

ATTACHMENT A
SOLICITATION NO. 3400001709

This Solicitation is a Contract Document and is a request for proposal in connection with the Contract awarded by the Office of Management and Enterprise Services as more particularly described below. Any defined term used herein but not defined herein shall have the meaning ascribed in the General Terms or other Contract Document.

Purpose

The Oklahoma State Department of Health (OSDH), is seeking bids from qualified community health and human service agencies to operate and provide the required services of the Oklahoma Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the designated service areas in Oklahoma counties.

1. Contract Term and Renewal Options

The initial Contract term will begin on date of award and terminate on September 30, 2021. The date of award is the date the OSDH has in its possession a copy of the contract executed by both parties and a purchase order has been issued. This Contract shall include an option to renew for up to four (4) additional one (1) year periods of October 1 through September 30. This contract shall not take effect and no services may be provided prior to the Date of Award.

2. Background

Congress established the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in 1972. WIC was established to meet the supplemental nutritional needs of high-risk, low-income women, infants and children. National health and nutrition surveys [Ten State Nutrition Survey (1968 1970); Preschool Nutrition Survey (1968 1970); and HANES (1971 1974)] found substantial numbers of women and young children at nutritional risk due to inadequate nutrient intake and/or inadequate health care. As such, Public Law 92 433 was passed by Congress to establish WIC and allocate federal dollars to serve these women and children. Since its inception in 1972, the scope of the WIC Program has expanded to emphasize coordination of services with several organizations including Medicaid, Title V Maternal and Child Health, Head Start, Immunizations, Substance Abuse Programs and to facilitate the receipt of services by eligible homeless individuals.

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) federally funds and administers WIC at the federal level. In Oklahoma, the USDA FNS allocates funds to the OSDH, which administers the program through WIC Service. Federal legislative mandates, regulations, and monitoring and evaluation requirements are a critical component of program services and operations. WIC began in Oklahoma in 1974. The Oklahoma WIC program promotes optimal health for its participants during the critical periods of growth and development during pregnancy, breastfeeding, infancy, and early childhood. The program seeks to prevent the occurrence of health problems, to improve nutritional status, to reduce infant mortality and to maintain a healthy status in all participants for as long as possible.

3. Contract Specifications

Contract specifications are set forth below at Exhibit 1.

Exhibit 1

Supplier Shall:

1. In accordance with 2 CFR Part 200 (Uniform Grant Guidance), the relationship between the OSDH and the Contractor for this ensuing contract is that of a sub-recipient.
2. Have systems, policies, and procedures in place by which they manage grant funds and grant-supported activities. They may use their existing systems for this purpose as long as organizational policies are consistently applied regardless of the source of funds. Supplier systems must meet the standards and requirements set forth in 2 CFR Part 200, 45 CFR Part 75, or 7 CFR Part 3016, or as determined by the applicable Federal program guidance.
3. In addition, request reimbursement of costs from OSDH only when those costs comply with the applicable Federal Cost Principles 2 CFR Part 200, FAR 31.2, or as determined by the applicable Federal program guidance to the Supplier's entity type. Any request for reimbursement of cost not allowable under the above Federal regulations must be specifically approved in the special conditions of the contract language and be supported by a specific line item within the Suppliers approved budget.
4. Encouraged to attend statewide WIC meetings conducted by OSDH/WIC Service staff. These meetings provide an opportunity to present new and/or updated program information, policies and procedures to local staff. Attendance at these meetings ensures communication and participation in policy and procedure development and implementation as well as to receive guidance on new program procedures. Travel costs may be reimbursable.
5. Suppliers who collect and analyze blood samples for hemoglobin levels when there is no current data available from the participant's health care provider do so under the auspices of their own agency's CLIA/COLA licenses. All licensure, certification, and accreditation required for the Supplier must be available for review.
6. Applicable duties listed below shall be performed in accordance with the online WIC Policy and Procedure manual available under WIC at www.ok.gov/wic and applicable State and Federal laws and regulations.
 - a. The Supplier shall determine Eligibility and Certify potential participants.
 - i. **Eligibility** criteria includes: category, identification, residency, income and nutritional risk. Individuals who meet the eligibility criteria are certified for WIC services. All eligibility, verification and determinations are documented in the PHOCIS system and on the required forms.
 1. Category - Applicants must be a pregnant, breastfeeding or non-breastfeeding woman, infant, or child under five.
 2. Identification - To ensure that only qualified applicants receive program services, proof of identification is required at all visits.
 3. Residency - Applicants must live in Oklahoma. Residency is determined by the applicant's address. Proof of residency is required at each certification, intra-agency transfer, or participant change of

address. However, an applicant may apply and choose to participate in any local WIC program in Oklahoma.

4. Income - Applicants must have income equal to or less than 185% of the Federal poverty guidelines. Income documentation is required and includes participants providing proof of income for all members of the household. Applicants receiving benefits from TANF, Supplemental Nutrition Assistance Program (SNAP) or Medicaid are adjunctively eligible and therefore can verbally declare household income.
 5. Nutritional Risk - CPAs determine nutritional risk using medical and dietary information, including height, weight, a hematological test, a brief medical history, and a dietary assessment. Medical information may be provided on a WIC Information Form or other form completed by the applicant's health care providers that includes any of the following: weight, length/height hematological test, or physical/medical conditions which may affect nutritional status of applicant. This information must be obtained no more than sixty (60) calendar days for infants (through 12 months of age), women and children (up to five years of age) prior to the WIC assessment.
- ii. **Certification** is the process by which an individual's eligibility for WIC services is determined. Processing standards require that certification be provided within 10 calendar days of their date of application for WIC benefits to pregnant women, Priority 1 Infants and migrant workers who plan to leave the area within 10 days and to all other eligible applicants within 20 calendar days of their date of application. Certification periods are as follows:
1. Pregnant women for the duration of their pregnancy and up to six weeks postpartum,
 2. Non-breastfeeding women for up to six months postpartum,
 3. Breastfeeding women ending with the breastfeeding infant's first birthday,
 4. Infants under six months of age for a period ending with their first birthday,
 5. Infants over six months of age for intervals of six months,
 6. Children for intervals of twelve months ending with the end of the month of the child's fifth birthday, and
 7. Provide nutrition education to WIC Program participants in order to improve the health and long term eating habits of Oklahoma families.
- b. The **nutrition** component of the WIC program is designed to provide nutrition education and counseling to all participants according to Nutrition Education Protocols. Nutrition education is an essential core value of WIC service since the impact of nutrition education lasts far longer than the receipt of supplemental food. In general, the nutrition education that is provided through the WIC program is an interactive learning and teaching process designed to:

- i. Emphasize the relationship between proper nutrition and good health, with special attention given to the nutritional needs of pregnant, breastfeeding, and non-breastfeeding women, infants, and children up to five years of age.
 - ii. Assist participants at nutritional risk to achieve a positive change in nutritional status. Nutrition education is presented in the context of the ethnic preferences and economic situation of the participants.
 - iii. Provide at least two (2) nutrition education contacts to pregnant and non-breastfeeding women during each certification period, with infants, children and breastfeeding women receiving up to four (4) contacts depending on age at certification. (The midpoint wellness check can count towards one of the nutrition education contacts for infants, children and breastfeeding women).
 - c. The initial nutrition education contact is part of the certification process and addresses identified nutritional risk criteria. The education contacts are conducted in a group setting and through individual appointments with approved staff. Those participants who are identified with special nutritional needs must receive a subsequent nutrition education session delivered by the clinic's nutritionist. Nutrition contacts are documented following procedures outlined in the online WIC Policy and Procedure Manual www.ok.gov/wic.
 - d. The local clinic atmosphere should enhance nutrition education. Displays, posters, books, and magazines all contribute to the participant's understanding that the clinic is a nutrition information and resource center.
 - e. It is essential that nutrition education is provided in the primary language of the participant and suggestions or recommendations should be made in the context of the participant's cultural or ethnic background and economic situation.
7. Each local WIC agency submits a yearly Nutrition Education Plan for approval by WIC Service (see the online WIC Policy and Procedure Manual, www.ok.gov/wic. This plan is an important tool to assure the provision of accurate, appropriate and consistent nutrition care to participants. The plan incorporates objectives and activities, which respond to the following three areas of focus:
 - a. At least two (2) nutrition education contacts to participants during each certification period, with infants receiving up to four (4) contacts depending on age at certification,
 - b. Breastfeeding education to all prenatal women and support for breastfeeding women, and
 - c. Nutrition education to participants with special nutritional needs delivered under the direction of the local clinic's nutritionist.
8. Provide information and referrals to other health and social service programs in accordance with WIC Policy and Procedure. An important component of the Oklahoma WIC Program is to provide all participants with information about and referrals to various health and social service programs. Links to and coordination with health and social services help ensure referrals and cost-effective integration of services. It is the responsibility of the Supplier to ensure that any staff that has contact with applicants or participants has access to appropriate information referrals. Staff members are responsible for informing applicants and participants about the types of appropriate programs and services available to them.

- a. All referrals are documented in the PHOCIS system. When possible, information should include:
 - i. Name of program or service,
 - ii. Address and phone number,
 - iii. Information and service available,
 - iv. Eligibility requirements,
 - v. Office hours, and
 - vi. Key contact person, if possible.
9. The participant/PCH shall be issued an eWIC card in order to purchase WIC food benefits. One eWIC card shall be issued per household, i.e., all household members eligible to receive WIC food benefits will be assigned to the same eWIC card.
10. Ensure secure storage for the following items:
 - a. Infant formula,
 - b. Breast pumps,
 - c. Loaned OSDH equipment,
 - d. eWIC Cards,
 - e. Participant records, and
 - f. Clinic supplies provided by the State Office.
11. Ensure the WIC provided equipment for collecting heights, weights, and hematological testing remains in both proper working order and is calibrated as needed for accuracy:
 - a. Pediatric scale -The Contractor is responsible for purchasing WIC approved equipment.
 - b. Adult scale- The Contractor is responsible for purchasing WIC approved equipment.
 - c. Infant recumbent board- The Contractor is responsible for purchasing WIC approved equipment.
 - d. Equipment to obtain a hematological test for screening of iron deficiency anemia. The HemoCue Hb201+ or HemoCue Hb201 DM Analyzer must be used for sample analysis. It is the Suppliers' responsibility to obtain the following clinical supplies for the hematological test: Safe-T-Pro lancets for finger sticks, Tenderfoot Toddler lancing devices for heel sticks, and microcuvettes. In the event Tenderfoot Toddler lancets are not available, Safe-T-Pro lancets can be used for heel sticks.
12. Provide a line item invoice of expenditures each month.
13. Submit budget information/documentation at each renewal period.
14. Obtain OSDH WIC Service approval, from WIC program consultant, of nutritionist credentials prior to finalization of employment for new nutritionists.
15. WIC Service provides training for collection of anthropometric data and computer training and guidance on all enhancements and updates to the PHOCIS system. The Supplier accepts such training and uses the system as appropriate for their positions.
16. Submit a Yearly Nutrition Education Plan for approval by WIC Service (see online WIC Policy and Procedure Manual, www.ok.gov/WIC).
17. Obtain written (e-mail or letter) approval from the WIC Program Consultant of written materials and audio-visuals prior to using in the delivery of nutrition education. Approval shall be requested a minimum of two weeks prior to intended use.
18. Obtain written (e-mail or letter) approval for any restricted budget line-items from OSDH WIC Service. Approval shall be requested a minimum of two weeks prior to expenditure.

19. In the event of relocation or opening of a new clinic site, obtain OSDH WIC Service approval of the proposed clinic site. Approval includes a site visit by OSDH WIC Service staff.
20. Provide to the OSDH WIC Service a minimum of 5 and a maximum of 25 copies of any informational materials requiring deposit with the Oklahoma State Publications Clearinghouse.
21. The Oklahoma WIC Program operates in accordance with 7 CFR, Part 246 of the Federal Regulations of the USDA FNS, the FNS Memorandum Instruction System, the Oklahoma WIC Program State Plan, the online WIC Policy and Procedure Manual (www.ok.gov/wic), the PHOCIS User's Manual, and the WIC Vendor Handbook. The Supplier shall know and comply with the operational requirements of carrying out a WIC program as delineated in these manuals.

Clinic Operations

1. WIC Clinic operations shall be supervised by medically licensed clinic staff. Medical licensure includes but is not limited to: Medical Doctor (MD), Osteopathic Doctor (OD), Physician Assistant (PA), Registered/Licensed Dietitian.
2. It is the responsibility of the Supplier to provide direct services, i.e., certification, midpoint wellness check, nutrition education, WIC program benefits, and referrals to applicants and participants in a manner that ensures maximum access to services. This may include the provision of extended morning and/or evening hours for working applicants and participants. Examples of extended hours are opening for service at 7 a.m. or closing at 6 p.m., Saturday clinics, providing services during the lunch hour, etc. It is strongly recommended that the work hours of the Supplier's staff be staggered to ensure maximum service access to participants as well as to increase staff productivity. **The Supplier will contact WIC State Office anytime the WIC clinic(s) will be closed during regular clinic hours.**
 - a. Caseload - The Supplier manages the service area's caseload to ensure reaching all potential eligibles. Effective caseload management involves developing and implementing a definitive plan, which attains the caseload through outreach and referrals with emphasis on high-risk populations.
 - b. Outreach - Suppliers conduct outreach activities to inform the service area target population of the WIC program. Effective outreach is based on a thorough knowledge of the community/communities to be served, including target and high-risk populations and identification of barriers to service. Outreach on a continuing basis enables a program to effectively manage the caseload, to maximize service levels, to target its services to high-risk subgroups, and to integrate its services with health care and social service providers. All agencies and organizations that serve the WIC target population are informed of WIC services and how to refer clients to WIC.
 - c. Administration - The administration of the local WIC program consists of the following components.
 - d. Record Retention – WIC Nutrition Records
 - i. These files contain individual WIC participant records from WIC clinic sites contracted with the WIC Program.

- ii. Participant records shall be retained for three (3) state fiscal years (July 1-June 30) plus current state fiscal year. If any litigation, claim, negation, audit or other action involving the records has been started before the end of the three year period, plus current year, the record shall be kept until all issues are resolved, or until the end of the regular three year period, plus current year, whichever is later. If FNS deems any of the program records to be of historical interest, it may require the state or local agency to forward such records to FNS whenever either agency is disposing of them. Under no circumstances can participant records be maintained for a period less than that listed with OSDH Consolidated Records Disposition Schedule (WIC Service 10-19). If Supplier's policy requires longer retention of WIC records, it is allowable.
- e. Record Retention - WIC Reports/WIC Records
 - i. These files contain records and reports required by the Oklahoma State Department of Health (OSDH) WIC Program.
 - ii. Retention times on individual reports and records can be found in Section G, Administrative Functions, of the WIC Policy and Procedures Manual.
 - iii. After the retention time is reached, records can be destroyed provided all audits have been completed and all applicable audit reports have been accepted and resolved by the applicable federal and state agencies, and provided no legal actions are pending. Destroy two (2) years OMES/PURCHASING SOLICITATION PACKAGE - PAGE 21 after exhaustion of legal remedies, provided records meet all stipulated retention requirements. Under no circumstances can OSDH WIC reports and/or records be maintained for a period less than that listed within WIC Policy and Procedures (refer to procedure #2 above). If Supplier's policy requires a longer retention of WIC records, it is allowable.
 - iv. Agencies currently under contract are responsible for the maintenance, storage and destruction of WIC records. Contents of WIC records are confidential and may not be shared without the participant's consent.

OSDH Shall:

1. In accordance with 2 CFR Part 200 (Uniform Grant Guidance), the relationship between the OSDH and the Contractor for this ensuing contract is that of a sub-recipient.
2. Conduct a minimum of one (1) site visit within the contract period to review project activities as defined above.
3. Be responsive to work collaboratively with the bidder regarding provision of these services.
4. Review required reports for compliance with reporting requirements and work with the bidder in using this information to enhance the health of the Maternal and Child Health (MCH) population.
5. Review and approve monthly invoices.

Federal Award Information

This agreement is fully or partially funded through federal funds. An updated notice of federal award information will be provided with each contract renewal, contract modification, or other change that affects the amount of the contract or the allocation of fund source(s). The amount

below identifies the amount of each applicable federal award for this contract, and may not be the same as the total amount of the federal award provided to OSDH or as the total amount of this contract. In the event the federal award is not received, the contract may be subject to reduction pursuant to Amendments, Unavailability of Funding, and Cancellation clause.

FAIN #:	Pending grant notice of award
Award Name:	Food and Nutrition Service Grant Award
Award Year:	Pending grant notice of award
CFDA #:	10.557
Federal Awarding Agency:	USDA-Food and Nutrition Service
Amount:	\$7,710,000.00