

I (A). VENDOR MANAGEMENT

GOAL: To provide onsite technical assistance to 100% of the Program's authorized vendors within each three-year authorization cycle.

METHODOLOGY: The WV WIC Program's Regional Authorization Project will conduct site visits for all of the State's eight (8) WIC regions during the three-year certification cycle. Site visits will also be made to additional vendors throughout the State as specific problems or technical inadequacies are identified.

EVALUATION: The WV WIC Program's Regional Authorization Project results in making on site visits to every active vendor at least once every three years. In addition, visits for routine monitoring purposes will be made as needed.

STATUS: This goal has been attained with one hundred and forty-three (143) site visits conducted. This goal is ongoing in FY2016.

I (B). VENDOR MANAGEMENT

GOAL: To investigate a minimum 5% of the Program's authorized vendors for compliance with federal regulations utilizing the WV Office of the Inspector General (OIG) staff, in addition to WIC state agency staff.

METHODOLOGY: The investigator, under the direction of the unit supervisor, manually selects vendors for "compliance buys" based upon participant and local WIC office complaints and high-risk reports generated from the computer system. All complaints and/or reports are evaluated according to the severity of the possible infractions to the program. By completing these investigations, the State Agency will establish completion of the 5% goal of investigating vendors. Past documentation has supported this method as an acceptable method to reach our goal due to the numbers of complaints and computer "hits" on the high-risk report.

EVALUATION: The evaluation process will consist of monitoring the "compliance buys" sales during the year in order to keep up or maintain the 5% requirement. Calculations will be completed from both manual reports and computer generated reports and measured against the current number of authorized vendors. The existing compliance officer will be the liaison between the OIG office and the WIC office, communicating the appropriate vendor information and tracking the status of open cases.

STATUS: Records indicate that 24 investigations have been completed to date during FY 2015. The investigations were conducted due to designations as high-risk vendors, as a result of participant complaints, or random buys. There

were 318 authorized WIC vendors at the beginning of FY 2015. With three months left in this fiscal year, the State Agency will exceed the goal of 5%. The goal to investigate a minimum 5% of the Program's authorized vendors for compliance with federal regulations was met using WIC State Agency staff. **Ongoing investigations will continue as a goal in FY 2016.**

I (C). VENDOR MANAGEMENT

GOAL: Provide excellent, consistent and accessible technical training to all WIC vendors within a three-year cycle.

METHODOLOGY: The West Virginia WIC Vendor Unit will hold training sessions in each of the eight (8) WIC local agency regions within a three-year cycle and monthly training sessions at the State WIC Office using a detailed power point presentation, training videos, auditory and printed materials.

EVALUATION: The evaluation of the effectiveness of the training will be determined by the use of evaluation forms at the end of each training session.

STATUS: The vendor unit conducted training for 125 vendors for reauthorization and all vendors completed annual training. Training methods included face-to-face, phone, email, and written communication. Training materials were revised to incorporate the eWIC process and included a new power point presentation as well as a new step by step training guide for face-to-face and phone training. **This goal is ongoing for FY 2016.**

I (D). VENDOR MANAGEMENT

GOAL: Continue to educate vendors on the use of EBT.

METHODOLOGY: The West Virginia WIC Vendor Unit will continue educating vendors of the EBT process via quarterly informational updates in newsletters as well as onsite and phone technical support. The Vendor Unit will also assist in certifying WIC authorized vendors transitioning from POS devices to integrated retailer systems for accepting and processing electronic WIC benefits. This WIC Direct EBT system will also provide hard data on specific purchases of WIC foods and provide instantaneous WIC food item pricing, thus enabling a more precise NTE across vendor peer groups.

EVALUATION: The West Virginia WIC Vendor Unit will assess the effectiveness of an EBT system by vendor and participant feedback. The unit will also utilize the data collected by the system to determine efficiency.

STATUS: This goal has been met in part with quarterly newsletters, feedback from vendors, onsite and phone technical support. The goal for FY 2016 remains as the WIC Direct EBT system continues to work toward providing hard data on specific purchases of WIC foods, and provide instantaneous WIC food item pricing, thus enabling a more precise NTE across vendor peer groups. **This goal is ongoing for FY 2016.**

II. (A) NUTRITION SERVICES

GOAL: Provide additional funds to local agencies that will allow breastfeeding peer counselors to visit local hospitals and other health care providers in order to assist the medical community in helping the mother to initiate and continue to breastfeed longer.

METHODOLOGY:

1. Provide additional funding from the State WIC Office to local agencies specifically for breastfeeding peer counselors for increased peer counselor services in hospitals.
2. Promote the importance of breastfeeding to health care professionals targeting pediatric offices & OB-GYNs.
3. Provide training opportunities for the staff and peer counselors on updated breastfeeding promotion, support, and management skills throughout the year.
4. Provide breastfeeding counseling to participants with one-on-one contacts and group class discussion.
5. Provide educational materials promoting “The Magical Hour”.
6. Promote the importance of breastfeeding to the public through:
 - World Breastfeeding Week (Month) activities in August
 - Continue building the West Virginia Breastfeeding Alliance (WVBA) state coalition
7. Make contact with WIC clients after giving birth in a timely manner to initiate breastfeeding.
8. Educating the importance of exclusive breastfeeding and continued support of breastfeeding in the hospital.

EVALUATION: The WV WIC Program will measure rates of breastfeeding initiation and duration among the WV WIC population using computer-generated reports.

STATUS: Funds were provided for peer counselor hours for counseling, as well as visits to birthing hospitals throughout the State.

Initiation and duration reports are created routinely to share with local agencies.

Hospital initiation rates among WIC & Non-WIC population were accessed through the Centers for Disease Control and Prevention (CDC) website.

This goal is ongoing and will be continued in FY 2016 to help increase breastfeeding rates in the State as well as educating the community about the importance of breastfeeding.

II. (B). NUTRITION SERVICES

GOAL: To empower families with knowledge to make informed decisions on appropriate portion sizes for all ages using the My Plate method.

METHODOLOGY: Provide WIC participants access to education, tools, information and support for using the My Plate method.

EVALUATION: Local agencies submit a Nutrition Education Plan for their agency. The Plan is reviewed and approved by the State Nutrition Education Coordinator. Progress is monitored by the State Nutrition Education Coordinator. The West Virginia WIC Program will work with partners, USDA, National WIC Association (NWA) to provide nutrition education materials, information, ideas, and recipes to be distributed to WIC participants.

STATUS: In FY 2015 Nutrition Education Plans and Progress Reports were reviewed by the State Nutrition Coordinator. Time frames and content requirements were met. Monitoring reviews confirmed that Nutrition Education Plans were followed. **This goal is completed.**

II. (C). NUTRITION SERVICES

GOAL: To educate families on how to utilize the entire WIC food package to save money on their monthly food budget.

METHODOLOGY: Provide WIC participants access to education, tools, information and support for behavior change. Local WIC clinics will utilize the nutrition education materials developed by the State Office during individual and group counseling contacts. Bulletin boards and displays for the clinic and in the community will promote a message to empower families to make informed decisions on the use of the entire food package to save money on their monthly food budget. Operational Adjustment Funds will be requested to support nutrition education materials, cooking demonstrations and taste testing.

EVALUATION: Local agencies submit a Nutrition Education Plan for their agency. The Plan is reviewed and approved by the State Nutrition Coordinator. The

annual Nutrition Education Plan and mid-year progress report will be reviewed to determine if and how the methodology was implemented in local agencies.

STATUS: In FY 2015, Nutrition Education Plans and Progress Reports were reviewed by the State Nutrition Coordinator. Time frames and content requirements were met. Monitoring reviews confirmed that Nutrition Education Plans were followed. **This goal is complete.**

II. (D). NUTRITION SERVICES

GOAL: To empower families with knowledge to build a better sandwich by making healthy sandwich choices.

METHODOLOGY: Provide WIC participants access to education, tools, information and support for behavior change. Collaborate with like-minded, creative partners with similar goals.

EVALUATION: Local agencies submit a Nutrition Education Plan for their agency. The Plan is reviewed and approved by the State Nutrition Education Coordinator. Progress is monitored by the State Nutrition Education Coordinator. The West Virginia WIC Program will work with partners, USDA, NWA to provide nutrition education materials, information, ideas, and recipes to be distributed to WIC Participants.

STATUS: In FY 2016, Nutrition Education Plans and Progress Reports will be reviewed by the State Nutrition Coordinator. Time frames and content requirements will be met. Monitoring reviews will confirm that Nutrition Education Plans are followed. **This is a new goal for FY 2016.**

II. (E). NUTRITION SERVICES

GOAL: To educate families on recognizing and limiting empty calories to minimize development of obesity and related health issues.

METHODOLOGY: Provide WIC participants access to education, tools, information and support for behavior change. Local WIC clinics will utilize the nutrition education materials developed by the State Agency during individual and group counseling contacts. Bulletin boards and displays for the clinic and in the community will promote a message to recognize and limit empty calories to minimize development of obesity and related health issues.

EVALUATION: Local agencies submit a Nutrition Education Plan for their agency. The Plan is reviewed and approved by the State Nutrition Education

Coordinator. The annual Nutrition Education Plan and mid-year progress report will be reviewed to determine if and how the methodology was implemented in local clinics.

STATUS: In FY 2016 WV WIC will educate families on recognizing and limiting empty calories to minimize development of obesity and related health issues. **This is a new goal for FY 2016.**

II. (F). NUTRITION SERVICES

GOAL: The State Agency will have two Local Agencies apply for the Loving Support Awards.

METHODOLOGY: Each agency will be encouraged to apply for the Loving Support Awards while at least two agencies complete the application process.

EVALUATION: Local agencies submit a Breastfeeding Plan for their agency. The Plan is reviewed and approved by the State Breastfeeding Coordinator. The annual Breastfeeding Plan and mid-year progress report will be reviewed to determine if and how the goal was reached in each agency.

STATUT: **This is a new goal for FY 2016.**

III (A). INFORMATION SYSTEM

GOAL: The State Agency will monitor and maintain the business processes and associated technology to provide Electronic Benefits Transfer (eWIC) issuance, redemption, payment, and reconciliation services to distribute WIC food benefits in the State of West Virginia.

METHODOLOGY: The State Agency will work with the eWIC service provider to monitor the eWIC system ensuring that it is working properly and meets the service level requirements and provide project management and contract administration throughout the duration of the project.

The State Agency will work with the eWIC service provider who will provide ongoing communications of any issues, enhancements, changes or updates to the system.

EVALUATION: The e-WIC service provider submits a Monthly Report Card and conducts monthly status meetings. The Report Card is reviewed by the WIC Office Director and progress is monitored by the eWIC Coordinator. It lists any disruptions in service as well as any customer service issues that have been

reported. Also listed are any communications from the eWIC service provider to the State.

STATUS: The e-WIC service provider has submitted Monthly Report Cards showing that all performance standards and service level requirements have been met. **This is an ongoing goal for FY2016.**

III (B). INFORMATION SYSTEM

GOAL: Transition from testing and implementing phase to the warranty phase of the State Agency Model (Crossroads) application for the provision of nutrition services and food benefits to the Women, Infants and Children of WV.

METHODOLOGY:

1. Work with the contractor, state and local agency staff to monitor and test the application to ensure that is working properly.
2. Provide project management and contract administration throughout the duration of the project.
3. Manage the transition from project implementation phase to warranty phase.

EVALUATION: During the warranty phase, states will identify and report system issues and enhancements. These will be sent to the consortium for review and prioritization. Once issues have been coded and implemented, all four states will begin testing.

STATUS: Crossroads entered the warranty phase in February 2015. **This goal is complete.**

IV. ORGANIZATION AND MANAGEMENT

GOAL: No goals for FY 2016

V. NUTRITION SERVICES AND ADMINISTRATION EXPENDITURES

GOAL: No goals for FY 2016.

VI. FOOD FUNDS MANAGEMENT

GOAL: No goals for FY 2016.

VII (A). CASELOAD MANAGEMENT

GOAL: Implement the WV WIC Five-Year Outreach Plan of *Building Relationships (2012-2017)*

METHODOLOGY: Review the state outreach plan each year with local agencies during Local Agency Directors' meetings in order to provide guidance for each local agency's annual outreach plan and calendar of events.

The state has a strong social marketing campaign which has increased community awareness of WIC benefits. Local WIC agencies will complete a minimum of 102 hours of outreach each quarter of the fiscal year. The State Agency will meet with administrators of other state agencies, as well as participate in committees and partnership initiatives to facilitate referral agreements and coordination of services. Outreach tools including flyers and pregnancy verification forms have been developed to specifically elicit referrals from other programs and providers. The gift card program, providing new certified participants with a storybook, will be continued as a way to measure referrals as well.

The State Agency will implement the plan of action for the first objective outlined in the five year outreach plan. This plan of action is outlined in the attached plan; refer to page 3.

EVALUATION: Evaluation will be completed after the end of the fiscal year by reviewing agency outreach plans and reports as well as the number of written formal or verbal agreements the State Agency develops that foster referrals and collaboration, or permit the sharing of participant information, with other programs/providers. The State Agency will determine if the number of referrals has increased from other programs/providers by use of the coupon flyers, gift cards and verification of pregnancy referrals as documented in each local agency annual outreach documentation/plan/evaluation. Local WIC agencies will have reliable, accurate data regarding potentially eligible populations, caseload demographics and underserved areas.

STATUS: Guidance regarding local agency outreach plans and calendar of events was conducted on September 9, 2014. Each local agency submitted an individualized outreach plan and calendar of events by November 15, 2014.

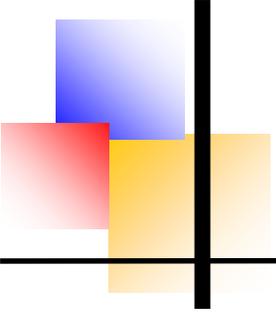
Many of the local agencies have exceeded the expectation of 104 outreach hours each quarter with focus on providing appointment reminder calls, and online and phone nutrition education with participants who have active certification but have failed to pick up benefits or secure a secondary nutrition education contact via group class.

The State Agency continued to receive bimonthly data reports from Medicaid sharing contact information for Medicaid recipients that meet WIC categorical eligibility criteria. Each quarter Local Agency Outreach Coordinators then directly contacted potentially eligible individuals via phone and/or mail.

State Agency did update data of potentially eligible participants which was shared with local agencies on May 6, 2015. This will influence the development of their FY 2016 annual outreach plan and child retention efforts.

Even though FY 2015 presented many barriers to conducting outreach (i.e. the rollout of the Crossroads Information System), the State Agency did award each local agency \$35,000 in their budget for outreach personnel. In addition, a FY 2015 operational assistance funding request targeted eligible, non-participating families as well as participants who dropped off the program although they were still eligible.

State Agency outreach efforts focused on strengthening partnerships to assist in participant retention during expansive program enhancements. For example, the State Agency forged a new partnership with the WV Home Visitation Program, including their central point of entry referral system – Help Me Grow - to facilitate monthly interagency referrals as well as technical assistance to WIC local agencies concerning child development and referral assistance. This also included reconvening the Love to Grow Advisory Council for direct input from participants and vendors in implementing and evaluating program enhancements and changes that have occurred from 2013-2015 (i.e. eWIC, 19 calorie formulas, new computer program, final food package rule, and new state approved food list) which impact participant recruitment and retention. **This goal will continue throughout FY 2016 to continually assess with participants, stakeholders and community partners the impact, and potential strategies, for participant retention during program enhancements and changes.**



WV WIC Five Year Plan Outreach Plan (2012-2017)

Building Relationships

1.0 Executive Summary

By focusing on its strengths, its communities, and the women, infants and children that need them, the West Virginia WIC Program will grow caseload by building and enhancing relationships with potential participants, existing participants and referral sources.

This outreach and special projects development plan leads the way. It renews our vision and strategic focus: adding value to our caseload management, networking, and delivery system efficiencies. It also provides the step-by-step plan for marketing the WIC Program, maintaining community awareness, maintaining participation, and addressing misconceptions and barriers to participation.

In addition, to accomplish our objectives, our keys to success over the next five years are:

- Develop organizational management that supports stable, ongoing marketing and public relations;
- Implement a structured approach to planning and managing caseload;
- Establish organization credibility by affiliation with a diverse set of referral sources.

Funding of WIC Programs from The United States Department of Agriculture is directly tied to caseload. In addition, the federal government's intent is that states strive to serve all eligible participants. This indicates that we need an outreach development program that is a strategic approach to building caseload using all of the resources we have to make it successful.

We currently depend on outreach coordinators as our main way to develop the caseload. As we change strategies, however, we need to change the way we approach marketing opportunities. We will be refocusing on our core message of improved health outcomes geared toward our target audience and referral sources. We need to create a sense of urgency grounded both in emotion and reason, not just reiterating the eligibility and benefit package.

The projected outreach development plan summarizes our ambitious implementation over the next five years. We want to enable the state WIC staff to work collaboratively with local WIC directors to narrow the gap between the number of eligible clients in each county and the number of clients

who actually participate in the program. It should be noted a critical element of narrowing this gap is ensuring that all counties throughout the state have the opportunity to increase their areas' participation in an equitable way.

2.0 Goals, Objectives & Plan of Action

Goal 1: Improve caseload planning and management.

Objective 1.A. Increase understanding of the estimated number of eligible clients in the state.

Objective 1.B. Identify the number and type of clients participating in the program in each county.

Objective 1.C. Measure each county's program participation in relation to the estimated number of eligible clients.

Objective 1.D. Identify areas of the state that are currently underserved, i.e., where participation rates compared to estimated eligible clients fall below the average percentage for similar counties and for the state as a whole.

Objective 1.E. Project areas of the state where the number of estimated eligible clients is increasing.

Objective 1.F. Refine the methodology and tools the state WIC office uses to conduct ongoing caseload distribution and monitoring.

Objective 1.G. Provide local WIC directors with a tool they can use to manage caseload within their own geographic area.

Plan of Action:

1. Meet with state WIC staff to learn more about the current process for managing caseload;
2. Identify problems with the current caseload management approaches (i.e. lack of data);
3. Articulate the goals the new approach should accomplish;
4. Research the methodology a number of other states use to calculate caseload distribution and review recent reports and findings describing the national issues in caseload distribution and projection; and
5. Develop caseload estimation methodology to be used in conjunction with a historical look at participation and a realistic examination of service provider capacity in consideration of caseload distribution.

Goal 2: Consolidate and streamline existing WIC delivery systems to maintain and expand access while increasing program efficiencies.

Objective 2.A. Develop a value stream map for each clinic to show the current WIC process with triangles indicating wait times for the participants.

Objective 2.B. Pilot open access appointment system with some pre-book appointments.

Objective 2.C. Pilot alternative options in service delivery (i.e. allow walk-ins for new participants, classes no longer have to be scheduled, develop criteria for scheduling appointments or maximize online education options).

Objective 2.D. Encourage the establishment of WIC clinics in non-traditional settings, co-locating clinics with other health care providers and social service agencies.

Plan of Action:

1. Identify potential pilot sites and external collaborators for each objective;
2. Validate and create pilot procedures and evaluation measures with face-to-face meeting with pilot sites;
3. Create a scenario for goal caseload using staff and participant satisfaction to leverage continued growth;
4. Develop desired public awareness/pilot kickoff event;
5. Evaluate results of each pilot project and make long-term modifications as appropriate;
6. Research grants which provide program development funds (for implementing efficiencies and expanding access);
7. Draft basic proposal, utilizing pilot project results, to be used as a template for all requests; and
8. Determine timeline for submitting requests.

Goal 3: Offer nutritional information sessions, breastfeeding support, obesity prevention strategies, and physical activity promotion for a cross-marketing campaign and professional networking with referral sources.

Objective 3.A. Volunteer to speak to any referral source on a nutrition topic, obesity prevention strategy or physical activity promotion of interest to them.

Objective 3.B. Write useful and insightful articles on nutrition or health topics relevant to the WIC target audience, and publish or disburse these articles anywhere possible; contact editors of local print or online publications to offer to write a column at no charge; write useful press releases and syndicate them using PRWeb (an online distributor of press releases to create buzz, increase online visibility and drive website traffic).

Objective 3.C. Respond constructively to every positive or negative comment any referral source makes. Settle disputes quickly.

Plan of Action:

1. Provide media and public speaking training to identified staff
2. Develop a media calendar for every local publication statewide with publication editor contact information.

3. Write articles and or press releases at least quarterly.
4. Develop one PowerPoint presentation for each topic (nutrition, breastfeeding, obesity prevention and physical activity) annually for use by local agencies.

Goal 4: Create consistent customer experience and clinic services to improve retention of participants.

Objective 4.A. Ensure policy and procedure support answering the telephone every time it rings; Hire an answering service to take messages when in session or otherwise unavailable.

Objective 4.B. Remind participants of upcoming appointments via phone call, text message and email message.

Objective 4.C. Make each clinic look professional and feel comfortable with consideration of providing coffee, tea, or water, free Wi-Fi in the waiting room, use of iPads in the waiting room, more than a dozen magazine subscriptions, and a universal cell phone charger to recharge their cell phones.

Objective 4.D. Start appointments/classes on time – or early.

Objective 4.E. Recruit persons to evaluate program brochures, business cards, website, office space and everything else to tell what can be improved. Make those changes.

Goal 5: Implement consistent marketing and advertising.

Objective 5.A. Ensure the website is full of useful information.

Objective 5.B. Get listed on Google Places, Yelp, Citysearch, Insider Pages, DMOZ and other quality online directories.

Objective 5.C. Join Twitter. Interact with and provide value to other users.

Objective 5.D. Create a Facebook business page. Post quality content on a regular basis (i.e. articles written and published).

Objective 5.E. Create a monthly e-mail newsletter that provides quality content people will want to read. Use a service such as Constant Contact or Mail Chimp to syndicate the newsletter.

Objective 5.F. Buy advertising, and measure your return on investment; Buy print ads in a local publication - advertise for a minimum of six months in a monthly publication or eight weeks in a weekly publication; Buy radio advertising; Try online advertising via Google, Bing/Yahoo or Facebook.

3.0 Outcomes

- Increase the understanding and involvement of all staff in the outreach and marketing process.
- Build ongoing relationships with at least three referral sources in each geographic area that can be sustained by a combination of staff rather than one person.
- Structured approach to outreach with a diverse set of goals creating the foundation of a diversified caseload with good management.
- Secure financial sustainability allowing for special projects.
- Significant increase in the number clients maintaining participation for a healthy caseload profile.
- Established organization credibility because of affiliation with a diverse set of referral sources.
- Organizational management that supports stable, ongoing maintenance and expansion of access while increasing program efficiencies.
- Enhanced database of participants, prospects and referral sources that can be used as a relationship-building tool; Use it to send information to stay fresh and current in their minds.

4.0 Conclusion

We've got to stop thinking of outreach as something we do once in a while. Instead, we need to think all the time about growing caseload. And we probably need to stop thinking of outreach as a concept to internalize a different mindset: The way to grow caseload is to constantly build and enhance relationships with potential participants, existing participants and referral sources. The smart way to build and enhance those relationships is by sharing useful subject-matter information and your expertise.

We must take care of our current participants and staff. They are the people who will become our best source of marketing. This can be done by devising special promotions for them, giving them referral gifts or acknowledgement, and thanking them whenever we can. We can develop relationships with our current participants and staff by sending holiday greetings, and keeping in touch to show we care.

We must build a network of referral sources that we visit on a regular basis. Longevity helps to build trust. People want to do business with people they know and trust. In addition, WIC is intended to be an adjunct to health care rather than a self-contained program. Accordingly, if we give 100 percent all the time then participants and referral sources will recognize, appreciate and reward hard work with more business and better referrals.

VII (B). CASELOAD MANAGEMENT

GOAL: Implement opportunities and suggestions for addressing several of the key findings gleaned from the data collected from former participants and eligible non-participants in the Study of WIC Program Non-Participation in the Mid-Atlantic Region conducted by Altarum Institute. By addressing some of the reasons for non-participation in WIC, the West Virginia WIC Program has the potential to improve services and increase caseload retention.

METHODOLOGY: Review the state outreach plan each year with local agencies during quarterly Directors' meetings, as well as annual Outreach Coordinator's meeting, in order to provide guidance for each local agency's annual outreach plan and calendar of events.

Local WIC agencies will:

- Complete a minimum of 104 hours of outreach each quarter of the fiscal year;
- Manage MIS reports to determine active participants who failed to pick up benefits. Staff will directly contact families to provide a variety of ways to meet the nutrition education contact midway through their certification period. This may include schedule an appointment in clinic for one-on-one education or group education classes, inform participant of the ability to complete online nutrition education modules, and with the implementation of eWIC - provide nutrition education via phone. The frequency of this activity may vary among local agencies/clinics from weekly to monthly; and
- Implement a yearly campaign to reach former participants (i.e. a yearly mailing or telephone call with instructions on how to reapply for WIC to termed participants with children still eligible for the program). This will also include publicizing the WIC Program via local venues at least four times per year (i.e. National Nutrition Month, income guideline revision, World Breastfeeding Week, and program changes/enhancements).

The State Agency will meet with administrators of other state agencies, as well as participate in committees and partnership initiatives to facilitate referral agreements and coordination of services. A focus will be placed on developing inclusion of WIC on the state inROADS website (<https://www.wvinroads.org/selfservice/>).

InROADS evaluates applicants for possible eligibility and allows families to apply for benefits offered by the State of West Virginia. Currently inROADS includes SNAP, Medicaid, Long-Term Care, Medicare Premium

Assistance Programs, TANF, School Clothing Allowance, and Low Income Energy Assistance Programs. The self-service screening process can tell families if one or more members of the household are potentially eligible for benefits. This direct outreach technique will target the main issue of non-participation (i.e. families do not think they are eligible or no longer eligible).

As a retention effort, outreach tools will be developed promoting the EBTSshopper™ mobile phone application to address difficulties with the WIC shopping experience. Current outreach materials will also be revised for inclusion of the benefits of eWIC and online nutrition education which have revolutionized the way West Virginia reaches out to its eligible WIC population.

EVALUATION: Evaluation will be completed at each quarter by reviewing agency outreach quarterly reports to assess: 1) the hours of outreach conducted in each clinic and county; 2) the number of contacts with active participants who failed to pick up benefits; 3) the number of former participants contacted to reapply for the program; and 4) the type and number of local venues publicizing the WIC Program (i.e. attached newspaper articles, media files from television and radio, photos, etc).

State Office efforts will be reported, and evaluated, at local agency Directors' meetings as well as in Bureau for Public Health monthly reports, and regional reports such as Program Highlights and Child Retention Efforts.

Quantative evaluation will occur via no show rates, caseload, unduplicated count reports, food dollar expenditures, EBTSshopper™ app statistics provided by JMPA, and inclusion/statistics of WIC in the self-service screening process of inROADS.

STATUS: Local agencies have conducted more than 104 hours of outreach each quarter of the fiscal year, and directly contacted families to provide a variety of ways to meet the nutrition education contact midway through their certification period to ensure continued participation in the program.

Unfortunately, during FY 2015 local agencies have been unable to implement a yearly campaign to reach former participants (i.e. a yearly mailing or telephone call with instructions on how to reapply for WIC to termed participants with children still eligible for the program) since a termed participant report is not a generated report in the new Crossroads Information System. In May 2015, the State Agency was finally able to develop a termed participant report which will be distributed every six months to outreach staff so they can conduct this methodology of participant retention. Secondly, the approval process at the WVDHHR has inhibited

publicizing the WIC Program four times per year. Press releases were distributed for National Nutrition Month and income guideline revision. And lastly, the WIC Program has not yet been included in the self-service screening process of inROADS. With changes mandated through the Affordable Care Act, the upgrade budget would not accommodate changes needed to include WIC. **The State Agency will continue to address these goals throughout FY 2016.**

West Virginia has promoted the EBTShopper™ mobile phone application. All outreach materials were revised to include information about the mobile app. Reviews have been favorable from participants and usage has continually grown. According to statistics provided by the app developer, JPMA, as of March 24, 2015 there were 10,211 registered West Virginia families, and 5,704 different shoppers during the month with 20,207 shopping trips.

Potentially eligible data was updated utilizing the 2009-2013 American Community Survey estimates provided online by the Census Bureau as well as the number of births among WV residents in each county paid for by Medicaid – since 2008 the potentially eligible population in WV has remained stagnant at approximately 52,000 women, infants and children. Unfortunately, in FY 2015 average monthly caseload is below 43,000.

VIII (A). CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

GOAL: Build efforts to improve access and referral to other health care and nutrition services to meet the additional needs of participants and assist in improving health and/or achieving positive health outcomes while also coordinating with private and public health care systems, education systems and community organizations that provide care and support for participants.

METHODOLOGY: The State and local agency will represent and promote WIC nutrition services at meetings and conferences at least twice per year.

By participation in task forces, advisory councils, and planning committees, the State Agency will solicit input and collaborate with community organizations when developing educational and outreach materials and campaigns. The Love to Grow Advisory Council, consisting of local agency staff, vendors, and participants, will be reconvened to assist in development of the FY 2015 Approved Food List as well as review and provide input on a revised Welcome to WIC video and outreach materials.

The new State Agency Model (Crossroads) provides a cutting edge avenue for ensuring, as well as documenting, the delivery of relevant, updated and accurate referral information to health and social services based on the

nutrition assessment for each participant. The State Agency and local agencies will partner in ensuring the Referral Organizations and Outreach Organizations in the Crossroads system are relevant, up to date and accurate.

EVALUATION: The State and local agency will periodically conduct a systematic review of referral activities (including follow-up), as well as documentation, to ensure that applicants and participants receive accurate resource and referral information that is relevant to their individual needs.

The State and local agency will utilize Crossroads reports annually to review referral/resource lists to ensure that information is accurate and up to date.

STATUS: The Love to Grow Advisory Council was reconvened with the first meeting on September 30, 2014. Attendees included 11 vendor representatives who represented all five (5) vendor classes, seven (7) WIC participants including mothers, fathers, foster parents and grandparents, four (4) Local Agency staff, and four (4) State Agency staff. The agenda focused on the West Virginia WIC Approved Food List, and implementation of interim food rule updates. Evaluations were positive, a variety of feedback captured important ideas, thoughts and concepts that need attention, and the group acknowledged a desire to meet twice a year. Next steps include reviewing the demographics of caseload to assess where loss is occurring the most, reviewing redemption data for categories of food to assist in making recommendation for participants to maximize their food benefits, and evaluating the new approved food list that becomes effective June 1, 2015. **This goal is complete.**

IX (A). FOOD DELIVERY/FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

GOAL: With the anticipated statewide rollout of the Crossroads computer system in October of 2014, the State Agency will continue to be involved with changes and updates to the system affecting food delivery during FY 2015.

METHODOLOGY: The State Agency will continue to work closely with CSC and the Crossroads Consortium as change requests are completed to improve the Crossroads computer system. As these updates take place, State Agency staff will educate local agency staff on the changes to the system as they occur, through additional trainings and updated training materials. Additional trainings for local agency staff will occur as necessary.

EVALUATION: The effectiveness of the training content and materials will be determined through evaluation forms completed by attendees of subsequent trainings.

STATUS: Training evaluations from trainings conducted in FY 2015 were overall positive. Updates are continuing to occur to the Crossroads system; therefore, **this goal continues to be ongoing for FY 2016.**

IX (B). FOOD DELIVERY/FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

GOAL: Update the WIC food packages and food delivery business processes including Information System revisions, required to implement the Final Food Package Rule.

METHODOLOGY: The State Agency will work to implement the changes to the WIC food packages that are required with the Final Food Package Rule through collaboration with CSC and the Crossroads Consortium, to facilitate revisions as soon as possible. The State Agency will develop participant education materials and provide training to Competent Professional Authorities/Nutritionists regarding prescription tailoring guidelines for participant preference, supporting health status, and addressing special medical needs.

EVALUATION: The implementation of all required updates to the WIC food packages that are required by the Final Food Package Rule.

STATUS: The majority of the Final Food Package Rule updates have occurred; however, WV continues to await a change request from CSC to enable issuing Food Package VII to pregnant women who are partially breastfeeding. New code from CSC is tentatively planned to be delivered for testing in September 2016. The state agency will have to test new code before it is entered into Production and used in the WIC clinics; therefore, **this continues to be an ongoing goal for FY 2016.**

X (A). MONITORING AND AUDITS

GOAL: Update the monitoring policy, 9.01 and 9.02, to reflect updates to business processes with the implementation of Crossroads. External and internal monitoring tools will be updated for compatibility with the Crossroads State Agency Model. State Agency monitors will provide training to local agency directors and/or designated staff regarding revised monitoring tools and business processes.

METHODOLOGY: Until such time that the pending change request and tickets are resolved related to the Monitoring and Analysis section of the State Agency Model Information System, West Virginia will not have the capability to complete monitoring within the Crossroads application. However, the State Agency will develop paper internal and external

monitoring tools to reflect business processes, data elements and monitoring tasks of the Crossroads system. The revised tools will be adopted into policy consequently implementing full monitoring reviews in FY 2015. The State Agency will provide training to Local Agency Directors on the new paper monitoring tools as well as the working functions of the Monitoring and Analysis section of Crossroads. The process for documenting monitoring observations and recommendations will be developed, conducted and evaluated once the monitoring policy revision receives approval from the Mid Atlantic Regional Office.

The new monitoring tools will be developed to increase effectiveness of the monitoring process, both internal and external. Even though the Monitoring and Analysis section of Crossroads is not fully functioning, the web-based aspect of the program still will increase flexibility, and provide opportunities to complete major portions of chart reviews prior to onsite visits; reducing disruption of clinic flow created by the monitoring visits.

EVALUATION:

The evaluation process will consist of monitoring training sessions and responding to training evaluations. Evaluation will also be completed after the end of the fiscal year by reviewing agency internal monitoring reports as well as the number of written monitoring findings and responses utilizing the new tools.

STATUS:

Paper nutrition monitoring tools have been developed and approved by the MARO. Operations monitoring tools have been submitted, awaiting final approval from MARO. **Training to local agency directors and/or designated staff is an on-going goal for FY 2016.**

X (B.) MONITORING AND AUDITS

GOAL:

Implement quality improvement strategies to ensure program integrity and quickly identify, respond and decrease participant fraud and program abuse.

METHODOLOGY:

All reports of potential fraud or the sale or attempted sale of WIC benefits will be promptly followed up to determine if it can be verified that what was offered for sale matches benefits issued. Social media sites will be routinely monitored for advertisements of infant formula and/or infant foods. All information listed in the advertisements will be matched against participant information to determine if it appears WIC benefits have been offered for sale. Participants found to be selling foods received from WIC will be

placed under sanction and requested to repay the program for the benefits misused.

EVALUATION:

The State Agency Program Integrity Coordinator will track the number of reported and substantiated fraud and abuse investigations by the varying investigative measures (i.e. social media, phone referrals, local clinic reports, etc.) to assess which processes are most effective, and determine additional means that may be employed to further reduce program abuse.

STATUS:

The State Agency Program Integrity Coordinator continues to monitor social media sites, and follow up on any other reported sale of WIC benefits improperly offered for sale. All sanctions imposed that resulted in fair hearings have seen the sanctions upheld by the hearing examiners. There has also been an increase in participants avoiding sanction impositions by returning the benefits offered for sale to local WIC clinics. **This is an ongoing goal for FY 2016.**

XI. CIVIL RIGHTS

GOAL:

No goals for FY 2016.