

## State Management Evaluations

- I. The Utah Department of Health WIC Program will conduct management evaluations of local agencies in order to:
  - a. Ensure compliance with federal regulations and state policy,
  - b. Provide technical assistance and clarification of policies,
  - c. Ensure appropriate and adequate staffing,
  - d. Identify strengths and specific program problems, and
  - e. Identify training needs.
- II. A positive approach will be taken during the management evaluation with the belief that the visits will be beneficial to both the state and local agencies.
- III. The review will include clinics that have not been recently evaluated; however any clinic within the local agency may be reviewed at any time, regardless of whether or not the state agency has scheduled an on-site visit.
- IV. Findings from any clinic within the local agency will be documented on the written report.
- V. Federal regulations require the State WIC Office to evaluate each agency a minimum of once every two years and conduct site visits of at least 20% of all clinics within the agency. Given adequate state staffing and time, the State WIC Office will conduct management evaluation visits at half of the clinics within the local agency during the year of the local agency's evaluation for those local agencies that operate more than one clinic. This policy will allow the State Office to visit and audit each clinic at least once every four years.
- VI. In odd numbered federal fiscal years the following local agencies will be routinely evaluated: Central, Davis County, San Juan, Summit County, Tooele County, Tri-County, and Weber-Morgan.
- VII. In even numbered federal fiscal years the following agencies will be routinely evaluated: Bear River, Salt Lake County, Southeast, Southwest, Utah County, and Wasatch County.
- VIII. The State WIC office will contact the local agency administrator to schedule the management evaluation and site visits at least 90 days in advance. A letter of confirmation will be sent to the local agency. The letter will include information about documentation required for the visit.

- IX. The management evaluation will normally be conducted by administrative and nutrition staff from the State WIC office. Two to four state office staff usually conducts each audit.
  
- X. The State agency will evaluate all aspects of program operations in the local agency including, but not limited to:
  - a. Program management
  - b. Staffing & training
  - c. Processing standard time frames
  - d. Certification procedures/participant services
  - e. Eligibility
  - f. Laboratory procedures
  - g. Termination and ineligibility procedures
  - h. Participant violations/complaints
  - i. Clinic fraud
  - j. Check issuance
  - k. VENA and nutrition education
  - l. Supplemental food issuance
  - m. Breastfeeding promotion and support
  - n. Civil rights compliance
  - o. Outreach
  - p. Computer reports
  - q. Vendor management
  - r. Equipment maintenance and inventory
  - s. Financial Management

- i. Local agency financial management is not reviewed during the routine management evaluation visits but is monitored monthly by the State WIC office through expense reports submitted by local agencies.
  - ii. Approximately every three years, each local agency will also have a financial audit conducted by the Bureau of Financial Audit of the Utah Department of Health if an independent audit is not performed by the local agency. (See fiscal audits.)
  
- XI. The clinic schedule during the on-site visit should be a normal WIC clinic day and should include several certification appointments. In planning the schedule for the day, it is recommended to allow clinic staff to have a little time open for discussion with state staff.
  
- XII. During the conduct of the management evaluation, if it is determined that insufficient time has been scheduled to complete the review, the state office staff will schedule additional time with the clinic supervisor and the local WIC director to complete the review.
  - a. If significant training is necessary, additional time will be scheduled specifically for a Technical Assistance visit.
  
- XIII. Prior to the State office evaluation, each clinic within the local agency shall complete the *Self Evaluation Tool* found on SharePoint and in this policy section. This requirement does not apply to satellite clinics operated by the same staff as the parent clinic.
  - a. The local WIC director will review the Self Evaluation Tool submitted by each clinic and forward them to the State office.
  - b. The purpose for completing this tool is for local clinic staff in to evaluate their own procedures to determine compliance and understanding of policy.
  - c. These tools must be completed electronically and sent via email to the State office no less than 30 days prior to the scheduled management evaluation site visit.
  - d. Failure to properly complete or failure to submit the Self Evaluation Tool at least 30 days in advance will result in a finding, which will be reflected in the final written report. The on-site visit will be rescheduled to a date at least 30 days after Self Evaluation submission.
  - e. Answers of “Not Applicable”, or no answer provided is not acceptable, and the State office will request additional information.

- XIV. When possible, an informal exit review meeting will be held at the end of the management evaluation site visit with the involved state WIC office staff and local agency personnel. Initial findings from the management evaluation will be discussed, along with ideas for implementation.
- XV. Within 30 days of the evaluation, written reports of the findings and observations will be sent to the local agency. Separate reports will be sent for the Nutrition and Breastfeeding areas and for the Operations and Administration areas.
- a. Findings are marked with a “No” on the Management Evaluation written report. Occasionally a finding may be marked both “Yes” and “No” when there is partial compliance to the given policy.
  - b. Findings are defined as areas which fall below an 80% pass rate, with the exception of the following:
    - i. Processing standards, rights and responsibilities, participant violations and vendor monitoring/training must be adequately documented 100%.
    - ii. All participants shall have at least two nutrition education contacts made available to them during each certification period.
    - iii. Core contact provided at least at the initial certification must be documented 100%.
  - c. Recommendations or quality comments are observations that are marked “Yes” on the final report. It is not necessary to respond to these observations as they are suggestions for improvement or explanations of best practices, unless indicated.
- XVI. The local agency will submit a written response addressing action taken or planned regarding the findings within 30 days of receiving each letter. The local agency must respond to each finding (a “No” found on the final report) with a plan of action to correct the deficiency.
- XVII. The State office will determine whether the local agency deficiencies have been adequately corrected, and if the action plans provided adequately address the findings.
- XVIII. For action plans in progress, the local agency must submit documentation to the State agency of their corrective actions consistent with the timeline provided to the State agency and in the response to the findings letter.
- XIX. Once documentation is received, the State agency will evaluate the documentation and provide the local agency with a response identifying whether the finding(s) have been closed, or whether further action is required.

- XX. In order for a finding to be closed, documentation must be provided that supports the pass rates outlined above.