data source: Number of DPH dietetic interns who pass RD exam on first attempt/Number of interns

13. Joint State/District committee will review all policy memorandums prior to distribution
Target: 100% Data Source: Yes or No

State
1. Two committees will be developed, entitled: "Electronic Processing Committee" and the "Policy Committee" will be formed to review all memorandums prior to distribution

2. Prior to distribution, each memorandum will be e-mailed to the District/local agency to review and submit comments and recommendations
3. Recommendations and comments will be due in two weeks; failure to submit recommendations or comments will suggest no changes are needed and the state will move forward with distribution

District/local agency
1. Seven District/local agency have volunteered to participate (Gainesville, Dalton, LaGrange, Albany, Macon, Augusta, Cobb, Clayton)

14. Train Vendors Using the Accordant System
Target: 100% Data source: Number of Vendors trained/Number of Vendors

State
1. Meet with appropriate staff pertaining to utilizing the Accordant system for authorization, reauthorization, annual and cashier training

15. Implement Web-Based Application for Vendor Selection and Authorization
Target: Yes Data source: Yes or No

State
1. Test the draft application
2. Implement the system, including electronic signatures

16. Authorize Farmers to Accept Cash Value/Fruit and Vegetable Vouchers (CVV/FVV)
Target: 100% of FMNP Farmers Data Source: List of authorized FMNP Farmers

State
1. Develop policies and procedures for statewide implementation
2. Expand FMNP to include EBT approved farmers markets to accept FMNP and CVV/FVV

17. Monitor Vendors to Increase Compliance
Target: 40% Data source: Number of vendors monitored / 1,510

18. Investigate Vendors to Decrease Fraud and Abuse
Target: 30% Data source: Number of vendors investigated / 1,510

1. High risk vendors are prioritized