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**Department of Health and Human Services**

**Maine Center for Disease Control and Prevention**

**WIC Nutrition Program**

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**State Plan**

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# Section I. Goals and Objectives

## Introduction

In federal fiscal year (FFY) 2014, the Maine Center for Disease Control and Prevention’s (CDC) WIC Nutrition Program continued to align its work with its 2010 strategic plan, the Maine Department of Health and Human Services (DHHS) Strategic Plan, and the Maine CDC strategic map. The strategic plan and its accompanying implementation plan provide overarching vision, direction, strategies, and action steps for Maine’s state and local WIC agencies to continually improve services and operations. The program’s state plan for FFY15 is an extension of the strategic plan, presenting updates on FFY14 activities and goals for FFY15.

With more than a full year since the implementation of the management information system, SPIRIT, FFY14 provided many opportunities for the Maine CDC WIC Nutrition Program to focus on implementing several quality improvements across its different operational areas, and begin the development of Maine’s eWIC system. The narrative sections that follow describe how Maine’s state and local agency staff worked throughout FFY14 to improve communications systems with participants, provide training and support for local agency staff, improve vendor management processes, conduct fraud investigations, bolster financial management practices, and make significant progress on implementing eWIC.

Moreover, highlights of the goals and related work outlined below for FFY15 include: a continued focus on program and vendor integrity, budgeting proactively based on predictive cost modeling, aligning strategic priorities with performance metrics and budget allocations, improving nutrition and breastfeeding support services through communication with participants and staff training, maintaining and upgrading the SPIRIT data system, continuing to implement the eWIC system, and facilitating local agency outreach. As always, these goals and activities support the program’s underlying charge to provide fiscally responsible, high-quality, and participant-centered services that improve the nutritional status of Maine women and children.

## Narrative Description

**Nutrition Services**

During FFY14, the Maine CDC WIC Nutrition Program continued to build state and local agency capacity for improving nutrition services using the SPIRIT data system, and deployed several other enhancements to services such as an electronic appointment reminder service and upgrades to hemoglobin testing equipment.

In September 2013, the Maine CDC WIC Nutrition Program implemented its first SPIRIT upgrade. Nutrition services staff provided training and Help Desk support to local agencies during the upgrade deployment, ensuring that the upgrade occurred with minimal disruption to participants and local agency staff. In February 2014, an additional SPIRIT upgrade was implemented, which also occurred with minimal disruption to participants and staff.

As part of the SPIRIT upgrades, the state agency nutrition services staff updated the self-guided training modules for local agency staff to reflect changes to SPIRIT functionality. The self-guided training modules provide an introduction to SPIRIT functionality and include multiple scenarios for new local agency staff members to learn common clinic job functions. With the training modules in use for more than a year, reports from local agencies indicate that the modules are valuable tools for learning SPIRIT. The Maine CDC WIC Nutrition Program has at least one SPIRIT upgrade planned for FFY15 and will update the training modules accordingly.

In FFY13, an evaluation of local agency clinic flows and scheduling functions demonstrated that a significant amount of administrative time and resources were spent on appointment reminder phone calls and mailings. The Maine CDC WIC staff determined that there was a statewide need for an electronic participant appointment reminder system that would improve no show rates, and provide a cost effective means of providing appointment reminders. Following a July 2013 proof of concept demonstration, the Maine CDC WIC Nutrition program piloted a SPIRIT-compatible text messaging reminder system in March 2014. The system uses an automated process to generate an appointment reminder text message, based on information from the SPIRIT scheduler. Appointment reminders are sent two business days prior to a scheduled appointment; missed appointment notifications are sent the following business day to encourage prompt rescheduling. At present, messages are available in several languages, including English, French, Spanish, Portuguese, Russian, Somali, and Vietnamese. Participants who do not read English receive a text based on data in the SPIRIT “Language Read” field. In addition, state and local agency staff have the ability to send *ad hoc* text messages. Examples of *ad hoc* messages include alerts for unexpected clinic closures due to inclement weather and other unforeseen events, farmer’s market information, and notifications of a clinic’s change of address.

Following the successful pilot, all agencies implemented the electronic appointment reminder system by the end of July 2014. Currently, text messaging is the only reminder method in use. Anecdotal feedback from participants and local agency staff has been very positive. In FFY15, state agency staff will evaluate the use and success of the reminder system, including the impact of the reminder system on show rates for appointments. Further, state agency staff will evaluate how many participants have landlines only to determine if there is a need for an automatic voice messaging reminder service. Based on this evaluation, state agency staff expect to make a recommendation on the need for voice messaging in early 2015.

In FFY13, all local WIC agencies began using Masimo’s Pronto bloodless hemoglobin testing devices. During FFY14, the Maine CDC WIC Nutrition Program began working with Masimo to replace all sensors with upgraded models at no charge to the state agency. The upgraded sensors should provide results in less time than the previous models. The goal of the upgrade is to reduce the number of participants, particularly children, who are unable to obtain a measurement bloodlessly and therefore must have a hemoglobin measurement done with a capillary blood sample. Upgraded sensors will be available in all local agency clinics by December 2014. The upgraded sensors will be evaluated for shorter response time and improved participant satisfaction.

In FFY14, Maine CDC WIC Nutrition Program staff evaluated the need for online nutrition education modules for low-risk WIC participants. A Request for Proposals is in development to secure a vendor for this service. Completion of a module would count as secondary nutrition education for low-risk participants and as value-added benefits for all participants.

The Maine CDC WIC Nutrition Program continues to work with MaineCare, the state’s Medicaid agency, to implement the negotiated coverage of medical formulas for children under the age of five. The state agency is awaiting the MaineCare’s full implementation of the negotiated Decision Cube for provision of formulas and WIC-eligible nutritionals into that program’s policies and rules. Currently, the negotiated Decision Cube remains in draft form (Appendix NS-A13); however, WIC state and local agency staff continue to provide formula coverage according to the draft agreement.

The state agency nutrition services staff has been working diligently in FFY14 to secure speakers for the Maine CDC WIC Nutrition Program’s 40th Anniversary Conference. Scheduled for October 31, 2014, all local agency staff will attend the one-day event at Maine General Hospital in Augusta, Maine. Sessions will span a variety of topics relevant to all clinic staff. Topics and speakers will include motivational interviewing skill-building techniques with Michelle Horan, adverse childhood experiences and resiliency with Chris Trout, and enhancing relational approaches with WIC parents with Charlie Slaughter. In addition, there will be a special panel discussion on substance-exposed babies. The discussion will focus on issues confronting women in substance abuse recovery programs and the special needs their babies have in the first months of life. Panelists will include both health care providers and mothers who used controlled substances during pregnancy.

Throughout FFY15, state agency staff will follow up with local agency staff to determine how skills learned during the conference are being implemented within their agencies. To this end, all local agencies will receive a skill-building workbook to incorporate motivational interviewing discussions and exercises into staff meetings. Each staff member will also receive a copy of *Hungry for Love: Creating a Mealtime Environment That Builds Connection, Life Skills and Eating Capabilities* by Charlie Slaughter to enhance personal skill-building and promote staff meeting discussions. State agency staff will explore additional needs for refresher trainings throughout FFY15.

Building on these FFY14 activities and the timeline for eWIC implementation described later in this document, goals for the coming year include:

1. Implement and evaluate online nutrition education modules for low-risk participants.
2. Complete a thorough review of UPC codes for approved foods included in the eWIC system.
3. Complete user acceptance testing of eWIC environment in SPIRIT.
4. Develop local agency staff and participant training for eWIC.
5. Train staff and implement scheduled SPIRIT upgrade(s) with minimal disruption to nutrition services.
6. Provide follow-up support to local agency staff to encourage implementation of skills learned during annual conference.
7. Evaluate text messaging appointment reminder system and make recommendation about need for voice messaging.
8. Assist with the implementation of the SPIRIT MIS system at the two Indian Tribal Organizations in Maine.

**Breastfeeding Promotion and Support**

As of June 2013, the statewide average rate for fully breastfeeding infants was 19%, partially breastfeeding was 3%, and the new some breastfeeding category was 5%. Using these rates as a baseline, Maine CDC target rates for FFY14 were set at:

* Fully breastfeeding infants: 21%
* Partially breastfeeding infants: 5%
* Some breastfeeding infants: 7%

Maine CDC utilizes the WIC SPIRIT application for data collection. The application was upgraded to version 2.19.06 in February 2014; this version keeps historical records of breastfeeding information for all infant participants, whereas earlier versions overwrote breastfeeding data. Breastfeeding category rate information was collected historically for February 2014 through June 2014 with the following results:

* Fully breastfeeding infants: 17.54%
* Partially breastfeeding infants: 2.77%
* Some breastfeeding infants: 7.44%

The Maine CDC WIC Program has continued to support breastfeeding women needing a breast pump with loaner pumps for cost savings to the program. The increased pump inventory at all local agencies, the state agency has achieved the intended cost savings. Rental expenses from FFY10 to FFY12 averaged approximately $140,000 per year. After the state agency’s first large pump purchase at the end of FFY12, FFY13 expenses for pump rentals dropped to approximately $105,000. A second pump purchase made last year has led to sufficient numbers of pumps in the agencies to be used for loaners; the state agency has estimated FFY14 rental charges to be approximately $70,000.

**The State Breastfeeding Coordinator attended Dr. Jane Heinig’s “Breastfeeding Symposium: The Secrets of Baby Behavior” train-the-trainer meeting in Vermont in September 2013. Material from this meeting was used in FFY14 to train all local agency WIC staff. Training meetings were held in four locations around the state between April and June 2014, with invitations extended to all WIC staff as well as partnering organizations, including Head Start, Public Health Nursing, Maine Families, Healthy Maine Partnerships, and lactation consultants from area hospitals. Approximately 150 people attended the Baby Behavior training meetings. Attendees learned how to incorporate consistent Baby Behavior messages into their discussions with pregnant women and infant caregivers. WIC staff members received print materials that can be used with parents, and partner organizations received links to online materials that can be printed as needed.**

**The Maine CDC WIC Program provided a breastfeeding training for new local agency counseling staff and all peer counselor staff in April 2014. The training sessions addressed factors in maternal feeding decisions, how to answer common questions, milk composition, and how to support breastfeeding at the community level, including tips for working mothers. Fifteen staff members attended this training.**

**The Maine CDC breastfeeding coordinator attended the U.S. Breastfeeding Committee conference held August 2-4, 2014. Information gathered at this conference will be brought back to the Maine State Breastfeeding Coalition (MSBC) for promotion and support of breastfeeding efforts in Maine.**

**Members of the MSBC met throughout FFY14 for strategic planning. Attendees included representatives from Maine CDC, Healthy Maine Partnerships, MaineHealth, and lactation consultants from area hospitals. The strategic planning outcomes are expected to be used to direct consistent statewide breastfeeding promotion and support efforts across the state.**

**The Maine CDC WIC Breastfeeding Coordinator provided technical assistance and breastfeeding data in FFY14 for breastfeeding grant work being done by the Maine CDC** Physical Activity Nutrition and Healthy Weight Program**.**

Plans for FFY15 include, finalizing WIC food rule implementation policies to include an emphasis on formula tailoring for partially and some breastfeeding infants that meets actual supplementation needs. Adherence to this policy will be monitored in local agency random file audits during management reviews and follow-up reviews.

**In addition, Maine CDC WIC staff members will reinforce Baby Behavior messaging with WIC staff during FFY15 as part of an effort to support exclusive breastfeeding and minimize formula supplementation. Methods of reinforcement will include weekly update email messages to all staff, local agency site visits, and breastfeeding and nutrition coordinator meetings.**

**Information gleaned at the U.S. Breastfeeding Committee conference will be utilized for MSBC’s strategic planning process and assist in the redesign of the MSBC. Consideration will also be given to planning a Breastfeeding Summit for Maine.**

Maine CDC WIC will continue to promote staff efforts to support exclusive breastfeeding by WIC participants, with the goal of increasing breastfeeding rates to FFY14 targets during FFY15. Strategies to achieve these rates include:

* supporting local agency Breastfeeding Peer Counselor programs, including training and regular meetings;
* promoting use of local agency loaner breast pumps to support increased milk supply for new mothers requesting formula supplementation; and,
* encouraging use of Baby Behavior messages and materials by WIC staff.

**The Maine CDC WIC Nutrition Program will continue to provide assistance and data as needed for the Maine CDC** Physical Activity Nutrition and Healthy Weight Program **breastfeeding grant. Specific objectives for the Maine CDC WIC Breastfeeding Coordinator’s contributions will be requested.**

**Breastfeeding Peer Counselor Program**

Six of Maine’s eight local agencies continue to have active breastfeeding peer counseling (BFPC) programs. A total of nine peer counselors work in the six programs, providing additional breastfeeding promotion and support services to pregnant and breastfeeding WIC participants.

All peer counselors are trained to document participant contacts in the SPIRIT record. This has improved communication amongst staff, and has improved audit procedures for the peer counselor program. Peer counselors utilize an electronic log for documenting hours worked, which specifies amount of direct versus indirect participant contact work done. Logs are sent to the state agency breastfeeding coordinator for auditing and technical assistance to be provided to the local agency supervisors. The Maine CDC breastfeeding coordinator will continue to provide technical assistance to local agency breastfeeding peer counseling staff for improvement in staff communication. Electronic documentation in the SPIRIT application will be addressed, with guidance provided as needed.

Building on this work over the past year, FFY15 goals for both breastfeeding promotion and peer counseling include:

1. **Evaluate efficiency and effectiveness of breastfeeding peer counselors utilizing SPIRIT to document client contacts.**
2. **Evaluate effect loaner pump service has on exclusive breastfeeding rates.**
3. Increase exclusive breastfeeding rate to 21% and partial breastfeeding rate to 5%, and maintain some breastfeeding rate at 7%.
4. Monitor for appropriate tailored formula issuance by local agency staff in regular file audits.
5. Reinforce baby behavior messaging through a variety of methods to encourage use of the messages by all staff.

MIS Implementation

After several years of planning, development, data conversion, testing, and a rollout to eight local agencies, the Maine CDC WIC Nutrition Program successfully completed the implementation of the SPIRIT State Agency Model (SAM) System in FFY13. In FFY14, therefore, direct work on the MIS implementation was significantly reduced from previous years. Instead, state agency staff, the Office of Information Technology, and a contracted SPIRIT resource successfully planned and implemented an upgrade in February, 2014. Apart from the successful technical deployment, the goal of the upgrade process was to minimize disruptions to local agency and clinic services. Based on feedback from the local agencies, the upgrade occurred without significant disruption. In addition, as is described in the Nutrition Services section above, training materials for local agency staff were updated to reflect changes to SPIRIT that occurred with the upgrade.

As part of the ongoing tasks associated with the use of SPIRIT, the Maine CDC WIC Nutrition Program provides “help desk” support to local agency users. After the expiration of a contract for these services, state agency nutrition services staff assumed all help desk functions in FFY14. The help desk is available during regular business hours. In general, help desk calls include, but are not limited to, technical assistance with the application, including risk factor and appropriate food prescription assignment, income calculations, loss of or inability to establish connection to the internet or server, and locked records.

Finally, the Maine CDC WIC Nutrition Program was able to sustain a contracted resource throughout FFY14 to maintain and expand its SPIRIT compatible reports module—tasks especially important in advance of the SPIRIT upgrade to ensure stable functionality. The reports allow state and local agency staff to visualize and analyze program data in order to inform management and operational decision making. Several new vendor management reports were developed in FFY14. These reports use pre-defined data sets to produce results that allow vendor management staff to better manage contracts, compliance, and fraud.  There will be continued development for vendor reporting throughout FFY15 as Maine goes through planned SPIRIT upgrades and implements eWIC.

Now that most of the work associated with the MIS has transitioned to maintenance, goals for FFY15 include:

1. Maintain help desk support for local agencies.
2. Upgrade SPIRIT once in FFY15.
3. Maintain up-to-date new staff training for local agencies.
4. Assess state and local agency needs for ad hoc reports to expand reports module.
5. Maintain financial and operational stability for SPIRIT and reports module.
6. Support the implementation of SPIRIT at the Indian Tribal Organizations in Maine.

eWIC Implementation

The Maine CDC WIC Nutrition Program has been working toward the implementation of eWIC in Maine, with a goal of beginning the statewide rollout at the end of FFY15. As described in the following narrative, FFY14 activities focused on hiring necessary staff, building the foundation of the eWIC system, executing contracts with vendors, and developing a detailed schedule of tasks, reports, and deadlines.

In January 2014, the state agency and the Office of Information Technology procured a full-time contracted project manager resource. Scott Sloan is serving in this role and brings nearly two decades of health care system project management experience to WIC. Mr. Sloan is managing the entire eWIC implementation, including the management of staff and vendors working on the project, and is responsible for ensuring the completion of all tasks associated with implementation. In March, Jennifer Muddyman joined the eWIC project staff as a contracted business analyst and project coordinator. Ms. Muddyman worked with the Maine CDC WIC Nutrition Program as a contracted business analyst for two years during the SPIRIT implementation, and has many prior years of experience in IT and quality assurance for private, commercial health insurance providers. While the project manager and the business analyst are assigned 100% to the eWIC implementation, the rest of the state agency staff are contributing significant amounts of their time to the project, including the director as well as the vendor management, nutrition services, and financial management staff.

The team has now begun building the foundation of the eWIC system. All components of the system will contribute to the project’s overall goals of: 1) creating a discreet, uninterrupted shopping experience for participants; and, 2) improving the state agency’s ability to validate redemptions. Indeed, through the eWIC system, the Maine CDC WIC Nutrition program will have a new level of information compared to the current paper processing method. For example, there will be more discrete data related to participant redemptions such as the time, items, lane, and vendor location associated with all individual transactions. Further, updates to this information will be available within hours instead of monthly. Improved granularity of data and increased efficiency to access this information means that new reporting tools can be developed in response to audit needs. The state agency will have the ability to proactively track particular data indicators as information is compiled in near real-time, allowing the agency to identify possible compliancy issues long before they become substantial.

There are several components to the eWIC system, including those that will directly support the participant’s experience, such as the eWIC card. In FFY14, the state agency completed designing Maine’s eWIC card through an iterative, consensus-based process that involved state and local agency staff. Maine’s eWIC cards will be managed through a card inventory database currently in the beginning stages of development. State agency staff have begun holding database design sessions to capture requirements that will be provided to a contractor who will begin the development process in October 2014, with completion scheduled for March 2015.

A significant amount of state agency staff time and resources have been dedicated to building a statewide universal purchasing code (UPC) database of WIC approved food items. State agency vendor management and nutrition services staff have collected electronic UPC codes from authorized vendors. In addition, the state agency selected a cost effective, Bluetooth bar code collection tool to manually scan the UPC codes of approved items offered by stores. Between the two collection methods, the database now includes more than 30,000 UPC codes that will need to be manually reviewed to exclude duplicated items and any non-approved items; WIC staff anticipate reducing the number of UPC codes to approximately 20,000. The database is on track for completion by August 2014. After the initial work to develop the database, the eWIC team will work on developing a web-based form that will allow authorized vendors to submit new, or change, UPC codes electronically.

Along with the UPC database development, state agency staff have also begun scheduling vendor trainings, creating training materials for local agencies and participants, and making changes to operational policies and procedures and state rules to reflect the advent of eWIC. The agency will convene mandatory vendor training meetings in September and October and will begin scheduling local agency and participant trainings later in FFY15.

During the final quarter of FFY14, the state agency is working toward a finalized contract to implement eWIC.  Under this contract, Fidelity National Information Services Inc. (FIS) will act as the contract administrator and primary service provider with Custom Data Processing (CDP) acting as a subcontractor, who will focus on the data technology aspects of implementation and continual services.

Under the leadership of the project manager, the eWIC implementation project has developed a schedule of tasks and deadlines designed to reach the goal of an early FFY16 rollout. At the highest level, the schedule includes the following major milestones and deadlines:

* User Acceptance Testing, October 2014
* Vendor Training, October 2014
* Finalize Pilot Plan, November 2014
* Pilot Roll-out, March 2015
* Pilot After Action Report, June 2015
* Phased Statewide Roll-out Begins, September 2015
* Statewide Roll-out Complete, August 2016

Most work during FFY15 will therefore focus on preparing for the March 2015 eWIC pilot. The pilot will run 90 days and will include only participants in Aroostook County. This area was selected based on the following: 1) the local WIC agency is a willing, early adopter of new technology; 2) participants in this area stay close to their work and home when redeeming benefits (i.e., participants do not often redeem benefits outside of Aroostook County); and, 3) the area provides a representative sample of participating vendors.

Beyond the work to implement eWIC in Maine, state agency staff have been very active on the national EBT Taskforce of the SPIRIT Consortium and the USDA/FNS EBT Users Group. Maine will be the first state using the SPIRIT management information system to implement eWIC. As such, the Maine eWIC team has worked to align its implementation with the entire SPIRIT community with the objective of creating systems that can be leveraged by other SPIRIT states. In FFY14, Maine’s eWIC project manager attended the EBT Taskforce meeting in Oklahoma. One goal of the current eWIC project is to align all software development toward FNS’ future plans, such as the Universal Interface. In addition, as the first state to implement eWIC, how we execute the project will be reviewed, copied, and reused by other SPIRIT members, making it very important for us to be active in the national efforts to ensure a smooth transition for other states to move to eWIC.

For the coming FFY15, eWIC will be a major focal point for all areas of operation. Goals related to eWIC implementation for FFY15 include the following:

1. Complete user acceptance testing and incorporate findings into implementation planning.
2. Complete pilot and incorporate lessons learned into statewide roll-out plans.
3. Initiate statewide roll-out.
4. Review eWIC system options for data tracking and reporting, including but not limited to redemption information for both vendors and participants, managing the MAR (maximum allowable reimbursement) for individual WIC approved items, tracking purchases of items for which rebates are available, and determining which foods may be underutilized by participants.

Vendor Management

In FFY14, the Vendor and Data Services section of the Maine CDC WIC Program had five major areas of focus: 1) implementing changes to vendor management practices following a management evaluation by FNS; 2) preparing for the implementation of eWIC; 3) continued implementation of SPIRIT for vendor management; and, 4) completing a spatial analysis and map interface for all providers, participants, and vendors in the state; and, 5) a continued and increased focus on vendor integrity. Detailed descriptions of each of these activities are provided below.

FNS performed a management evaluation (ME) of the Maine CDC WIC Program in August 2013 with findings and observations received by the Maine CDC WIC Program in November 2013. Upon review of the evaluation findings, Maine CDC WIC Program staff have worked in the several areas to update policies, review practices, and enhance reporting of information documented in SPIRIT. Aspects of vendor selection and authorization, routine monitoring, vendor agreements, vendor training, vendor sanctions, compliance investigations, confidentiality of information, cost containment, and management information systems have been addressed to align better with federal regulations, state rules, and WIC policies and procedures.

An example of an area that received improvement was compliance investigations. Compliance investigations are performed on a minimum of 5% of authorized stores with a primary focus on vendors who are identified as high-risk through the annual High Risk Vendor Analysis report. Compliance investigation forms, training, and policy were updated to reflect comments made by FNS during the ME. In addition, vendor management staff members Tina Bernier and Ana Scovil received audit training and began auditing vendors whose redemption information suggested discrepancies in the compliance data gathered. As a result, the vendor management staff conducted three audits, two of which had findings resulting in disqualification.

We have also contracted and trained two new resources who are conducting compliance buys on our behalf. The compliance buyers provide state staff with written reports for each compliance buy. Vendor staff have standardized the review process for assessing the compliance buys as well as have created template letters to use for reporting penalties to vendors. Vendors out of compliance receive notice of the violation(s) that occurred during the buy so long as this notice does not endanger the investigation. If a vendor exhibits a pattern of violations or the vendor has one or more egregious violations, the Vendor Manager takes action according to the Sanction Schedule (VM-6) to penalize that vendor. Penalties range from state sanction points to federally mandated permanent disqualification from the Maine CDC WIC Program with possible reciprocal disqualification from SNAP. Additionally, we continue to work with local law enforcement, the USDA Office of Inspector General, DHHS-Fraud and Recovery Unit, Maine Revenue Services, the Attorney General’s Office, and others as needed.

The state agency conducts the following types of compliance buys:

* Short buys (transacting food instruments for fewer food items than those listed on the food instruments to see if the vendor will charge for food items not received by the participant)
* Major substitution buys (exchanging food instruments or cash-value vouchers for alcohol or tobacco)
* Minor substitution buys (exchanging food instruments for unauthorized food items and non-food items (not associated with major substitution or trafficking)
* Trafficking buys (exchanging food instruments for cash, firearms, ammunition, explosives, or controlled substances- this type of buy is only performed with the assistance of law enforcement)
* Purchase of more food than listed on check (this type of buy makes us aware of whether a store will charge extra food items to WIC)

In FFY14, Maine CDC WIC staff made significant progress in preparing for the implementation of eWIC. Over the last several months of FFY14, staff have been building an approved product list by gathering and inputting UPC codes for all approved WIC food items. In addition, the vendor management team has issued electronic and mail surveys to authorized WIC vendors to determine the capacity of each authorized store to process eWIC cards and what upgrades to their software and/or equipment may be needed.

In September 2014, we will convene mandatory vendor meetings in four locations throughout the state to further prepare the vendor community for eWIC. Vendor owners/managers and staff likely to be involved in the implementation of the eWIC process in the stores are required to attend so they may learn what will be required of their store to participate in eWIC. The meeting will introduce eWIC vendor representatives, discuss timelines, identify major tasks including the vendor certification process, and explain the contracting process. Vendors are expected to gain a high-level understanding of the nature of the eWIC process.

The vendor management team continues to implement SPIRIT for vendor management and reporting. Reports in SPIRIT on food instruments (FIs) redeemed by store are allowing inventory audits based on in-store stock and invoices, versus the number of FIs for formula redeemed during the same time period. Previously, the method for tracking Farmer’s Market Nutrition Program (FMNP) checks was limited to use of the Solutran system and comparison to paper issuance logs. This year we have implemented a system for logging issuance of FMNP checks in SPIRIT which will help us better understand issuance by local agency/clinic and use patterns for FMNP checks. As our previous estimated rate for FMNP checks was approximately 50%, we plan to use the data we receive to evaluate and inform local agency outreach efforts. In addition, during FFY14, Maine CDC WIC staff made several monitoring visits to authorized farmers market vendors to provide training and support to help ensure that farmers are able to comply with all vendor requirements for the proper use and processing of FMNP checks and fruit and vegetable cash value vouchers.

Finally, we have continued to make progress on a spatial analysis GIS project that will help us visualize and better understand participant access, the number and locations of our grocers and farmers, and the location of WIC clinics. By the end of FFY14, this mapping project will allow public and staff users to see locations of local WIC clinics, farmers markets and farm stands, and WIC authorized vendors. Participants will be able to use this online tool to identify store and farmers market locations. WIC staff will use the mapping interface to analyze participant to store ratios, an important factor when considering store authorizations and disqualifications. For example, WIC staff will be able to use the tool when a store applies for authorization to see how many other authorized vendors and participants are in that same area and only authorize new vendors where participant access is a need. Conversely, the system will allow more efficient analysis of participant access issues when determining if a store in severe violation of the Vendor Agreement and State and Federal WIC Rules should be disqualified or fined in lieu of disqualification due to limited participant access in specific areas of the state.

In addition to the accomplishments described above, in January, the Maine CDC WIC Program hired a new vendor manager, Tina Bernier. Prior to joining the WIC staff, Ms. Bernier worked for the Maine CDC’s Childhood Lead Poisoning Prevention Program for 10 years. As the environmental coordinator for the lead program, Ms. Bernier gained significant experience in dealing with regulatory actions and data management to create safe and healthy home environments for young children. Since starting with WIC, Ms. Bernier has participated in several trainings and meetings, including health literacy training and Managing in State Government. She attended the National WIC Association Conference where she gained more knowledge of program integrity issues and best practices. In addition, Ms. Bernier met with FNS NERO staff to discuss vendor management, participated in vendor auditing training with New Hampshire WIC vendor staff, attended the WIC EBT Users Group to gain knowledge about upcoming eWIC implementation tasks, and attended training on the impacts of generational poverty.

Based on the work completed in FFY14, vendor management goals for FFY15 are as follows:

1. Implement vendor compliance activities to address vendor training needs, sanctions and fraud review, and utilize *ad hoc* reports with COGNOS and Spirit to improve program efficiency and provide metrics for monitoring vendor compliance.
2. Continue evaluating cost containment measures as implemented in FFY14, including adjustment to MAR calculations.
3. Complete the eWIC implementation and begin developing tools for data analysis related to program integrity.
4. Implement the GIS tracking tool and begin assessing adequacy of authorized vendor distribution.
5. Assess need for modification to the FMNP authorization process to determine if farmers market authorization would be a more efficient model to create capacity for farmers to process eWIC transactions.

**Financial Management**

One of the top priorities in FFY14 was developing and maintaining a cost efficient and effective operational budget that was proactive in responding to changes in funding, contained food costs, and covered all essential minimum costs. To accomplish this task, we met with each local agency, automated financial reporting tools using SQL server, stayed abreast of Congressional budget developments, and tried to determine the essential core costs to keep the WIC program functioning.

In meeting with each local agency, we identified their total, variable, and fixed costs, then applied these costs against the served participants to arrive a cost per participant. We then met with all agencies as a group to discuss and compare total, variable, and fixed costs at the individual agencies, across agencies, and against a peer mean. Based upon this collection of data, we observed an overall trend of participation declining 11% from 2010 to 2013, along with a 10% reduction in agency funding for the same period. Our next steps include discussing the drivers of the reduction in participation and implementing plans stabilize, if not increase, these levels for future periods.

Over the past fiscal year, the Maine CDC WIC Nutrition Program focused on improving yearly and daily food fund projections for optimal cash flow monitoring and maintenance in compliance with the Cash Management Improvement Act. To this end, we created a worksheet with more granularity than the FNS-798 to project daily cash flows for the entire year. This worksheet included projected daily food fund redemptions, monthly projected formula and infant food rebates, as well as estimated breast pump purchases and rentals. The compilation of all this information in one place allowed us to be much more proactive in assessing current and future cash flow.

The achievement of financial goals and work described above was essential for the general operation of the Maine CDC WIC Nutrition Program. Moreover, our work to improve the financial management system allowed us to have the foresight and preparation to deal with the shutdown of the federal government in October 2014.

Building on the work in these areas over the past year, goals for the coming year include:

1. Continue to develop and maintain a cost efficient and effective operational budget that is proactive in responding to changes in funding, contains food costs, and covers all essential minimum costs.
2. Deploy a forecasting and estimation model to more accurately predict participation rates one year into the future.
3. Continue to collaborate with other state programs and agencies to identify cost-sharing opportunities for services provided to common clients.
4. Plan and assist in the implementation of eWIC, Maine WIC’s electronic benefit.
5. Continue to focus on cost containment and program integrity.

**Other Program Goals**

The Maine CDC WIC Nutrition Program Strategic Plan, originally created in 2010, has been one of the major guiding documents for the program over the past four years. A collaborative document created with the local WIC agency directors, it has been the cornerstone for the program’s strategic direction and decision making, and, importantly, aligns with the Maine CDC Strategic Map and Maine DHHS Strategic Plan.

Over the past fiscal year, the state agency has been working to update the strategic implementation plan to document progress toward accomplishing goals and to ensure state and local activities align with the overall strategic themes identified in the plan. WIC themes included in the strategic plan include: business continuity planning, eWIC implementation, management evaluation process revision, furthering the use of technology, strategic outreach planning, reviewing and standardizing clinic scheduling and business practices, and communication. Activities and progress related to many of these strategic themes are described under the relevant operational section in this state plan.

In the area of business continuity planning, early in FFY14, the Maine CDC WIC Program began working on plans to ensure that formula and other nutritionals are available to participants during times when services may be interrupted. This planning was a result of the October 2013 federal government shutdown, when the continuity of services was at risk. Now, the state agency has developed a memorandum of understanding with the Maine CDC Public Health Nursing program to help deliver formula during a crisis. In addition, Maine CDC WIC Program continuity of operations planning includes working with the Maine CDC Office of Emergency Preparedness, federally qualified health centers, as well as housing shelters and other local service providers.

Program and vendor integrity continues to be a priority. To this end, we have partnered with the DHHS Fraud and Recovery Unit (DHHS-FRU) to recover breast pumps that, despite many attempts, were not returned to local agencies, and also to pursue fraudulent use of benefits by WIC participants. Joint work will also continue with WIC and DHHS-FRU on fraudulent activities with shared vendors. State and local WIC staff continues to monitor social media, Craig’s List and Uncle Henry’s sites for sale of WIC formula. When discovered, WIC participants are reminded of their signed agreement to uphold their participant responsibilities. Also, the implementation of eWIC will provide the program will many additional data points with which to monitor redemptions, sales by UPC, time of transactions, participant access, and many other metrics that can be utilized in the ongoing review of WIC operations.

The state agency also implemented a new food benefit potential over issuance report in FFY14. The online report screens all benefit issuance for participants whose benefit issuance exceeds federal maximum amounts for the queried month. Each reported potential over issuance case is researched for record documentation, such as, but not limited to, formula returns which are replaced with new formula needed, voided benefits which are scanned to verify they were not issued, pregnant women with multiple fetuses who receive WIC food package VII, inadvertent wrong printer setting, loss of connectivity during benefit issuance, or damaged check stock. Research results are documented, with guidance and/or requests for local agency staff to explain situations that are not clearly documented.

In the area of communication, state and local agency staff piloted a weekly open forum conference call at the end of FFY13. The purpose of the call was to provide a regular opportunity for local agency staff to ask questions, voice concerns, and make suggestions to the state agency staff. After low participation during the standing Wednesday morning calls, the call time was moved to the afternoon, but participation continued to be low. Feedback from local agency staff indicated that clinic schedules do not provide enough flexibility for staff to make the weekly calls. Based on this feedback the weekly calls were replaced by a weekly email update from the state agency director. All local agency staff now receive the weekly communication which includes programmatic and training updates.

State agency staff also made significant progress toward transferring SPIRIT to two Indian Tribal Organizations (Indian Township and Pleasant Point) during FFY14, namely by documenting the project and its timelines and resources and submitting that transfer document to FNS. When the transfer document is approved, state agency staff and staff from the Office of Information Technology will begin the work of transferring the system with the goal of completing the project by the end of FFY15.

The state agency had established a goal for FFY14 to change the local agency Management Evaluation Review (MER) form currently in use to include more of a collaborative VENA process. Technical assistance from other states was sought, based on information gleaned from the 2013 National WIC Association conference presentations and projects done in several states with facilitation by Altarum. No new MER forms have been received to date. The state agency will continue to consider and develop MER changes for Maine during FFY15, seeking guidance from other state agencies as it becomes available.

Over the course of FFY14, state agency staff engaged in a poverty workgroup facilitated by the Maine CDC’s Office of Health Equity. The purpose of the workgroup is to enhance the training opportunities for state and local staff on the topic of poverty. To this end, the workgroup is sponsoring a July 25, 2014 training, “Communication Across Barriers,” with Donna Beegle, for all state agency staff and strategic partners. Additional training opportunities by Dr. Beegle are being considered in the Fall of 2015 for local agency WIC staff.

In addition to this training opportunity, WIC state staff and local agency WIC directors were trained on customer journey mapping, the FAME communication model, clinic efficiencies and by Dr. Sheena Bunnell, Professor, Business Economics at the University of Maine, Farmington. During this training, Dr. Bunnell presented information based on the National WIC Association webinars series, a review of the literature, and stories related to a WIC participant’s experience when accessing services or using benefits. Dr. Bunnell also presented information *on* the FAME model of communication and worked with state and local agency staff on clinic effiencies.

Health literacy training was also provided to the WIC state agency staff by Sue Stableford, director of the Health Literacy Institute at the University of New England. The focus of the training was on health literacy, plain language, and cultural inclusion. This training will assist the state agency in its review of printed materials and web-based information.

State agency staff have also been busy in FFY14 planning a conference for Maine’s recognition of WIC’s 40th anniversary. The event will take place on October 31, 2014, in Augusta, Maine, and will be an opportunity for staff from across the state to gather for the first time in three years. The primary purpose of the event is to provide training for staff as is described in the Nutrition Services section of this plan. In addition to the state recognition, many of the local agencies will host their own anniversary events to recognize their local WIC community partners and WIC participants.

Program management goals over the next year include:

1. Provide poverty training to all state and local agency staff.
2. Complete roll-out of SPIRIT to Pleasant Point and Indian Township ITOs.
3. Finalize business continuity preparedness plans.
4. Finalize Maine CDC WIC Nutrition Program rules with the State of Maine Attorney General.

**Outreach and Affirmative Action Plan**

Each local agency was required to develop an outreach plan and submit it to the state agency as a contract deliverable for FFY14. All agencies were required to provide outreach to local healthcare providers and DHHS offices during FFY14. The local agencies were also required to choose two additional outreach areas of focus in their outreach plan that meet the needs of the communities they serve. See attachment for local agency outreach plans.

The state agency produced a new participant and vendor folder in FFY14, which included an updated Maine CDC WIC food list. Implementation of the new participant and vendor folder was done in May 2014. The state agency also updated the program’s outreach poster and outreach brochure to be consistent with the new Participant Handbook/Identification Folder. Agencies have been provided with copies of the new outreach items. See attachment for images of these new materials.

The state agency printed posters highlighting WIC’s 40th Anniversary in 2014. Sufficient copies were distributed to all local agencies so staff can provide the posters to community partners. In celebration of this anniversary, WIC local agencies are planning local events, with recognition to be given to “WIC Champions” in their areas.

As described in the Breastfeeding Support section above, the Baby Behavior trainings that occurred during April, May, and June 2014 in four locations around the state included attendance by staff from Maine Families, Head Start, Public Health Nursing, Healthy Maine Partnerships, and lactation consultants from area hospitals. Inclusion of the various program staff provided opportunity for WIC staff to meet local partners and establish relationships. The training also enhanced consistent Baby Behavior messages to be given by all so that parents will not hear conflicting information.

Based on the progress described above, goals for FFY15 include:

1. Translate updated participant folder and food list into languages most commonly read by non-English speaking participants.
2. Begin planning for participant training videos in some languages commonly spoken by non-English speaking participants.
3. Foster relationships with Maine Families, DHHS offices and Healthcare providers while collaborating on shared goals.
4. Strengthen collaborations with other USDA food programs including CACFP and SNAP.
5. Local agencies will provide outreach to DHHS offices and to Head Start Programs in their communities.
6. Begin public and participant outreach to promote eWIC project, with pilot to begin in spring 2015.

## Summary of Progress toward FFY14 Goals

The following tables summarize the Maine CDC WIC Nutrition Program progress toward goals set in the FFY14 state plan for each area of work.

**Nutrition Services**

|  |  |  |
| --- | --- | --- |
| **FFY14 Goals** | **Status** | **Notes** |
| Train staff and implement scheduled SPIRIT upgrades with minimal disruption to nutrition services. | Complete | Upgrade occurred in February 2014 with minimal disruption. |
| Seek feedback from local agency staff on the current version of participant questionnaires, and edit as needed for maximizing efficiencies in direct services. | Complete | There were no requests for edits from local agency staff. |
| Follow up the VENA refresher training for local agency staff with quarterly reminder email communications which highlight useful VENA concepts. | Incomplete | VENA concepts were incorporated into nutritionists meetings instead. |
| Assess and address barriers to successful use of bloodless hemoglobin testing devices and work with agencies to train staff on best practices. | Complete | New sensors are installed on all devices; Pronto training webinars offered to local agency staff. |
| Begin the process of a strategic change of the Management Evaluation Review to align with VENA principles as a collaborative process between State and Local Agency staff. | In progress | State agency staff reviewed MER processes in other states and determined this type of collaborative process has not been established in other states. |
| Continue to assess impact extended certifications may have on participation for breastfeeding women and children. | Complete | Have not identified any new issues, but extended certification periods have not improved participation rates. |
| Continue collaborations with MaineCare for final agreements on coverage of medical formulas for WIC participants. | Complete | MaineCare has not finalized rules; WIC staff continue to monitor progress and use the draft Decision Cube to determine appropriate provider of medical formula. |
| Consider dedication of NSA funds for the implementation of an appointment reminder system for local agencies. | Complete | Text messaging reminder system successfully implemented in FFY14. |

**Breastfeeding Promotion and Support/Breastfeeding Peer Counseling Program**

| FFY14 Goals | Status | Notes |
| --- | --- | --- |
| Attend the “Secrets of Baby Behavior” training/train-the-trainer sessions in Vermont in September, 2013. | Complete | State Agency Breastfeeding Coordinator attended the training in Vermont and brought back training materials. |
| Implement “Secrets of Baby Behavior” training at one local agency and evaluate effect on exclusive breastfeeding rates. | Complete | “Secrets of Baby Behavior” training completed for all local agency and partner organization staff. |
| Evaluate efficiency and effectiveness of breastfeeding peer counselors utilizing SPIRIT to document client contacts. | Pending |  |
| Increase number of loaner breast pumps available in local agencies in order to decrease rental costs further and increase exclusive breastfeeding rates. | Complete |  |
| Increase exclusive breastfeeding rate to 21%, partial breastfeeding rate to 5% and some breastfeeding rate to 7%. | Partially complete | Exclusive breastfeeding rate dropped to 17.54%, partial breastfeeding rate dropped to 2.77%, and some breastfeeding rate increased to 7.44% |

**MIS Implementation**

| FFY14 Goals | Status | Notes |
| --- | --- | --- |
| Maintain help desk support for local agencies. | Complete | Nutrition services staff provided help desk support throughout FFY14. |
| Upgrade SPIRIT twice in FFY14. | Complete | Upgrades occurred in September 2013 and February 2014. |
| Maintain up-to-date training for local agencies. | Complete |  |
| Assess state and local agency needs for ad hoc reports to expand reports module. | Complete |  |
| Secure financial and operational stability for SPIRIT and reports module. | Complete | Cognos support was secured for the maintaining the reports. SPIRIT ongoing support has been maintained |

**EBT Implementation**

| FFY14 Goals | Status | Notes |
| --- | --- | --- |
| Secure funding for implementation activities. | Complete |  Funds awarded and implementation is underway |
| Contract with selected source provider. | Complete | Contract was executed in July, 2014. |
| Begin work with contracted vendor on implementation activities. | Complete | Work began in August, 2014. |

**Vendor Management**

|  |  |  |
| --- | --- | --- |
| **FFY14 Goals** | **Status** | **Notes** |
| Implement limiting criteria into the Maine WIC vendor authorization process. | Complete | Review of applications for new vendors in FFY14 included an assessment of participant access. |
| Issue and implement new vendor agreements as soon as state rules are approved. | Pending | State rules are not yet approved. |
| Begin implementation activities for EBT. | Complete | Activities such as the UPC database, policy updates, and training development are underway. |

**Financial Management**

| FFY 13 Goals | Status | Notes |
| --- | --- | --- |
| Develop and maintain a cost efficient and effective operational budget that is proactive in responding to changes in funding, contains food costs, and covers all essential minimum costs. | Complete |  |
| Deploy a forecasting and estimation model to more accurately predict food costs and participation rates one year into the future. | Partially Complete | The initial draft is complete; the model was expanded to include more criteria in FFY14 with more work expected in FFY15. |
| Collaborate with other state programs and agencies to identify cost-sharing opportunities for services provided to common clients. | Complete | This has become a standing goal; work will continue in FFY15 and has become a priority. |

**Program Management**

| FFY14 Goals | Status | Notes |
| --- | --- | --- |
| Implement the action steps created by the Strategic Plan. | Ongoing | Many of the action steps have been implemented; state agency staff are tracking those not yet implemented. |
| Evaluate open forum calls and continue if effective method for improving communication. | Complete | Calls were not effective; updates are now sent via email to local agency staff. |
| Develop key partnerships with MaineCare, Maine Families, SNAP-ED, and the ITOs. | Complete |  |

**Outreach and Affirmative Action Plan**

| FFY14 Goals | Status | Notes |
| --- | --- | --- |
| Create a new outreach brochure with same graphics as participant handbook and statewide outreach poster. | Complete |  |
| Foster relationships with Maine Families, DHHS offices, and healthcare providers while collaborating on shared goals. | Ongoing |  |
| Strengthen collaborations with other USDA food programs including CACFP and SNAP. | Ongoing |  |

# Section II. Policies and Procedures

In previous fiscal years, the Maine CDC WIC Program performed a comprehensive review and revision of all policies and procedures. FFY13 was the first full year of implementation for many of the policies and procedures. Throughout FFY13, local agency staff provided feedback to state agency staff about the policies and procedures as they have been put into practice. Based on this feedback, state agency staff revised the policies. In July and August of 2013, state agency staff worked with a contract resource to update all the policies.

Following is the table of contents for the Maine CDC WIC Program policy manual. (See attachment for complete policy and procedure manual.)

**Vendor Management (VM)**

VM-1 Vendor Selection and Authorization

VM-2 Vendor Training

VM-3 High-Risk Vendor Identification Systems

VM-4 Routine Monitoring

VM-5 Compliance Investigations

VM-6 Vendor Sanction System

VM-7 Administrative Review of State Agency Actions

VM-8 Coordination with the Supplemental Nutrition Assistance Program (SNAP)

VM-9 Staff Training on Vendor Management

VM-10 Confidentiality of Vendor and SNAP Retailer Information

VM-11 Vendor Price Lists

VM-12 Vendor Operations

VM-13 Conflict of Interest

**Certification and Eligibility (CE)**

CE-1Eligibility Application Process, Identification Requirements and Documentation

CE-2 Income Eligibility Determination and Documentation

CE-3 Nutrition Risk Determination, Documentation and Priority Assignment

CE-4 Certification Periods and Termination of WIC Benefits

CE-5 Transfer of Certification and Verification of Certification (VOC)

**Nutrition Services (NS)**

NS-1 Nutrition Counseling

NS-2 Food Package Design

NS-3 Value Enhanced Nutrition Assessment (VENA)

NS-4 Nutrition Coordinator

NS-5 Nutrition Services Referrals

NS-6 Medical High Risk

**Information Systems (IS)**

IS-1 System Planning and Operation

IS-2 Participant Characteristics Minimum Data Set

IS-3 Functional Requirements Checklist

IS-4 Data Security

IS-5 Local Agency IT Requirements

**Organization and Management (OM)**

OM-1 State Staffing

OM-2 Selection of Local Agencies

OM-3 Local Agency Disqualification

OM-4 Local Agency Staffing

OM-5 Disaster Recovery

OM-6 Employee Abuse

OM-7 Participant Abuse

OM-8 Parental and Custodial Rights

OM-9 Dual Participation

OM-10 Participant Rights and Responsibilities

OM-11 Processing Standards

OM-12 Media Relations

OM-13 Training and Continuing Education Requirements for Direct Service Staff

OM-14 Community Provider Agreements

OM-15 Mandated Reporting

OM-16 Confidentiality and Privacy

OM-17 Fair Hearings

OM-18 Travel

OM-19 WIC Acronym

OM-20 Dietetic Intern Requests

OM-21 Occupational Exposure

OM-22 Selection of Satellite Locations

**Financial Management (FM) Expenditures**

FM-1 State Agency Financial Management System

FM-2 State Agency WIC Expenditures and Drawdown Procedures

FM-3 State Agency Budget/Expenditure Plan

FM-4 State Agency Reporting Requirements

FM-5 Local Agency Funds Allocation and Budget Submission

FM-6 Local Agency Financial Management Systems

FM-7 State and Local Agency Access to Funds

FM-8 State and Local Agency Allowable Costs

FM-9 State and Local Agency Unallowable Costs

FM-10 Nutrition Education Costs

FM-11 Breastfeeding Promotion Costs

FM-12 Indirect Costs

FM-13 Shared (Allocable) Costs

FM-14 Program Income

FM-15 Local Agency Purchasing Procedures

FM-16 Property Management

FM-17 Participant Fees

FM-18 Cost Containment Measures

**Caseload Management (CM)**

CM-1 No-Show Rate

CM-2 Caseload Allocation and Monitoring

CM-3 Community Outreach

CM-4 Waiting Lists

**Food Delivery System Accountability and Control (FD)**

FD-1 Food DeliverySystem Overview

FD-2 Food Benefits Pick-Up and Transaction

FD-3 Food Benefit Redemption and Disposition

FD-4 Special Food Benefits Issuance Accommodations

FD-5 Direct Distribution Food Delivery Systems

FD-6 Proxy Assignment

FD-7 Return of Formula

**Monitoring and Audits (MA)**

MA-1 State and Local Agency Audits

MA-2 Monitoring

**Civil Rights (CR)**

CR-1 Public Notification Requirements and Nondiscrimination Notification

CR-2 Compliance Requirements

CR-3 Data Collection and Reporting

CR-4 Civil Rights Complaint Process

CR-5 Civil Right Training

CR-6 Language Access

CR-7 Special Populations

**Breastfeeding Promotion and Support (BF)**

BF-1 Creating a Breastfeeding Friendly Environment

BF-2 Staff Breastfeeding Promotion and Support Activities

BF-3 Breastfeeding Coordinator Responsibilities

BF-4 Prenatal and Breastfeeding Contacts

BF-5 Breastfeeding Food Packages

BF-6 Provision of Electric Breast Pumps

BF-7 Provision of Manual Breast Pumps and Breastfeeding Aids

BF-8 Contraindications for Breastfeeding

**Breastfeeding Peer Counselor (BFPC)**

BFPC-1 Establishing a Breastfeeding Peer Counselor Program

BFPC-2 Peer Counselor Scope of Practice

BFPC-3 Training of Breastfeeding Peer Counselors

BFPC-4 Compensation, Reimbursement and Allowable Costs for Peer Counselors

BFPC-5 Required Credentials and Training for Local Agency Breastfeeding Peer Counselor Supervisors

BFPC-6 Supervision of Breastfeeding Peer Counselors

BFPC-7 Referrals and Collaboration with Community Partners

**Farmer’s Market Nutrition Program (FMNP)**

FMNP-1 Farmer Selection and Authorization

FMNP-2 Farmer Training

FMNP-3 High-Risk Farmer Identification Systems

FMNP-4 Farmer Monitoring

FMNP-5 Farmer Sanction System

FMNP-6 Administrative Review of State Agency Actions (Farmers)

FMNP-7 Farmer Operations

The table below maps our policies to the State Plan Checklists. We have aligned it, as much as possible, with the state plan checklist categories. Please see the sections and dates of submission as part of this state plan. Policies and procedures with updates for FFY15 and documentation of all updates made are included as an attachment. (Please note: any section with policies that are not explicitly in the State Plan Checklist has been denoted with a +.)

|  |  |  |
| --- | --- | --- |
| **State Plan Checklist Section** | **WIC Policy and Procedure Section** | **Date Policy Submitted for Review** |
| **I. VENDOR MANAGEMENT** |
| A. Vendor Selection and Authorization | VM-1 | 08/15/2014 |
| B. Vendor Training  | VM-2 | 08/15/2014 |
| C. High-Risk Vendor Identification Systems | VM-3 | 08/15/2012 |
| D. Routine Monitoring | VM-4 | 08/15/2014 |
| E. Compliance Investigations | VM-5 | 08/15/2014 |
| F. Vendor Sanction System | VM-6 | 08/15/2014 |
| G. Administrative Review of State Agency Actions | VM-7 | 08/15/2014 |
| H. Coordination with the Supplemental Nutrition Assistance Program | VM-8 | 8/15/12 |
| I. Staff Training on Vendor Management | VM-9 | 08/15/2014 |
| + Confidentiality of Vendor/SNAP Retailer Information | VM-10 | 08/15/2014 |
| + Vendor Price Lists | VM-11 | 08/15/2014 |
| + Vendor Operations | VM-12 | 08/15/2013 |
| + Conflict of Interest | VM-13 | 08/15/14 |
| **I. VENDOR MANAGEMENT CONT (Farmers taking CVV)** |
| J. Farmer Authorization | FMNP-1 | 08/15/2012 |
| K. Farmer Agreements | FMNP-1 | 08/15/2012 |
| L. Farmer Training | VM-2 | 08/15/2012 |
| M. Farmer Monitoring | VM-4 | 08/15/2014 |
| N. Farmer Sanctions, Claims, and Appeals | VM-6 | 08/15/2014 |

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| **II. NUTRITION SERVICES** |
| A. Nutrition Education | NS-1 | 08/15/2014 |
| B. Food Package Design | NS-2 | 08/15/2014 |
| C. Staff Training | OM-13 | 08/15/2014 |
| + Value Enhanced Nutrition Assessment (VENA) | NS-3 | 08/15/2013 |
| + Nutrition Coordinator | NS-4 | 08/15/2014 |
| + Dietetic Intern Requests | OM-20 | 8/15/2014 |
| + Occupational Exposure | OM-21 | 8/15/2014 |
| + Selection of Satellite Locations | OM-22 | 8/15/2014 |
| **III. INFORMATION SYSTEM** |
| A. System Planning and Operation | IS-1 | 08/15/2012 |
| B. Participant Characteristics Minimum Data Set (MDS) | IS-2 | 08/15/2014 |
| C. WIC Systems Functional Requirements Checklist  | IS-3 | 08/15/2014 |
| + Data Security | IS-4 | 08/15/2014 |
| + Local Agency | IS-5 | 08/15/2014 |
| **IV. ORGANIZATION AND MANAGEMENT** |
| A. State Staffing | OM-1 | 08/15/2014 |
| B. Evaluation and Selection of Local Agencies | OM-2OM-3 | 08/15/2014 |
| C. Local Agency Staffing | OM-4 | 08/15/2013 |
| D. Disaster Planning | OM-5 | 08/15/2012 |
| + Employee Abuse | OM-6 | 08/15/2014 |
| + Participant Abuse | OM-7 | 08/15/2014 |
| + Parental Rights | OM-8 | 08/15/2013 |
| + Dual Participation | OM-9 | 08/15/2014 |
| + Participant Rights and Responsibilities | OM-10 | 08/15/2014 |
| + Processing Standards | OM-11 | 08/15/2014 |
| + News Media | OM-12 | 08/15/2014 |
| + Staff Training | OM-13 | 08/15/2014 |
| + Community Provider Agreements | OM-14 | 08/15/2012 |
| + Mandated Reporting | OM-15 | 08/15/2014 |
| + Confidentiality and Privacy | OM-16 | 08/15/2014 |
| + Fair Hearings | OM-17 | 08/15/2014 |
| +Travel | OM-18 | 08/15/2014 |
| +WIC Acronym | OM-19 | 08/15/2014 |
| **V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES** |
| A. Funds Allocation | FM-5 | 08/15/2013 |
| B. Local Agency Budgets/Expenditure Plans | FM-5 | 08/15/2013 |
| C. State and Local Agency Access to Funds | FM-7 | 08/15/2013 |
| D. Reporting and Reviewing of State and Local Agency Expenditures | FM-3 | 08/15/2013 |
| E. Nutrition Education Costs | FM-10 | 08/15/2012 |
| F. Indirect Costs | FM-12 | 08/15/2012 |
| + State Agency Financial Management System | FM-1 | 08/15/2013 |
| + State Agency Access to NSA and Food Funds (Drawdown Procedures) | FM-2 | 08/15/2014 |
| + Local Agency Financial Management Systems | FM-6 | 08/15/2013 |
| + State and Local Agency Allowable Costs | FM-8 | 08/15/2012 |
| + Unallowable Costs | FM-9 | 08/15/2012 |
| + Breastfeeding Promotion Costs | FM-11 | 08/15/2012 |
| + Shared (Allocable) Costs | FM-13 | 08/15/2012 |
| + Program Income | FM-14 | 08/15/2012 |
| + Local Agency Purchasing Procedures | FM-15 | 08/15/2012 |
| + Property Management | FM-16 | 08/15/2012 |
| + Participant Fees | FM-17 | 08/15/2012 |
| **VI. FOOD FUNDS MANAGEMENT** |
| A. Cost Containment Measures | FM-18 | 08/15/2014 |
| B. Funds Monitoring/798 Reporting | FM-4 | 08/15/2014 |
| C. Participation Reporting  | FM-4 | 08/15/2014 |

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| **VII. CASELOAD MANAGEMENT** |
| A. No-Show Rate | CM-1 | 08/15/2013 |
| B. Allocation of Caseload | CM-2 | 08/15/2014 |
| C. Caseload Monitoring | CM-2 | 08/15/2014 |
| D. Benefit Targeting | CM-3 | 08/15/2014 |
| E. Outreach Policies and Procedures | CM-3 | 08/15/2014 |
| F. Waiting List Management | CM-4 | 08/15/2012 |
| **VIII. CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES** |
| A. Eligibility Determination and Documentation | CE-1 | 08/15/2014 |
| B. Nutrition Risk Determination, Documentation, and Priority Assignment  | CE-3 | 08/15/2014 |
| C. Health Care Agreements, Referrals, and Coordination  | OM-14/NS-5 | 08/15/2013 |
| D. Processing Standards | OM-11 | 08/15/2013 |
| E. Certification Periods | CE-4 | 08/15/2014 |
| F. Transfer of Certification | CE-5 | 08/15/2014 |
| G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedure, and Sanction System | OM-9/OM-10/OM-17 | 08/15/2014 |
| + Income Eligibility Determination and Documentation | CE-2 | 08/15/2014 |
| **IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/CASH-VALUE VOUCHER ACCOUNTABILITY/ CONTROL** |
| A. Food Delivery and Food Instrument/Cash-Value Voucher Control Overview | FD-1 | 08/15/2014 |
| B. Food Instrument Pick-up  | FD-2 | 08/15/2014 |
| C. Food Instrument/Cash-Value Voucher Redemption and Disposition | FD-3 | 08/15/2014 |
| D. Manual Food Instruments and Cash-Value Vouchers | FD-3 | 08/15/2014 |
| E. Special Food Instrument and Cash-Value Voucher Issuance Accommodations  | FD-4 | 08/15/2014 |
| F. Vendor Cost Containment System Certification | FD-6 | 08/15/2014 |
| G. Home Food Delivery Systems (Non-Retail) | n/a | n/a |
| H. Direct Distribution Food Delivery System (Non-Retail) | FD-5 | 08/15/2014 |
| + Return of Formula | FD-7 | 08/15/2014 |
| **X. MONITORING AND AUDITS** |
| A. Monitoring | MA-2 | 08/15/2013 |
| B. Audits | MA-1 | 08/15/2013 |
| **XI. CIVIL RIGHTS** |
| A. Administration | CR-5 | 08/15/2014 |
| B. Public Notification Requirements and Nondiscrimination Notification | CR-1 | 08/15/2014 |
| C. Compliance Review and Monitoring Activity | CR-2 | 08/15/2014 |
| D. Data Collection and Reporting | CR-3 | 08/15/2014 |
| E. Complaint Handling | CR-4 | 08/15/2014 |
| + Language Access Policy | CR-6 | 08/15/2014 |
| + Special Populations | CR-7 | 08/15/2013 |
| **+ BREASTFEEDING** |
| + Breastfeeding Friendly Environment  | BF-1 | 08/15/2014 |
| + Breastfeeding Promotion and Support in the WIC Clinic | BF-2 | 08/15/2012 |
| + Breastfeeding Coordinator Responsibilities | BF-3 | 08/15/2014 |
| + Counseling the Prenatal and Breastfeeding Woman | BF-4 | 08/15/2014 |
| + Breastfeeding Food Packages | BF-5 | 08/15/2014 |
| + Provision of Electric Breast Pumps | BF-6 | 08/15/2014 |
| + Provision of Manual Breast Pumps and Breastfeeding Aids | BF-7 | 08/15/2014 |
| + Contraindications of Breastfeeding | BF-8 | 08/15/2014 |
| **+ BREASTFEEDING PEER COUNSELING** |
| + Establishing a Breastfeeding Peer Counselor Program | BFPC-1 | 08/15/2014 |
| + Breastfeeding Peer Counselors | BFPC-2 | 08/15/2014 |
| + Training of Breastfeeding Peer Counselors | BFPC-3 | 08/15/2014 |
| + Compensation, Reimbursement, and Allowable Costs for Peer Counselors | BFPC-4 | 08/15/2014 |
| + Required Credentials and Training for Local Agency Breastfeeding Peer Counselor Supervisors | BFPC-5 | 08/15/2014 |
| + Breastfeeding peer Counselor Supervisor Scope of Practice | BFPC-6 | 08/15/2014 |
| + Referrals and Collaboration with Community Partners | BFPC-7 | 08/15/2014 |

# Section III. State Operation Updates

In FFY13 the WIC program upgraded all of its policies and procedures, aligning them to the policy sections of the state plan checklist. For FFY15, we are submitting all policies including those that were updated for FFY15. In addition, the following index details the required information from the checklist that we have included either in attachments to this document or in the tables that follow.

|  |  |
| --- | --- |
| **Document Name** | **Table Number** |
| Peer Group Table | Table 1 |
| State Agency Staffing Level | Table 2 |
| State Agency Staffing Detailed Task Percentages | Table 3 |
| Local WIC Agencies for FFY15  | Table 4 |
| Management Evaluation Review for FFY14 | Table 5 |
| Management Evaluation Review for FFY15 | Table 6 |
| FFY14 Local Agency Audit List | Table 7 |
| Indirect Cost Rate Documentation | Appendix A-94 |
| Infant Formula Rebate Information | Table 8 |
| Nutrition Services Training | Table 9 |
| Nutrition Risk Criteria | Appendix A-53 |
| Automated Data Processing Functions | Table 10 |

**Table 1 – Maine Vendor Peer Grouping**

|  |  |
| --- | --- |
| Vendor Peer Groups  | ComparableVendorsPeer GroupNumber(6) |
| No.(1) | Description(e.g., supermarkets, chain stores, pharmacies)(2) | Number of Vendors in Peer Group |
| RegularVendors(3) | Above-50%Vendors(4) | Total(5) |
| 1 | Large & Medium Chains (Peer A) | 132 | n/a | 132 | n/a |
| 2 | Small grocery/convenience store (Peer C) | 144 | n/a | 144 | n/a |
| 3 | Rural stores/special circumstances stores- Island Locations (Peer D) | 0 | n/a | 0 | n/a |
| 4 | Commissaries/Pharmacies (Peer E) | 13 | n/a | 13 | n/a |
| 5 | Farmers Accepting FMNP Coupons and WIC Cash Value Vouchers (Peer H) | 167 | n/a | 167 | n/a |

**Table 2 –State Staffing for FFY14**

|  |  |  |
| --- | --- | --- |
| **Position** | **Staff Person** | **FTE** |
| Director | Lisa Hodgkins | 1 |
| Nutrition and Clinic Services Manager (State WIC Nutrition Coordinator) | Karen Gallagher | 1 |
| Nutritionist | Heidi Morin | 1 |
| Breastfeeding Coordinator | Hannah James | 1 |
| Vendor and Data Services Manager | Tina Bernier | 1 |
| Vendor Specialist | Ana Scovil | 1 |
| Financial Manager | Thomas Blier | 1 |
| Administrative Assistant | Theresa LaBrecque | 1 |

**Table 3 – Detailed Allocation of Time for WIC State Staff**

|  |  |
| --- | --- |
| **Function** | **Percent of Total Staff Time** |
| Breastfeeding training/promotion and support | 9% |
| Monitoring of local agencies | 7% |
| Fiscal reporting | 11% |
| Food delivery system management | 13% |
| Vendor management, including vendor training | 11% |
| Staff training and continuing education | 7% |
| ADP system development and maintenance | 17% |
| Civil rights | 3% |
| Coordination with and referrals to other assistance programs and social service agencies | 2% |
| Other: administrative | 11% |
| Other: clerical | 9% |

State Agency Staff time documentation was last updated 7/2014.

**Table 4 – Local WIC Agencies for FFY14**

|  |  |
| --- | --- |
| **Agency** | **Public Health Region**  |
| Aroostook County Community Action | Aroostook |
| City of Bangor Health and Community Services | Penquis |
| Family Planning Association of Maine | Downeast |
| Midcoast Maine Community Action | Midcoast |
| Maine General Community Care (formerly HealthReach Network) | Central |
| Western Maine Community Action  | Western |
| The Opportunity Alliance | Cumberland |
| York County Community Action Corporation | York |

**Figure 1 – Maine Public Health Districts**



**Table 5 – Management Evaluation Review Schedules for FFY14**

|  |  |  |
| --- | --- | --- |
| **Local Agency** | **Date** | **Type** |

|  |  |  |
| --- | --- | --- |
| Midcoast Maine Community Action | October 2013 | MER |
| Maine General Community Care (formerly HealthReach Network) | January 2014 | Off-Year MER |
| Opportunity Alliance | February 2014 | MER |
| Western Maine Community Action Program | March 2014 | Off-Year MER |
| Family Planning Association of Maine | April 2014 | MER |
| Aroostook County Action Program | May 2014 | Off-year MER |
| City of Bangor | July 2014 | MER |
| York County Community Action Corp | August 2014 | Off-Year MER |

**Table 6 – Management Evaluation Review for FFY15**

|  |  |  |
| --- | --- | --- |
| **Local Agency** | **Date** | **Type** |

|  |  |  |
| --- | --- | --- |
| Midcoast Maine Community Action | October 2014 | Off-Year MER |
| Maine General Community Care (formerly HealthReach Network) | January 2015 | MER |
| Opportunity Alliance | February 2015 | Off-Year MER |
| Western Maine Community Action Program | March 2015 | MER |
| Family Planning Association of Maine | April 2015 | Off-Year MER |
| Aroostook County Action Program | May 2015 | MER |
| City of Bangor | July 2015 | Off-Year MER |
| York County Community Action Corp | August 2015 | MER |

**Table 7 – List of Local Agencies Audits**

|  |  |  |  |
| --- | --- | --- | --- |
| **Entities Audited** | **Auditor(s)** | **Period of Audit** | **Status** |
| Aroostook County Action Program | Single audit – Wifpli, LLP | Oct 2012 – Sept 2013 | Unmodified Opinion; No Material Weaknesses in internal controls |
| Bangor Health and Community Services | Single audit – Runyon Kersteen Ouellette | July 2012 – June 2013 | Unmodified Opinion; No Material Weaknesses in internal controls |
| Midcoast Maine Community Action | Single audit – Gibson LeClair, LLC | Oct 2012– Sept 2013 | Unmodified Opinion; No Material Weaknesses in internal controls |
| Downeast Health Services | Single audit – Gibson LeClair, LLC | July 2012– June 2013 | Awaiting report |
| HealthReach Network | Single audit - Baker, Newman, Noyes, CPAs | July 2012 – June 2013 | Unmodified Opinion; No Material Weaknesses in internal controls |
| The Opportunity Alliance | Single audit – BerryDunn | July 2012 – June 2013 | Unmodified Opinion; No Material Weaknesses in internal controls |
| Western Maine Community Action | Single audit – Gibson LeClair, LLC | Sept 2012 – Aug 2013 | Unmodified Opinion; Material Weaknesses in internal controls identified |
| York County Community Action | Single audit – Gibson LeClair, LLC | Nov 2012 - Oct 2013 | Unmodified Opinion; No Material Weaknesses in internal controls |

**Table 8 – Infant Formula Rebate Information**

|  |
| --- |
| **Primary Contract Infant Formula** |
| **Product** | **Manufacturer** | **Rebate/Unit** | **Net price/Unit** | **% Discount** |
| **Liquid Concentrate** |
| Premium - Milk (13oz) | Mead Johnson | $4.039 | $0.291 | 93.3% |
| Prosobee – Soy (13 oz) | Mead Johnson | $3.973 | $0.287 | 93.3% |
| **Powder (Milk-Based)** |
| Premium (12.5 oz) | Mead Johnson | $13.114 | $1.266 | 91.2% |
| Gentlease (12.4 oz) | Mead Johnson | $13.615 | $1.365 | 90.9% |
| A.R. (12.9 oz) | Mead Johnson | $13.915 | $1.395 | 90.9% |
| **Powder (Soy-Based)** |
| Prosobee (12.9 oz) | Mead Johnson | 14.455 | 1.395 | 91.2% |
| **Ready to Feed (Milk-Based)** |
| Premium (32 oz) | Mead Johnson | $2.782 | $3.748 | 42.6% |
| Gentlease (32 oz) | Mead Johnson | $2.913 | $3.937 | 42.5% |
| A.R. (32 oz) | Mead Johnson | $2.648 | $3.572 | 42.6% |
| **Ready to Feed (Soy Based)** |
| Prosobee (32 oz) | Mead Johnson | 2.815 | 3.805 | 42.5% |
| **Exempt Formula** |
| Exempt Formula  | n/a | n/a | n/a | n/a |

The contract with Mead Johnson began on 10/1/11 and ends on 9/30/14, with two possible one year extensions through 9/30/16. The process of finalizing the first one year extension is underway.

**Table 9 – Nutrition Services Staff Training**

|  |  |
| --- | --- |
|  | **Frequency** |
| **Training Area** | **Regularly** | **As Needed** |
| General nutrition education methodology |  | X |
| State certification policies/procedures |  | X |
| Anthropometric Measurements | X |  |
| Blood work procedures | X |  |
| Nutrition counseling techniques | X |  |
| Breastfeeding promotion/support | X |  |
| Dietary assessment techniques |  | X |
| Prescribing & tailoring food packages |  | X |
| Referral protocol |  | X |
| Maternal, infant, and child nutrition |  | X |
| Cultural competencies | X |  |
| Customer service |  | X |
| Immunization screening/referral |  | X |
| Care Plan Development |  | X |
| VENA staff competency training | X |  |
| Others: (specify) |  |  |

**Table 10: Automated Data Processing Functions**

|  |  |
| --- | --- |
|  | **Performed By:** |
| **Function** | **State Agency** | **Local Agency** | **Contracted Firm** |
| Data Entry | X | X |  |
| Food Instrument Production |  | X |  |
| Management Reports | X |  |  |
| Feasibility Study | X |  |  |
| ADP development | X |  |  |
| ADP system hardware operation |  | X |  |
| Custom software development | X |  |  |
| Custom software maintenance | X |  |  |
| Printing forms/FIs |  | X |  |
| Backup computer facility | X | X |  |
| Other: Connectivity/Network Equipment |  | X |  |
| Other: MICR Printers/Scanners/Signature Pads | X |  |  |

# Annually Updated Documents

The following are included in the attachment to this document.

|  |  |  |
| --- | --- | --- |
| **Required Document** | **Policy/Document** | **Appendix** |
| Eligibility Policy with Income Guidelines | CE-2 | A-91 |
| WIC Authorized Food List | Hard copy mailed to USDA FNS Regional Office |  |
| Infant Formula Food Package | NS-A5 | A-25 |
| IS Changes | None for FFY15 |  |
| Organizational Chart | OM-A1 | A-93 |
| Website Link | http://www.maine.gov/dhhs/wic/ |  |
| State Budget for NSA Funds | See Attachment |  |
| Line item budget for BFPC | See Attachment |  |
| Drug-free Workplace Policy | See Attachment |  |
| SPIRIT Data Collection Form | See Attachment |  |
| Infant Formula Rebate Contract | See Attachment |  |
| State Agency Staff Job Descriptions | See Attachment |  |

# Additional Attachments

The following additional documents are included in the attachment to this document.

Local Agency Annual Reports

WIC Promotional Items Produced in FFY14

# Federal/State Agreement (FNS-339) and Certification Regarding Lobbying (FNS-732)

The Maine CDC WIC Program submitted the FNS-339 form in August of 2014 to FNS-NERO. We have accepted the full use of federal funds provision. The FNS-732 will be mailed to FNS.