Memorandum

#21-077

TO: WIC Regional Directors
    WIC Local Agency Directors

FROM: Amanda Hovis, Director
       Nutrition Education/Clinic Services Unit
       Nutrition Services Section

DATE: August 17, 2021

SUBJECT: Revisions to WIC Quality Assurance Policies

This memo announces revisions to the Texas WIC Quality Assurance policies. The previous policies have been renumbered and reordered for clarity, and a new Quality Assurance policy is being introduced.

QA:01.0 – Local Agency Self Audit (effective 8/01/16) has been renumbered to QA:02.0

QA:03.0 – Quality Assurance Monitoring of Local Agencies (effective 6/01/02) has been renumbered to QA:01.0

A new policy, QA:03.0 – Accelerated Monitoring Review, is being introduced. The purpose of this policy is to assist Local Agencies to gain compliance with federal, state, and local regulation, policies and procedures.

All three policies have been reviewed by TALWD and approved by USDA. They are effective September 1, 2021. At that time, they will be posted, and you may update your Policy and Procedures Manual by accessing the WIC Website at: https://hhs.texas.gov/doing-business-hhs/provider-portals/wic-providers/wic-policy-procedures-manual

Monitoring will begin on March 1, 2022. A Summary of Changes for former policies QA:01.0 and QA:03.0 is below.
QA:1.0 – Local Agency Self Audit

- This policy has been renumbered to QA:02.0 – Local Agency Self Audit (effective 9/01/21)
- Formatting and renumbering procedures for clarity
- Revised Purpose statement to include federal and local regulations and procedures.
- Revised Authority citation to include OSHA regulations.
- Reworded the Policy statement to broaden the language and make it more reflective of regulations.
- Added a Definitions section to include definitions for “Error”, “Quality Management Plan” and “Corrective Action Plan”.
- Procedure I – added requirement for the Quality Management Plan to be saved electronically.
- Procedure II – added several new requirements for Quality Management Plan based on DSHS standards.
- Former Procedures III thru VII have been deleted. A new Procedure III outlines records retention requirements for the Quality Management Plan.
- Guidelines section has been removed.
- A new table provides a quick overview of Self Audit Monitoring Tools and the minimum requirements for Local Agency Self Audits.

QA:03.0 Quality Assurance Monitoring of Local Agencies

- This policy has been renumbered to QA:01.0 – Quality Assurance Monitoring of Local Agencies (effective 9/01/21)
- Minor wording changes throughout for clarity.
- Revised the Policy Statement to include federal and local policies and procedures.
- Procedure I – Added responsibility on the Parent Agency for assuring that all requested documentation for quality assurance monitoring is provided as required in the contract.
- Procedure II – Added an option for the LA Director to invite a Parent Agency representative to scheduled meetings with the State Agency monitoring team.
- Procedure III – clarifies requirements for submitting Corrective Action Plans.

This institution is an equal opportunity provider.
• Former Procedure IV removed. New Procedure IV clarifies the timeframe by which the State Agency will notify the Local Agency of their review status.

If you have any questions or require additional information regarding Texas WIC Quality Assurance policies, please contact Carla Alaniz, WIC Quality Management Team Lead, Business Support and Operations Unit, at Carla.Alaniz@hhs.texas.gov.
Quality Assurance Monitoring of Local Agencies

Purpose

To ensure that local agencies (LAs) comply with federal, state and local regulations, policies, and procedures.

Authority

7 CFR Part 246.11, 246.19; Quality Assurance Policies

Policy

Each Local Agency’s clinical operations, fiscal management and food delivery systems must be monitored for compliance with federal, state, and local regulations, policies, and procedures at least once every two years.

Procedures

I. Upon notification by the state agency (SA) of a quality assurance monitoring visit, the LA and Parent Agency must submit requested documentation within the provided timeframe as required in the contract.

II. LA WIC Director may invite the Parent Agency’s executive director and other appropriate personnel to attend any meetings scheduled with the SA Monitoring team.

III. If applicable, the LA must submit an approved Corrective Action Plan within 14 business days upon receipt of the Quality Assurance Monitoring Report. SA staff may request additional information or explanation from the LA.

IV. The SA shall notify the LA regarding their review status within 10 business days of the monitoring review completion.
Local Agency Self-Audit

Purpose
To ensure the delivery of quality services meets the needs of participants and is in compliance with federal, state and local regulations, policies and procedures.

Authority

Policy
The Local Agency (LA) must create a Quality Management Plan and conduct self-audits that encompass an evaluation of its clinical operations, fiscal management, and food delivery systems to ensure that WIC services are provided in accordance with federal, state and local regulations, policies and procedures.

Definitions

Error – An identified criterion that is out of compliance with federal, state and local regulations, policies and procedures.

Quality Management Plan – A documented comprehensive internal process that ensures quality services, staff/participant safety, compliance with federal, state and local regulations, policies and procedures.

Corrective Action Plan (CAP) – a step by step plan of action that is developed by the Local Agency to achieve targeted outcomes for identified errors.
Texas WIC
Health and Human Services Commission

Effective September 1, 2021
Policy No. QA:02.0

Procedures

I. The Quality Management Plan must be developed and implemented in coordination with the parent agency for the internal review and evaluation of services provided.
   A. Deviation from the quality management plan is acceptable if justified and documented.
   B. The Quality Management Plan must be saved electronically.

II. The quality management plan, at a minimum, must include:
   A. A multi-disciplinary quality management committee to meet twice per fiscal year. One must be after the completion of a self-audit, and after the State Agency Monitoring Review. The self-audit and self-audit CAP must be shared with the Parent Agency Chief Executive Offer (CEO) or their designee.
   B. A designated position responsible to implement the quality management plan.
   C. A Disaster and Safety plan must be developed and include at a minimum:
      1. Procedures for reporting a fire and other emergencies.
      2. Procedures for emergency evacuation, including type of evacuation, exit route assignments, and accounting for all employees after evacuation.
      3. Emergency Evacuation drill frequency. The LA must keep records of dates and times of completion.
      4. Development of evacuation floorplans which must include:
         a. Location of exit routes, assembly points, and equipment Posting in prominent areas
         b. Accurate information and correct orientation for the posted location.
      5. First Aid Kit locations to be known and readily available.
      6. Annual inspections of fire extinguishers.
      7. Mounting fire extinguishers so that they are readily accessible to employees without subjecting employees to possible injury.
      8. Requirements per local Fire Marshal guidelines.
9. If the LA follows their Parent Agency safety plan, it must include the above criteria, at a minimum.

D. Job descriptions must be created and maintained by the LA for all positions that provide direct client services.

E. Qualtrics Customer Satisfaction Surveys must be closed within a reasonable timeframe as directed by State Agency per Policy GA: 25.0.

1. Actions must be documented at the time of closure and address the customer’s specific concerns.

F. Self-Audits must be completed as outlined below:

1. Financial management self-audit must be conducted biennially on the year the Local Agency is not monitored by State Agency using SA worksheet FA-1 and the Quality Management Fiscal Monitoring Tool.

2. Food delivery self-audits must be conducted once each fiscal year at all sites using State Agency (SA) worksheets FDA-1 and FDA-2.

3. Administrative self-audit must be conducted biennially on the year the Local Agency is not monitored by State Agency using the Quality Management Administrative Monitoring Tool.

4. Clinical self-audit must be conducted biennially on the year the Local Agency is not monitored by the State Agency using the SA Quality Management Administrative and Clinical Monitoring Tools.
   a. The Local Agency must select 20% of clinic sites, and if possible, they should not include the same sites the SA conducted the monitoring review on the previous fiscal year. The sites must be selected on a rotation schedule.
   b. At the minimum, the Local Agency must conduct five observations and ten record reviews for the selected sites.
   c. LA staff that operate out of more than one site must be observed, at a minimum, at one of their sites.

5. Facility audits must be conducted at all clinic sites each fiscal year.

6. The LA may conduct additional self-audits to ensure compliance, if needed.

7. If LAs use different forms/monitoring tools for the clinical and fiscal self-audits, then the forms/monitoring tools must include
G. A Corrective Action Plan must be developed and approved within 14 business days of a self-audit.
   1. The Director must identify a position responsible for approving CAPs.
   2. The CAP must be specific to the identified errors out of compliance.
   3. All identified tasks must be completed within 90 days of approved CAP.

III. The quality management plan, self-audits, CAP and outcomes from the CAP must be clearly documented and kept on file electronically at the LA according to the retention period per Policy GA: 03.0 following the date of each self-audit.

IV. All documentation must be made available to an outside auditor and the quality management monitoring team within the requested time period.

<table>
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<th>Minimum Frequency of Self-Audit</th>
<th>Minimum Number of Sites Reviewed Fiscal Year</th>
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<td>FA-1</td>
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<tr>
<td>Inventory FDA-1 and FDA-2</td>
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<td>Record Reviews</td>
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<td>Local Agency Self-Audit Clinical Review</td>
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<td>1 per Fiscal Year</td>
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Accelerated Monitoring Review

Purpose

To assist a Local Agency (LA) to gain compliance with federal, state and local regulations, policies and procedures.

Authority

7 CFR §246.19

Policy

A Local Agency shall be placed on Accelerated Monitoring Review (AMR) status if the LA has significant findings during a routine monitoring review or does not complete activities in the approved Corrective Action Plan (CAP) by the State Agency (SA) 90-day follow-up.

Definitions

Significant Findings – includes but is not limited to identified trends on previous reports, number of findings, or severity of finding(s).

Probationary Status – trial period during which the State Agency determines whether the contractor is meeting contractual requirements.

Procedures

I. The SA determines if AMR is the appropriate level of monitoring for the LA.

II. The SA notifies the LA of its placement on AMR at the time of the routine monitoring final report or 14 business days after the 90-day follow-up of the approved CAP.
   A. The SA will work with the LA to create a plan for compliance.
1. An AMR review shall be conducted 3 months after a LA is placed on AMR.

2. Criteria that the SA found out of compliance during the routine monitoring review shall be assessed during the AMR review. The SA shall assess other criteria as necessary.

III. The SA will send the LA a Notification Letter for the completed AMR within 14 business days.

A. The LA is placed on their original routine review cycle if they are in compliance with reviewed criteria.

B. If the SA determines the LA is still out of compliance:
   1. The SA will notify the LA that they will be placed on a 3-month Probationary Status.
   2. The SA will work with the LA to mitigate areas of noncompliance.
   3. If the SA determines that the LA has not come into satisfactory compliance, the LA shall be notified within 30 business days of the SA’s decision of next steps. Steps may include, but are not limited to:
      a) Additional SA monitoring
      b) Contract termination