



## **ARCHULETA COUNTY PUBLIC HEALTH DEPARTMENT**

### **TRANSITIONAL ADVISORY COMMITTEE**

Meetings are conducted in person at the Administration Building located at 398 Lewis Street. Whenever possible, meetings will be broadcast online via Zoom, which can be accessed from a computer or phone with internet access. The Committee does not and cannot guarantee internet service or online broadcasting.

Remote attendance is at the risk of the attendee as public meetings will continue in person regardless of the County's broadcast capability. View the Zoom meeting at: <https://us06web.zoom.us/j/86527731867?pwd=bEY0VWV3eVdpNFF1WklFeCs1NHdCdz09> Meeting ID 865 2773 1867 - Passcode HealthyAC

**CALL TO ORDER THE REGULAR MEETING OF THE COUNTY PUBLIC HEALTH DEPARTMENT TRANSITIONAL ADVISORY COMMITTEE ON MAY 8, 2023 AT 9:00 A.M.**

**DISCLOSURES AND/OR CONFLICTS OF INTEREST**

**APPROVAL OR ADJUSTMENTS TO AGENDA**

**PUBLIC COMMENTS FROM THE FLOOR**

This is an opportunity during the session for the public to address the Committee. Please complete the Public Comment Request form and hand it to a committee member prior to the beginning of the meeting.

Please keep your comments to three (3) minutes or less. The Committee is not required to discuss or reply to your comment.

**Documents:**

[PUBLIC COMMENT REQUEST FORM.DOCX](#)

**COUNTY MANAGER COMMENTS**

.A. County Manager Comments

County Manager Derek Woodman will update the committee on matters related to the creation of the County Public Health Department.

**CONSENT**

.A. Review And Approve Meeting Minutes From May 1, 2023

Documents:

[5-1-23 MEETING MINUTES.PDF](#)

**NEW BUSINESS**

- .A. Communications, Policy & Partnerships, Assessment & Planning, Behavioral Health Programs At San Juan Basin Public Health
- .B. WIC Local Agency Application Review

Documents:

[WIC APPLICATION APRIL 2023.PDF](#)

- .C. Regional V. Local Programs Discussion

**ADDITIONAL COMMITTEE MEMBER COMMENTS**

**ADJOURN THE REGULAR MEETING OF THE COUNTY HEALTH DEPARTMENT  
TRANSITIONAL ADVISORY COMMITTEE**



## Advisory Committee Meeting Request for Public Comment

**(Use this form if you'd like to speak during the PUBLIC  
COMMENT section of the agenda only)**

(Please print clearly)

|                                      |  |
|--------------------------------------|--|
| <b>Date of Meeting</b>               |  |
| <b>Full Name</b>                     |  |
| <b>Full Address</b>                  |  |
| <b>Phone Number or Email Address</b> |  |
| <b>Topic of Comment</b>              |  |

By completing and signing this form, I acknowledge that I have read and will comply with the Public Hearing/Meeting Rules adopted by the Board of County Commissioners on June 21, 2022, including the following:

- 1) My comments must be limited to 3 minutes.
- 2) No direct response from the Committee is required. In addition, if my comments are unrelated to any item on today's agenda, any response from the Committee is prohibited since the topic is not posted on the agenda and any comment could potentially violate the Colorado Open Meetings Law.
- 3) The length of the public comment period for Advisory Committee meetings will be at the discretion of the person. Therefore, this form does not necessarily guarantee all individuals who complete this form will have the opportunity to be heard during that period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ARCHULETA COUNTY PUBLIC HEALTH DEPARTMENT TRANSITIONAL  
ADVISORY COMMITTEE MEETING MINUTES  
May 1, 2023**

The Archuleta County Public Health Department Transitional Advisory Committee held a regular meeting on May 1, 2023. Chairperson Kathy Campbell called the meeting to order at 9:00 a.m., noting committee members Kathy Campbell, Sally Kennedy, Andrea Phillips, Susanne Bryant, John Ranson, Ashley Wilson and Mary Helminski present.

**Disclosures and/or Conflicts of Interest**

There were none.

**Approval or Adjustments to Agenda**

**Committee Member Sally Kennedy moved to approve the agenda as presented. Committee Member Susanne Bryant seconded the motion and it carried unanimously.**

**Public Comment**

There were none.

**County Manager Comments**

Not an action item.

**Consent**

- A. Review and Approval of Meeting Minutes from April 24, 2023.  
**Committee Member Rhonda Webb moved to approve the consent agenda. Committee Member Ashley Wilson seconded the motion and it carried unanimously.**

**New Business**

- A. Communicable Disease, Epidemiology, Emergency Preparedness & Response Programs at San Juan Basin Public Health – Rosalind Penny, Lisa Sanchez, Samie Stephens, Karen Evans and Lori Zazzaro. Not an action item.
- B. Core Public Health Services & Program Requirements Spreadsheet Review – Kathy Campbell. Not an action item.
- C. WIC Local Agency Application Review – Mary Helminski. **Committee Member Andrea Phillips moved to table Item C of New Business to the May 8<sup>th</sup> meeting. Committee Member Sally Kennedy seconded the motion and it carried unanimously.**

**Additional Committee Member Comments**

There were none.

The next meeting will be on Monday, May 8, 2023 at 9:00 a.m.

With no further business coming before the committee, Chairperson Campbell adjourned the meeting at 11:37 a.m.

Approved this 8<sup>th</sup> day of May, 2023.

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Kathy Campbell, Chairperson



## Colorado WIC Local Agency Application for Authorization

The USDA Special Supplemental Nutrition Program for Women, Infants & Children Program in Colorado (State Agency; COWIC) shall authorize local agencies as recipients of funds in accordance with federal criteria to provide direct Program services statewide. New local agencies must complete the application and be approved before contracting or receiving funding from COWIC.

**Date Application Submitted:** [TBD]

**Proposed Start Date for Program Services:** January 1, 2024

**Name of Agency:** Archuleta County Public Health Department

Address: PO Box 1507, Pagosa Springs, CO 81147

Website: www.archuletacounty.org

CDPHE Contract Number or Anticipated Date of Contract (if applicable): TBD

### Contact Person for Application:

Name: [TBD - Director]

Title: Public Health Director

Address: PO Box 1507, 398 Lewis Street, Pagosa Springs, CO 81147

Phone: [TBD]

Email: [TBD]

### Type of Agency (choose one):

- Public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care, and administrative services.
- Public or a private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.
- Public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category or participants (women, infants, or children).
- Public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.
- Public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

**Describe in detail how the agency fits the classification indicated above** . Include details with respect to how ongoing, routine pediatric and obstetric care is provided. If agreements with outside agencies are used to provide care, include the current status of those agreements (copies will be requested if application is approved).

### Which of the following services are offered by the agency ?

Physician Services

Nursing Services



Home Health Services  
Nutrition Education  
Dental Services  
Occupational Therapy  
Physical Therapy

Pharmacy  
Human/Social Services  
Family Planning  
Other (specify):

**Which of the following health clinics are offered by the agency?**

Prenatal  
Well Child  
EPSDT

Family Planning  
Immunization  
Other (specify):

**Number of clients (by category) served per month by your agency:**

Pregnant  
Breastfeeding  
Non-Breastfeeding  
Infants (under 12 months of age)  
Children (from 1 up to 5 years of age)

**If any of these services are not / will not be available in your agency, where will clients be referred to for ongoing care?**

**Proposed Service Area Information**

Counties (or other geographic areas) to be served: Archuleta County, Colorado

**Data for proposed service area (note sources):**

Estimated total population:  
Racial composition of total population:  
Ethnic composition of total population:  
Number of individuals at or below 185% Federal Poverty Level (FPL):  
Current WIC caseload by category:  
Infant mortality rate:  
Maternal mortality rate:  
Rate of pregnancy in women aged 15-44 years:  
Incidence of breastfeeding:  
Premature infants:  
Low birth weight infants:  
Rate of nutritional anemia:

**Proposed Staffing Information**

Local WIC Programs are required to have specific staff to carry out identified program functions and roles to ensure that local agencies are able to meet all program requirements and functions defined by federal regulations and state policy. Local staffing includes the positions listed below. **For specific qualifications, credentials, and responsibilities/duties for each position, review the Local Staffing policy in the current [COWIC Policies & Procedures Manual](#)** . Ratios are based on caseload currently served within the proposed service area (cannot be based on estimates or projections) which is available on the [COWIC Data Dashboard](#).

**Note: Documented regional partnerships with other COWIC agencies to provide specific client or administrative services may be substituted for agency staff if approved by the state agency. This arrangement is strongly recommended for small- to mid-size agencies whose caseload may not justify full-time employees for all required positions . COWIC can provide template memoranda of understanding, job descriptions, and personalized support for crafting shared positions.**

**Staff Position Descriptions & Requirements**



- **Local Agency Director** - Performs professional administrative and supervisory work in the planning, development, implementation, and evaluation of the Program. Oversees and coordinates the activities of all clinic sites to ensure compliance with federal and state regulations. Position is responsible for contract and fiscal management and coordination with agency leadership. May serve in a combination of other roles such as the High-Risk Counselor or Educator, if qualified. However, the Director should be at least 0.8-1.0 FTE total to meet the administrative, quality assurance, and reporting requirements of this position and can be contracted with another authorized agency if needed.
- **High-Risk Counselor** - Performs professional and supervisory public health nutrition activities by delivering direct services to high-risk clients as well as participating in program planning and evaluation as assigned. Requirements for FTE depend on caseload and can be contracted with another authorized agency if needed.
- **Educator** - Delivers direct services to clients by determining and documenting eligibility, issuing food benefits, maintaining client and Program electronic records and paper files related to certification, interviewing, providing nutrition education with behavior change goals, and developing individual care plans based on a sound understanding of nutritional concepts. May also be designated as LARC and/or Breastfeeding Coordinator (see descriptions below). One full-time (40 hours/week) Educator can maintain a caseload of 450 - 500 clients. This does not include any tasks outside direct client services, such as LARC.
- **Local Agency Retail Coordinator (LARC)** - Designated contact for the state office and retailers within the service area regarding benefit redemption and food delivery topics. Communicates with local retailers regarding current COWIC policy and procedures. Completes retailer monitoring as needed. Follows up with clients and store complaints and concerns. Attends additional training and meetings with the State Agency Benefit Delivery Unit.
- **Local Agency Breastfeeding Coordinator** - Responsible for coordinating breastfeeding promotion and support activities for the agency or clinic in collaboration with the Local Agency Director and State Agency Breastfeeding and Nutrition Unit staff.

## Required Staff Training

- **New Employee Training** : All new staff are required to complete and pass the self-paced COWIC New Employee Training to serve clients in compliance with Program requirements. Relevant to all roles at the Local Agency level. Consists of three levels, each with reading modules, post-tests, online courses, observations, record reviews, and other requirements (25 lessons in Level I, 14 lessons in Level II, 6 lessons in Level III). Each level has a specific time frame for completion upon hire and some require a passing score of 90% or greater to pass. New employees need to have all training, observations, and participant records reviewed and signed off by a Local Agency designated supervisor or a WIC experienced trainer to ensure competency and adherence to Program policy and procedures. The supervisor or experienced trainer must be available to assist with questions, schedule time for the new employee to complete all requirements, review and evaluate performance throughout the process, and document completion in the COWIC management information system.
- **Continuous Staff Development Training** : All Local Agency WIC personnel must attend a minimum of two staff training sessions per year of nutrition-related education and training. Local Agencies can tailor and provide staff training on their own, as needed. Training may consist of a guest presenter, promotion of other relevant training, and/or training provided by the COWIC Program.
- **State Agency Training** : Staff are required to complete all State Agency training. This may occur due to USDA Monitoring Evaluation findings, new policies and procedures, programmatic changes, updates to nutrition science and health, information, changes to COWIC allowable foods, new technologies, or be due to annual training requirements, etc.
- **Breastfeeding Training**: Comprehensive breastfeeding training to increase breastfeeding knowledge and prepare staff to provide effective breastfeeding assessment and counseling. Required for all Local Agency High-Risk Counselors and highly encouraged for other Local Agency WIC staff.

**Describe the proposed staffing for all clinics including number of FTE and role assignments** . Indicate if staff are already personnel of the local agency or will need to be hired and trained by the Proposed Start Date of Operation.



Local agencies are required to cross-train staff, especially the Educator role, in order to provide direct client services when the Educator(s) are absent or a position needs to be filled. A plan should be in place for providing direct client services at all times. **What is the Local Agency plan for critical WIC client service support?**

**Proposed supervisor(s) of Local Agency WIC operations:**

Name:  
Title:  
Email:  
Phone:  
Credentialed as RD (Registered Dietician), BSN/RN (Registered Nurse), or MD (Medical Doctor)?

**Submit an organizational chart of the local agency showing these staffing plans with this application.**

## **Proposed Clinic Information**

**Describe the physical location of each proposed WIC clinic in the service area including address, floor plan, placement of offices and labs, and approximate square footage and answer the following:**

Is the clinic ADA accessible?

How will the agency provide language interpretation support for clients?

Does the proposed WIC clinic area offer privacy for clients to receive confidential counseling?

Does the proposed clinic have a designated private and comfortable breastfeeding area?

Will the office(s) offer privacy to clients having discussion with WIC staff?

What are the days and hours of operation?

Is there a biohazard management plan (please describe)?

What is the agency's CLIA Certificate Number?

Will the agency apply for a NPI number to allow access to the Medicaid Provider Web Portal?

Will the agency create a CIIS account?

What public transportation is available to this location?

Will clinic phones be answered by an operator or call directly into the clinic?

Will clients need to sign in, go through security, or be "buzzed into" the facility to enter the clinic?

Will the proposed clinic have the ability for videoconferencing and/or teleconferencing for remote client services and/or staff working remotely, if needed?

What office furniture and equipment will be required to make the proposed clinic space ready?

Is there on-site technology support for internet or other system troubleshooting?

Can your agency ensure secure and dependable access to the internet at all clinic locations? (If no, explain any limitations or concerns.)

How will your agency guarantee that client data will only be accessed by authorized WIC staff?

Is there a private, secure space in close proximity to the proposed clinic where heights/weights/blood tests (i.e., hemoglobin/hematocrit screening) can be performed?

Does the clinic have calibrated equipment to measure the height and weight of an adult and the length and weight of infants and children?

Does the proposed clinic have equipment for determining hemoglobin/hematocrit (iron) levels? Note: The COWIC State Office has a contract for this equipment.

## **Proposed Budget**

Annual funding (Federal Fiscal Year, October 1 to September 30) for operation of a Local Agency is determined by a funding formula that uses caseload served, percentage of high-risk participants, participant turnover rates, local agency salaries, travel, and economies of scale (in the case of new

agencies projections may be used). Some start-up money may be available during the initial period to fund one-time expenses such as computers, equipment, office furniture, and internet infrastructure pertaining to running the Program. The purpose of this budget is to determine fiscal feasibility of the proposed local agency Program operation, if authorized.

**Estimated Annual Budget Needed to Meet COWIC Requirements in Proposed Service Area:**

| <b>Personnel Expenses</b>                          | <b>Total FTE</b> | <b>Salary</b> | <b>Fringe</b> | <b>Budget</b> |
|--|------------------|---------------|---------------|---------------|
| Paraprofessional FTE<br>(Educators/Clerks/Support) |                  |               |               |               |
| Professional FTE (RD/RN)                           |                  |               |               |               |
| Contractual/Fee-for-Service                        |                  |               |               |               |
| Other/Administrative FTE<br>Includes:              |                  |               |               |               |
| <b>TOTAL PERSONNEL</b>                             |                  |               |               |               |

| <b>Direct Costs</b>   | <b>Budget</b> |
|---|---------------|
| Office Supplies   |               |
| Equipment Needed (computers, peripherals, furniture)<br>Note: Any equipment exceeding \$5,000 in cost is considered a capital expenditure and must be pre-approved by USDA prior to purchase. |               |
| Expendable Medical Supplies (lancets, cotton, gloves, etc.)   |               |
| Copier/Printing   |               |
| Postage   |               |
| Phones/Cell Phones  |               |
| Travel (include description and justification)  |               |
| Staff Training and Education  |               |
| Building/Facility (include specific location(s) and any in-kind)  |               |

|  |  |
|--|--|
| Utilities (include specific location(s) and any in-kind)     |  |
| Other (including description and justification of each item) |  |
| <b>TOTAL DIRECT COSTS</b>                                    |  |

|  |               |
|--|---------------|
| <b>Indirect Expenses</b>                                     | <b>Budget</b> |
| CDPHE Approved Indirect Cost Rate = _____ % (see note below) |               |
| Rate applied to Total Direct Costs (Operating & Overhead)    |               |
| Rate applied to Salary & Fringe                              |               |
| <b>TOTAL INDIRECT EXPENSES</b>                               |               |

\*An indirect rate must be pre-approved by CDPHE in order to receive reimbursement for these expenses. Contact the CDPHE Internal Audit department for questions and to submit paperwork.

|  |  |
|--|--|
| <b>TOTAL ESTIMATED ANNUAL BUDGET ( Personnel+Direct+Indirect )</b> |  |
|--|--|

**Start-Up Funding**

Will any start-up funding be requested for the new agency? If so, please describe those expenses. How will the agency ensure that all staffing, training, clinic, equipment, contract, and other requirements are in place by the proposed start date?

**Cost Allocation Plan**

What is the cost allocation plan for shared expenses within the local health agency? For example, if the space is occupied by multiple programs, how will rent/utilities, etc. be shared? This plan could be based on square footage (a copy of the square footage study must be attached), full-time equivalent (FTE) personnel, or other methodology (please describe).

**Gap Funding**

Annual contract funding from the COWIC Program generally is not sufficient to cover all expenses of providing the Program. How will any gap between Total Estimated Annual Budget and the total annual fiscal year contract amount be funded? List sources of funding and amount to be received from each, including process for approval and authority by which funds will be appropriated.

**Is the agency proposing funding and staffing adequate to provide Director services to the Dolores WIC Program (as currently provided by San Juan Basin Public Health)?** This will also require signing a memorandum of understanding.

**ADDITIONAL INFORMATION & ACKNOWLEDGEMENTS**

Review each of the following contract requirements. **Submission of this application will acknowledge**



**that these expectations are fully understood and can be met by the applicant agency as of the proposed start date unless otherwise noted.**

- The Contractor shall annually create a local agency Nutrition Education Plan based on the guidance provided by COWIC for that year. The Contractor shall implement the Nutrition Education Plan. The Contractor shall evaluate the previous year's Nutrition Education Plan.
- The Contractor shall schedule appointments and conduct nutrition education services in the COWIC MIS system including documenting nutrition education services, certifying program participants, and referring clients identified as having a high nutritional/medical risk factor for high-risk nutrition counseling.
- The Contractor shall monitor monthly caseload reports and develop outreach strategies and partnerships to increase program participation.
- The Contractor shall maintain a current list of local services and organizations for referral purposes and document consent and referrals within the MIS system.
- The Contractor shall contact referrals received through online referral systems or other methods within 10 working days from the date of submission.
- The Contractor shall contact the COWIC Program staff at CDPHE with questions regarding regulation interpretation.
- The Contractor shall ensure that all local agency COWIC staff maintain up-to-date training on policy, procedures, systems, and benefits of the Program.
- The Contractor shall endorse breastfeeding as the preferred method of infant feeding among COWIC program clients and will support parents in their decisions regarding infant feeding that is best for their family. The Contractor shall provide breastfeeding education to all pregnant clients and throughout the postpartum period, as needed. The Contractor shall establish clinic procedures to incorporate positive peer influence prenatally and during the postpartum period, including referral of clients to the Breastfeeding Peer Counseling program for additional support. The Contractor shall document within the MIS system when local agency staff complete the breastfeeding training module. The Contractor shall collaborate with other programs/groups within its community that provide breastfeeding education and support. The Contractor shall maintain a breast pump inventory and provide appropriate breast pumps to clients (when necessary) and provide appropriate education on pumping and breast milk storage.
- The Contractor shall ensure full access to the Breastfeeding Peer Counseling for all eligible clients by providing referrals to the statewide program managed by the Pueblo BFPC Program. Appropriate training and support for staff will be provided at no cost to the agency.
- The Contractor shall issue food benefits to enrolled COWIC clients based on the individualized food prescription and Program requirements using the MIS system. The Contractor shall provide training to clients on the use of food benefits including how to use the EBT card, how to find eligible foods, and how to access the Food List & Shopping Guide. The Contractor shall be responsible for the security and accountability of negotiable food instruments (EBT cards).
- The Contractor shall reimburse the State for any COWIC Program funds that are misused or otherwise diverted due to negligence, fraud, theft, embezzlement, or any other loss caused by the Contractor, its employees, or agents.
- The Contractor shall assign an employee to serve as a Local Agency Retail Coordinator (LARC). The LARC shall work in conjunction with the COWIC Program at CDPHE on retail store activities, including training and compliance. The LARC shall respond to client concerns and retailer issues, notifying COWIC state staff in the Benefit Delivery Unit. Specific guidance for the Contractor's Local Agency Retail Coordinator (LARC) is provided in the COWIC Policy & Procedure Manual and the COWIC Retailer Handbook located within the Manual.
- The Contractor shall submit documentation requested by COWIC fiscal staff to support costs in compliance with federal rules and regulations for fiscal management (OMB OMNI-Circular 2 CFR Part 200). The Contractors shall participate in program monitoring activities not less than biannually to assure compliance with federal and state requirements. COWIC program monitoring activities may include: Completing all forms/reports within the timeframe requested by the State Agency. Attendance at monitoring and site visit sessions. Response with a written plan of action and target dates for resolution and/or education for staff on findings/issues identified during the monitoring. Meeting at minimum for one follow-up, ninety days to 6 months post monitoring date, and any additional follow-ups and/or reviews as the State agency determines to be necessary

based on the number and severity of findings during the monitoring.

- The Contractor shall complete the necessary regulatory and administrative requirements of the Program.
- The Contractor shall protect the confidentiality of a client's identity by limiting access of records to COWIC staff and the designated health care provider (with client's documented permission) only. Access to records by other third parties must be accompanied by a release of information signed by the recipient.
- The Contractor shall inform the COWIC state Program staff at CDPHE when new employees need security roles assigned within the computer system. The Compass Access Request Form shall be submitted to the COWIC Help Desk at the COWIC Program at CDPHE as required in the COWIC Policy & Procedure Manual.
- The Contractor shall require its employees to track time worked and submit a time study report on the following COWIC activities: Nutrition Education; Breastfeeding Support; Clinic Services; Administration. Time Study reports shall be submitted to [cdphe\\_nsbfiscal@state.co.us](mailto:cdphe_nsbfiscal@state.co.us) at the COWIC Program at CDPHE for each of its local agency employees for the timeframe of one week per month OR one month per quarter.
- The Contractor shall create an annual local agency budget for operating the Program and submit a copy of that budget to the COWIC Fiscal Officer at CDPHE at [cdphe\\_nsbfiscal@state.co.us](mailto:cdphe_nsbfiscal@state.co.us).
- The Contractor shall provide the necessary support to operate COWIC computers and peripheral devices, including on-site Information Technology (IT) support, data security including firewalls and reliable and secure internet access. The Contractor agrees to maintain upgrades of the MIS system when notified by COWIC at CDPHE. The Contractor shall be responsible for the security of all COWIC equipment in its control or possession and shall immediately report loss or damage to equipment caused by Contractor negligence, abuse, or misuse to Program staff at CDPHE. The Contractor shall maintain a computer equipment inventory for local agency COWIC Staff.
- On-site local agency IT support (with direction from the COWIC Program at CDPHE) shall include: ordering equipment, as directed by the COWIC Program at CDPHE; setting up equipment and downloading the MIS system; setting up multi-function printers, card readers and PIN pad devices for EBT, and signature pads; ensuring that no local system changes or upgrades are done to the COWIC computers without first verifying that the upgrades are compatible with the MIS system; computers and peripherals, such as printers, shall be disposed of at the direction of the COWIC Program at CDPHE.
- The Contractor shall maintain a computer equipment inventory that includes: computer model; serial number; date purchased; acquisition cost; warranty expiration; computer location.
- The Contractor shall respond to all requests for information and meetings from the COWIC Program at CDPHE in a timely manner.
- The Contractor shall annually submit to [cdphe\\_nsbfiscal@state.co.us](mailto:cdphe_nsbfiscal@state.co.us) for use with the annual funding formula a salary survey for personnel expenses to include: local agency staff members that work on the COWIC program; monthly salary costs; monthly benefits; monthly expected Full-Time Equivalent (FTE) hours to be worked on the WIC grant for the calendar year.
- The Contractor must be an authorized COWIC local agency and may be required to re-apply for authorization from time to time.
- The Contractor shall administer the COWIC program to qualified participants according to specifications outlined in the [COWIC Policy & Procedures manual](#) (updated annually) available at [www.ColoradoWIC.gov](http://www.ColoradoWIC.gov).
- The content of electronic documents located on the COWIC websites may be updated periodically during the contract term. The Contractor shall comply with all policy, program, and fiscal updates.
- The Contractor shall provide an environment for COWIC clients and local agency staff that is welcoming, breastfeeding-friendly, accessible, and provides confidential counseling spaces.
- The Contractor shall accommodate cultural and language diversity of clients through the use of phone or in-person translation services whenever requested by the client.
- The Contractor shall adhere to the following regarding COWIC local agency staff: Staffing shall be sufficient to service caseload and meet operating standards. The contractor should determine staffing needs and plans should key staff members be absent. Client services must remain available. Newly hired staff shall complete the certification program, including new employee training. Staff must complete two training sessions per year. Any COWIC-required training may count towards the two staff trainings. Staff shall attend scheduled workshops or COWIC-

sponsored meetings on updates to policies, contracts, procedures, and nutrition. Staff shall exhibit a positive attitude toward breastfeeding. Staff shall consistently meet or exceed performance expectations. Qualifications of personnel assigned by the Contractor to perform the services outlined within this contract shall be available for review and approval by the COWIC Program at CDPHE.

- As specified in the COWIC Policy & Procedures manual, the Colorado WIC Program and its contracting agencies must make a fair hearing available to any individual whose application for benefits or services has been denied, reduced, or terminated, or who is otherwise aggrieved by agency action.
- Each COWIC local agency shall comply with Clinical Laboratory Improvement Amendments (CLIA) and operate under their health department's CLIA Certification Number. Each COWIC WIC site address shall be listed on the CLIA Certificate. COWIC local agency staff shall provide the CLIA Certification Number on COWIC administrative monitoring forms.
- Maintain the COWIC Program's operational functionality at the local level in compliance with standards for implementation and operation of the USDA FNS WIC Program.
- The COWIC Program at CDPHE will review monthly caseload reports, the annual Nutrition Education Plan evaluation, and results of fiscal and program monitoring activities to determine program performance and effectiveness.

#### Data Use & Confidentiality

- USDA has a very strict policy with respect to confidentiality of all WIC participant data, including the identity of clients on the Program. **COWIC information may not be shared even between programs within an agency without specific, documented client consent within the MIS.** Refer to COWIC Data Policy for details. Authorized Local Agencies are required to follow all policies and procedures as routinely updated.
- Client confidentiality is protected by limiting access of records to COWIC staff and the client's health care provider (with specific, documented consent). All COWIC data is owned by COWIC at CDPHE and is governed by the Data Use Policy as included in the current COWIC Policy & Procedure manual.
- **The Contractor understands that all COWIC data is owned by COWIC at CDPHE. The Contractor understands that access to COWIC data is governed by the Data Use Policy as included in the current COWIC Policy & Procedure manual.**
- Failure to comply with the COWIC Data Policy may result in the immediate loss of Program contract and funding.

#### Monitoring

- Each local agency receives a monitoring visit of 20% of clinics at a minimum of once every other year.
- **The Contractor shall keep on file and have available for review, audit, and evaluation:** all records required in the current COWIC Policy & Procedures Manual; complete, accurate, and current accounting to document all funds received and expended; detailed computer and equipment inventory records; complete and accurate retail records documenting training, monitoring, and those problems, if any with each retailer; fair hearing or other service complaint documentation.
- Program monitoring visits are done by state office nutrition consultants and include onsite and offsite visits that require pre/post work to be completed by the LA depending on the findings. Additional monitoring visits and requirements may be instituted for newly-authorized agencies to ensure compliance and training.
- Fiscal monitoring requires agency staff support and provision of documentation. New agencies will require additional monitoring and oversight prior to opening and during the first one to two years. Details and requirements are included in authorized COWIC Local Agency contracts.

Equal Opportunity Statement & Civil Rights Requirements

- Equal Opportunity Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. This institution is an equal opportunity provider.
- Compliance with the USDA Equal Opportunity Statement is required for all State and Local Agencies contracted to provide the WIC Program. **Will your agency adhere to the USDA equal opportunity statement listed above? Does your agency have any other requirements or policies related to access to or quality of programs for all residents?**
- **Do you currently have any discrimination or civil rights complaints filed against your agency? (If yes, provide details.)**

Add any additional information/comments that may facilitate review of this application.

I acknowledge that the agency has reviewed the current COWIC Policies & Procedures Manual and agrees to comply with all requirements listed therein if authorized as a local agency.

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Signature of Authorized Local Agency Official

Date

Return completed application to Heidi Hoffman, COWIC State Director, [Heidi.Hoffman@state.co.us](mailto:Heidi.Hoffman@state.co.us).