

**2009**  
**WIC STATE PLAN**  
**(ALABAMA)**

# **GOALS and OBJECTIVES**

# Goals and Objectives

## Chapter I: Vendor Management

### Goal

**Maintain implementation of new guidance for vendors.**

### Objectives

1. Work with vendors to assure USDA reporting requirements are met.
2. Continue to work with vendors and Alabama Grocers Association to improve cost containment methods that are acceptable to both WIC and the vendor community while meeting the best interests of the WIC Program.
3. Continue to educate vendors about changes to food packages.

## Chapter II: Nutrition Services

### Goal

**Improve participant health by developing innovative approaches to nutrition education and breastfeeding.**

### Objectives

1. Implement a biannual area nutrition education plan for FY 2009-2010 with additional state level support to encourage healthy weight among women and children in Alabama.
2. Develop/revise Spanish translations of appropriate existing WIC publications for clinic use.
3. Conduct a Fruits & Veggies – More Matters (Month) campaign involving all WIC clinics that communicate to participants the health benefits of eating more fruits and vegetables.
4. Continue to meet with the Alabama Obesity Task Force to implement the AOTF State Plan.
5. Provide continued leadership support in the development, implementation, and evaluation of the State Nutrition Education Plan (SNAP) for Alabama.
6. Enhance collaboration between WIC and the Alabama Cooperative Extension Systems on nutrition education endeavors.
7. Encourage a statewide increase in the number of SNE contacts offered in a group/class setting and explore new approaches for providing SNEs.
8. Continue to evaluate lesson plans that are appropriate for SNE contacts offered in a group/class setting, and monitor their use.
9. Provide nutrition education classes to participants in the clinics via video communications.
10. Address the problem of overweight in the WIC population.
11. Continue efforts to develop and implement an interactive website for WIC promotion, information distribution, nutrition education, breastfeeding support, program referral, staff development, and other applications.
12. Evaluate the use of computer assisted nutrition education.
13. Continue to provide nutrition education through kiosk and web-based applications.
14. Continue to provide training to meet the needs identified by Area Nutrition Directors and/or State Office staff.
15. Continue to implement the actions of the Value Enhanced Nutrition Assessment Implementation Plan.
16. Continue to provide WIC comprehensive and refresher training for state, area, and local clerical, nutrition and nursing personnel working in WIC.

## Goals and Objectives

17. Continue to maintain current Breastfeeding Peer Counselor Program.
18. Create an implementation plan to meet the USDA Revised Food Package Interim Rule

### Chapter III: Information Systems (IS)

#### Goal

**Enhance the Computer System to effectively provide quality services in a timely manner.**

#### Objectives

1. Modify the PHALCON system for providing a separate income calculation database for WIC only, as proof of income is required for WIC. Other programs require only self-declaration.
2. Establish a way for PHALCON generated (not hand-written manuals) food instruments to be printed off-site.
3. Participate in the consortium with North Carolina, West Virginia and Virginia in developing and defining an integrated WIC data system within the guidelines of the State Agency Model (SAM) Project.
4. Collaborate with the Center of Disease Control to provide data for the Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Nutrition Surveillance System (PNSS).
5. Develop a method to certify participants and issue benefits in hospitals and then transfer participants to county of residence upon discharge from hospital.
6. Implement food instrument changes impacted due to the changes in WIC foods.

### Chapter IV: Organization and Management

#### Goal

**Increase efficiency while facing increasing Program requirements**

#### Objectives

1. Develop plans to evaluate workloads and staffing at the WIC Central Office which may include hiring of additional staff or re-organizing.
2. Continue to develop spreadsheets and reports to assist area staff with budget and priority issues.

### Chapter V: Nutrition Services and Administration (NSA) Expenditures

#### Goal

**Continue to monitor clinic expenditures to achieve covering all WIC cost.**

#### Objectives

1. Work with Area management to increase clinic efficiency and maintain quality services.

# Goals and Objectives

## Chapter VI: Food Funds Management

### Goal

**Manage available resources that maximize effectiveness.**

### Objectives

1. Continue to work with formula manufacturers and vendors to streamline the ordering/billing process, and to reduce formula costs.

## Chapter VII: Caseload Management

### Goal

**Improve methods to maintain caseload.**

### Objectives

1. Monitor reports to ensure adequate show rate for maintaining caseload and productivity of staff.
2. Explore alternatives to notify participants of missed food instrument pick-up to ensure caseload maintenance.

## Chapter VIII: Certification, Eligibility and Coordination of Services

### Goal

**Improve quality in delivery of services to WIC participants in Alabama by enhancing nutrition assessment.**

### Objectives

1. Continue to explore methods and resources for increasing clinic efficiency to better enable clinic staff in providing quality nutrition services.
2. Evaluate the revised nutrition assessment protocols in order to identify any policy and procedure changes that may need to be made in the revised process to enhance nutrition assessment and comply with VENA.
3. Develop provider competencies per Value Enhanced Nutrition Assessment Plan.
4. Monitor deferred blood work using a Deferred Blood Work Report to ensure that a hemoglobin (hgb)/Hematocrit (HCT) test is performed within 90 days of certification.

## Chapter IX: Food Delivery/Food Instrument Accountability and Control

### Goal

**Continue to monitor Food Instrument issuance and redemption to ensure accountability according to regulations.**

### Objectives

1. Enhance the accountability of food instrument issuance through quality assurance measures.
2. Continue to work with stores to assure participants are redeeming food instruments correctly.

## Goals and Objectives

### Chapter X: Monitoring and Audits

**Goal**

**Evaluate the quality of care and services provided to participants through an effective and comprehensive monitoring system.**

**Objectives**

1. Maintain an ongoing management evaluation system to evaluate the quality of patient care, evaluate compliance with federal guidelines and agency policies, and to assist in policy development and training needs.

### Chapter XI: Civil Rights

**Goal**

**Ensure all staff receive the revised Civil Rights training which includes customer service.**

**Objectives**

1. Investigate methods to provide better customer service to non-English speaking/reading patients.

# **CHAPTER I**

# **VENDOR MANAGEMENT**

## I. VENDOR MANAGEMENT

Vendor management includes all those activities associated with selecting, authorizing, training, monitoring, and investigating the State agency's vendor population for the purpose of reducing fraud and abuse in the WIC Program food delivery system.

**A. Vendor Selection and Authorization – 7 CFR 246.4(a)(14)(i), (ii), and (iii):** identify the types of food delivery systems used in the State's jurisdiction, describe, if used, the State agency's limiting criteria, describe the State agency's selection criteria, attach a sample vendor agreement, and describe, if applicable, the supervision and instruction the State agency provides to local agencies to which vendor agreement signing has been delegated.

**B. Vendor Training – 7 CFR 246.4(a)(14)(xi):** describe State and local agency procedures for training WIC Program vendors and for documenting all relevant training.

**C. High-Risk Vendor Identification Systems – 7 CFR 246.12(j)(3):** describe the policies and procedures for monitoring and identifying high-risk vendors through the use of vendor peer groups, food instrument redemption screening and analysis of overcharging and other violations, the use of price lists, a system for tracking complaints, or other means. *This section may be submitted separately because it is no longer a State Plan requirement but must still be approved by FNS.*

**D. Routine Monitoring – 7 CFR 246.4(a)(14)(iv):** describe the methods and scope of on-site routine monitoring activities and the criteria used to select vendors for routine monitoring.

**E. Compliance Investigations – 7 CFR 246.4(a)(14)(iv):** describe the investigative practices and procedures used to conduct both compliance buys and inventory audits for the purpose of detecting, tracking, and documenting vendor noncompliance with program requirements.

**F. Vendor Sanction System – 7 CFR 246.4(a)(14)(iii):** attach a copy of the State agency's sanction schedule and describe, if applicable, any option exercised under § 246.12(l)(1)(i) regarding trafficking convictions.

**G. Administrative Review of State Agency Actions – 7 CFR 246.4(a)(14)(iii):** describe the procedures for conducting both full and abbreviated administrative reviews.

**H. Coordination with the Food Stamp Program – 7 CFR 246.4(a)(14)(ii), (14)(a)(iv), and (14)(a)(xxv):** describe the methods and procedures used to coordinate the monitoring and sharing of information on vendors who participate in both the WIC Program and the Food Stamp Program.

**I. Staff Training on Vendor Management – 7 CFR 246.4(a)(14)(ii), (a)(14)(iii), (a)(14)(iv), and (a)(14)(xi):** describe the distribution of responsibilities and activities of those individuals at both the State and local levels who are involved in vendor management activities.



**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

**1. Number and Distribution of Authorized Vendors**

**a. The State agency uses limiting criteria to limit the number of vendors it authorizes:**

- Yes  No

**b. If yes, check the type of criteria used:**

- Vendor/participant ratio  
 Vendors/local agency or clinic ratio  
 Vendors/local service area or county ratio  
 Vendors/geographic area (e.g., number per mile, city block, zip code)  
 Vendor/State agency staff ratio  
 Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**2. Vendor Application Periods**

**a. The State agency considers applications:**

- On an on-going basis  
 Annually  
 Every two years  
 Every three years  
 Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Vendor Management Appendix  
and/or Procedure Manual (cite): 8.4**

**3. Vendor Selection and Authorization**

**a. The vendor selection criteria used to select vendors for program authorization include:**

- A competitive price criterion based on:  
 Vendor applicant price lists  
 WIC redemption data  
 A State agency standard drawn from a price survey  
 A standard drawn from another source  
 Other (specify): Applicants' prices must be no higher than the maximum prices established for their peer group.
- A minimum variety and quantity of supplemental foods criterion that is:  
 Statewide  
 Peer group specific

**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

- Other (specify): \_\_\_\_\_
- A business integrity criterion that includes:
  - No history, during the past six years, among the vendor's owners, officers, or managers of criminal convictions or civil judgments for activities listed in 7 CFR 246.12(g)(3)(iii)
  - No history of other business-related criminal convictions or civil judgments
  - Lack of previous WIC sanctions
  - Lack of a current Food Stamp Program disqualification or civil money penalty for hardship
  - Other (specify): \_\_\_\_\_
- A requirement to obtain infant formula only from sources included in the State agency's list of State licensed infant formula wholesalers, distributors, and retailers, and manufacturers registered with the U.S. Food and Drug Administration
- Stock a full range of foods in addition to WIC supplemental foods
- A location necessary to ensure adequate participant access
- Redemption of a minimum number/volume of food instruments
- Satisfactory compliance with previous vendor agreement
- Certification by an approved State or local health department
- Proof of authorization as an FSP retailer, including FSP authorization number
- Hours of operation which meet State criteria (specify): a minimum of 8 hours per day and six days per week
- Other criteria (specify): \_\_\_\_\_  
Out of state vendors located more than 5 miles from the state line will not be approved unless needed for participant access.
- Not applicable (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. Explain how the State agency uses the competitive price criteria identified in item 3a to select vendors for authorization.**

**(1) The State agency exempts from competitive price criteria pharmacies that provide only exempt infant formula or WIC-eligible medical foods to participants?**

- Yes
- No

**(2) The State agency has exempted non-profit WIC vendors (other than health or human services agencies that provide food under contract with the State agency) from competitive price criteria.**

- Yes
- No

**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

- c. **The State agency authorizes vendors that derive more than 50 percent of their annual food sales from WIC transactions (i.e., above-50-percent vendors):**

Yes       No

**If “Yes,” please respond to the following:**

- (1) **How many above-50-percent vendors are currently authorized (include all above-50-percent vendors and not just WIC-only vendors)?** 10 as of 06/16/08

- (2) **Does the State agency allow above-50-percent vendors to provide incentive items?**

Yes       No

**If yes, does the State agency require above-50-percent vendors to obtain prior State agency approval to provide incentive items to WIC participants?**

Yes       No

- d. **On-site preauthorization visits are conducted to verify information received during the application process:**

**by SA**

**by LA**

For vendors at initial authorization

For all vendors at authorization/reauthorization

- e. **The State agency routinely verifies with the FNS field office information provided by vendor applicants regarding the status of their Food Stamp Program retailer authorization.**

Yes       No

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**4. Vendor Peer Groups**

*If the State agency does not have a vendor peer group system, respond to item 4a and sub-items (1), (2), and (3), and then proceed to item 5.*

- a. **The State agency has received an exemption from the vendor peer group system requirement:**

**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

Yes       No

**(1) If “yes,” the State agency’s exemption was based on documentation that showed that (*check the applicable box*):**

The State agency had no above-50-percent vendors; or

Above-50-percent vendors accounted for less than five percent of the total WIC redemptions.

**(2) Based on the latest available data for the current fiscal year (which covers the period from 10/01/06 to 09/30/07) the State agency:**

Does not have any above-50-percent vendors;

Paid above-50-percent vendors 4.88 percent of the total annual WIC redemptions to date.

**(3) If the State agency does not use a vendor peer group system, describe the State agency’s alternative system for comparing the prices of new vendor applicants and currently authorized vendors and selecting for authorization or reauthorization vendors that offer the program the most competitive prices.**

**b.          Vendors are assigned to peer groups for selection/authorization:**

Yes       No

**c. Vendors are assigned to peer groups for reimbursement purposes:**

Yes       No

**d. Peer groups are based on the following (check all that apply):**

- WIC sales volume
- Gross food sales volume
- Number of cash registers
- Square footage of store
- Type of store
- Location of store
  - Local agency service areas
  - City, county or regional divisions
  - Urban/suburban/rural
  - Zip codes

**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

- Unique economic location (e.g., rural island, single metro area)
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

- e. **Using the chart on the next page, describe the peer groupings (e.g., supermarkets, medium and small grocery stores, convenience stores, etc.) that the State agency plans to use during the upcoming fiscal year. (If additional space is needed, please attach the description following the format of the chart on the next page and indicate its location in the State Plan: Appendix \_\_\_\_.)**

**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

**DESCRIPTION OF VENDOR PEER GROUP SYSTEM**

Vendor Peer Groups					Comparable Vendors Peer Group Number (6)
No. (1)	Description (e.g., supermarkets, chain stores, pharmacies) (2)	Number of Vendors in Peer Group			
		Regular Vendors (3)	Above-50% Vendors (4)	Total (5)	
1	*Type 1: Chain store with own wholesaler	289	0	289	N/A
2	*Type 2: Major independent: 5 or more cash registers	216	0	216	N/A
3	*Type 3: Minor independent: 3-4 cash registers	159	0	159	N/A
4	*Type 4: Small: 1-2 cash registers *Type 5: 50% stores *All data as of September 30, 3007	132 12	0 12	132 12	N/A

***Instructions:***

Column 1 – Assign a sequential number to each peer group.

Column 2 – Describe the vendors in the peer group.

Column 3 – Insert the number of authorized vendors that are regular vendors.

Column 4 – If the State agency authorizes above-50-percent vendors, insert the number of above-50-percent vendors currently authorized.

Column 5 – Insert the total number of authorized vendors. This number should be the sum of columns 3 and 4, since the State agency must identify each vendor as being either a regular vendor or an above-50-percent vendor.

Column 6 – For each peer group that contains above-50-percent vendors, insert the number of the peer group that contains comparable regular vendors. The comparable vendor peer group is the peer group that the State agency uses to derive the competitive price criteria and maximum reimbursement levels that it applies to the above-50-percent vendors. If above-50-percent vendors are placed in a peer group with regular vendors, then the number in column 1 should be the same as that in column 6. If above-50-percent vendors are in separate peer groups, then the number in column 1 will be different from that in column 6.

**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**f. How does the State agency assess the effectiveness of its peer group system?**

**The State agency makes this assessment—**

- Annually**
- Biennially**
- Every three years**
- Other (please specify)**

**5. Vendor Agreements**

**a. The following reflect the State agency's vendor agreement practices:**

- All vendors have a written agreement with the State agency
- A standard vendor agreement is used statewide
- Vendor agreements are subject to the State's procurement procedures
- Vendor agreements/handbooks are subject to the State's Administrative Procedures Act
- A nonstandard vendor agreement is used for:
  - Military commissaries
  - Pharmacies that only provide exempt infant formula and/or WIC-eligible medical foods
  - All pharmacies
  - Home food delivery contractors
  - Mobile stores
  - Other (specify): \_\_\_\_\_
- Vendors are authorized for a period of 2 years
- Vendors are authorized/reauthorized under renewable agreements, provided no vendor violations occurred during the previous vendor agreement period
- All vendors are provided at least 15 days advance written notice of the expiration of the vendor agreement
- Other (specify): \_\_\_\_\_  
\_\_\_\_\_

**b. In addition to the requirements in 7 CFR 246.12(h)(3)-(h)(6), the vendor agreement includes:**

- Periodic submission of vendor price lists. If so, specify frequency **twice a year**
- Maintenance of records in addition to the required inventory records. If so, specify types of records: \_\_\_\_\_

**I. VENDOR MANAGEMENT**

**A. Vendor Selection and Authorization**

- Submission of food instruments within a shorter timeframe than required by program regulations. If so, specify timeframe: \_\_\_\_\_
- Redemption of a minimum number/volume of food instruments
- Minimum hours of operation
- Other (specify): \_\_\_\_\_  
\_\_\_\_\_

**c. The State agency delegates the signing of vendor agreements to its local agencies:**

- Yes       No

**If yes, provide a description of the supervision and instruction provided to local agencies to ensure the uniformity and quality of this activity. \_\_\_\_\_**

**Please attach a copy of the Vendor Agreement or provide the appropriate Procedure Manual reference below.**

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): 8.5**



**I. VENDOR MANAGEMENT**

**B. Vendor Training**

**1. Vendor Training - General**

**a. Annual vendor training covers the following content (check all that apply):**

- Purpose of the WIC Program
- Supplemental foods authorized by the State agency
- Minimum varieties and quantities of supplemental foods that must be stocked
- Obtaining infant formula only from sources included in the State agency's list of State licensed infant formula wholesalers, distributors, and retailers, and manufacturers registered with the U.S. Food and Drug Administration
- Procedures for obtaining prior State agency approval to provide incentive items to WIC participants
- Procedures for transacting and redeeming food instruments
- Vendor sanction system
- Vendor complaint process
- Claims procedures
- Changes in program requirements since the last training
- Recordkeeping requirements
- Replacement food instruments
- Participant complaints
- Vendor requests for technical assistance
- Reauthorization
- Reporting changes of ownership, location, or cessation of operations
- Procedures for appeal/administrative review
- Training employees
- WIC/FSP sanction reciprocity and information sharing
- Other (specify): \_\_\_\_\_

**b. Vendors or vendor representatives receive training on the following occasions and/or through the following materials (check all that apply):**

- On-site (in-store) meetings/conferences
- Off-site meetings/conferences
- During routine monitoring visits (e.g., educational buys)
- When specialized technical assistance is requested
- Written materials (e.g., newsletters)
- Audiotapes or videotapes
- Teleconference or videoconference
- Vendor hotline
- State or local agency website
- Other (specify): \_\_\_\_\_

**I. VENDOR MANAGEMENT**

**B. Vendor Training**

c. **Vendors or vendor representatives receive *interactive* training as follows (check all applicable responses):**

- At or before initial authorization
- At least once every three years
- Annually or more frequently than once every three years

d. **The following method(s) are used to evaluate the effectiveness of vendor training (check all that apply):**

- Evaluation forms provided with training materials
- Pre-tests and/or post-tests regarding vendor policies, procedures, and practices
- Statistical indicators, such as a reduction in food instrument errors
- Educational buys
- Record reviews
- Informal feedback from vendors and/or participants
- Vendor advisory councils
- Not applicable
- Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_ and/or Procedure Manual (cite): \_\_\_\_\_**

**2. Delegation of Vendor Training**

a. **The State agency delegates its vendor training to:**

- Its local agencies
- A contractor
- A vendor association/representative; specify: \_\_\_\_\_
- Another State agency; specify: \_\_\_\_\_
- Not applicable

b. **Indicate the frequency at which the State agency performed the following activities during the past fiscal year:**

<u>Times/FY</u>	<u>Activity</u>
_____	Provided comprehensive training materials to delegated trainers
_____	Provided instruction on vendor training techniques to delegated trainers
_____	Monitored performance of delegated trainers to ensure the uniformity and quality of vendor training
<input type="checkbox"/>	Not applicable
<input checked="" type="checkbox"/>	Other (specify): <u>Training is provided through a videotaped presentation.</u>

**I. VENDOR MANAGEMENT**

**B. Vendor Training**

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**3. Documents for and Documentation of Vendor Training**

**a. The State agency or the entity to which it delegates vendor training documents the content of and vendor participation in annual vendor training:**

Yes       No

**b. Vendors or vendor representatives are required to sign an acknowledgement of training when they have received the following types of training (check all that apply):**

<input checked="" type="checkbox"/> Interactive training	<input checked="" type="checkbox"/> Annual training
<input type="checkbox"/> Educational buys	<input checked="" type="checkbox"/> Monitoring visits
<input checked="" type="checkbox"/> Remedial training	<input type="checkbox"/> Other (specify): _____

**c. The State agency produces a Vendor Handbook:**

Yes       No

**If yes, provide in Vendor Management Appendix or cite Procedure Manual Reference.**

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): 8.6**

**I. VENDOR MANAGEMENT**

**C. High-Risk Identification Systems**

**1. Vendor Complaints**

**a. The State Agency has a formal system for receiving complaints about vendors:**

- No
- Yes, complaints are received through the following:
  - A toll-free number handled by State agency staff
  - A standard complaint form which the complainant sends to:
    - State agency
    - Local agency or clinic
  - Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**2. Identifying High-Risk Vendors**

**a. What criteria does the State agency use to identify high-risk vendors:**

- Low-variance
- High-mean value
- New vendor
- Complaints against vendors
- Other (specify): \_\_\_\_\_

**b. Which high-risk indicators has the State agency found to be most effective?**

- Low-variance
- High-mean value
- New vendor
- Complaints against vendors
- Other (specify): \_\_\_\_\_

**c. Identify the frequency for generating high-risk vendor reports:**

- Monthly
- Quarterly
- Semiannually
- Annually
- No set schedule
- Other (specify): \_\_\_\_\_

**d. Check below the type of food instruments used in the high-risk vendor analysis:**

- A full monthly food package for a:
  - Woman
  - Infant
  - Child
  - Other (specify): \_\_\_\_\_

**I. VENDOR MANAGEMENT**

**C. High-Risk Identification Systems**

- Standard food instrument type with multiple food items (e.g., milk, cheese, and cereal)
- Standard food instrument type with a single food item
- Constructed food instrument (State agencies with nonstandard food instruments)
- Other (specify): \_\_\_\_\_

**e. To perform the high-risk vendor analysis, the State agency's system aggregates a vendor's redemptions over the following time period:**

- 1 month     2 months     3 months     4 months     5 months     6 months
- Other (specify): \_\_\_\_\_

**f. Vendor redemption patterns are generally compared to:**

- Applicable peer group patterns
- All vendors' patterns Statewide
- Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): 8.8**

**I. VENDOR MANAGEMENT**

**D. Routine Monitoring**

**1. Routine Monitoring Visits**

**a. Routine monitoring visits are conducted by:**

- State agency staff
- Local agency staff
- Other (specify): \_\_\_\_\_

**b. Identify the activities performed during a routine monitoring visit:**

- Check the vendor's inventory of supplemental foods and/or inventory records to determine if the vendor meets the State agency's requirements for the minimum variety and quantity of supplemental foods
- Check the vendor's inventory of non-supplemental foods and/or inventory records to provide information on whether the vendor is an above-50%-percent vendor
- Determine whether the vendor accepts forms of payment other than WIC food instruments, such as cash, personal checks, and credit cards, to provide information on whether the vendor is an above-50%-vendor
- Check the vendor's receipts of infant formula to ensure that the infant formula is obtained only from the State agency's list of infant formula manufacturers registered with the Food and Drug Administration, and infant formula wholesalers, distributors, and retailers licensed under State law
- If the vendor is an above-50%-percent vendor, check its stock of incentive items to ensure that such items have been approved by the State agency
- Obtain the vendor's shelf prices and/or validate the vendor's price list
- Review food instruments in the vendor's possession for vendor violations
- Compare food instruments in vendor's possession with shelf prices to test for vendor overcharges
- Observe food instrument transactions
- Conduct an educational buy
- Interview manager and/or employees
- Review employee training procedures
- Conduct annual vendor training or provide vendor with annual training materials
- Examine the sanitary conditions of the store
- Other (specify): \_\_\_\_\_

**c. Generally, routine monitoring visits are conducted:**

- Annually                       Twice a year                       As needed
- Other (specify): \_\_\_\_\_

**I. VENDOR MANAGEMENT**

**D. Routine Monitoring**

**d. The following procedures are used in determining whether a vendor is selected for a routine monitoring visit (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Random selection   | <input checked="" type="checkbox"/> Periodic/scheduled review |
| <input type="checkbox"/> Periodic/scheduled training                                | <input checked="" type="checkbox"/> Complaints                |
| <input checked="" type="checkbox"/> Other (specify): <u>identified as high risk</u> |   |

**e. What percent of vendors received monitoring visits during the past fiscal year?**

- Less than 5 percent  
 5 percent  
 More than 5 percent

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): 8.8**

**I. VENDOR MANAGEMENT**

**E. Compliance Investigations**

**1. Investigative Practices**

**a. The State agency conducts:**

- Compliance buys (a covert, on-site investigation in which a representative of the Program poses as a participant, parent or caretaker of an infant or child participant, or proxy; transacts one or more food instruments; and does not reveal during the visit that he or she is a Program representative.)
- Inventory audits (the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time.)
- Not applicable (Proceed to the next section.)

**b. The following procedures are used to determine which vendors are selected for a compliance investigation (check all that apply):**

- Vendor is identified by the high-risk vendor identification criteria
- Random selection
- Geographical considerations
- Volume of WIC redemptions
- Participant complaints
- Other (specify): \_\_\_\_\_

**c. The State agency uses standard procedures for conducting and documenting compliance buys and inventory audits:**

- Yes. If yes, please provide the guidelines in the Vendor Management Appendix or cite the Procedure Manual reference: 8.8
- No

**d. The results of compliance investigations are used to assess the effectiveness of the State agency's high-risk vendor identification criteria:**

- Yes
- No

**If yes, check the items below that describe how the results of compliance investigations are used to assess the effectiveness of high-risk vendor identification criteria:**

- The State agency compares data on the prevalence of vendor violations detected among high-risk versus non-high-risk vendors.
- The State agency discards a high-risk vendor identification criterion if compliance investigations of high-risk vendors identified by the criterion result in no vendor violations after \_\_\_\_\_ months.



**I. VENDOR MANAGEMENT**

**E. Compliance Investigations**

- Investigative procedures and training are reevaluated if compliance investigations of high-risk vendors result in the detection of no vendor violations.
- Other (specify): \_\_\_\_\_

**e. How many vendors were authorized as of October 1 of the past fiscal year?**  
**808**

**How many vendors received compliance investigations during the past fiscal year?**  
**47**

**How many vendors who received compliance investigations were high risk during the past fiscal year?**  
**47**

**Did the State agency give priority to high-risk vendors (up to the five percent minimum) in conducting compliance investigations during the past fiscal year?**  
Yes  No

**How many of all vendors were high risk during the past fiscal year?**  
**348**

**(The State agency is required by § 246.12(i)(4)(i) to conduct compliance investigations of at least 5 percent of its vendors authorized as of October 1 of each fiscal year, including all high risk vendors up to the 5 percent maximum.)**

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): 8.8**

**2. Compliance Buys**

**a. The State agency conducts the following types of compliance buys:**

- Trafficking buys (exchanging food instruments for cash)
- Safe buys (transacting food instruments for all food items listed to see if the vendor will overcharge)
- Short buys (transacting food instruments for fewer food items than those listed to see if the vendor will charge for food items not received)
- Major substitution buys (exchanging food instruments for non-food items or unauthorized food items that are not similar to those listed)
- Minor substitution buys (exchanging food instruments for unauthorized food items that are similar to those listed)
- Other (specify): \_\_\_\_\_

**I. VENDOR MANAGEMENT**

**E. Compliance Investigations**

**b. Compliance buys are usually conducted by:**

- WIC State agency staff
- WIC local agency staff
- State investigators
- Investigators retained on a contract basis (e.g., Pinkerton, Wells Fargo)
- Interns, neighborhood residents, or program participants employed by WIC
- Another WIC State agency
- Other (specify): \_\_\_\_\_

**c. Who is responsible for ensuring the proper execution of and follow-up on compliance buys:**

- WIC State agency vendor manager
- WIC local agency manager
- State investigators
- Contractor
- Another WIC State agency
- Other (specify): \_\_\_\_\_

**d. If no vendor violations are detected, how many compliance buys does the State agency conduct before closing a compliance investigation:**

- Two                       Other (specify): \_\_\_\_\_

**e. If the State agency conducts a standard number of compliance buys per compliance investigation, what is the basis for the prescribed number of buys:**

- State law or regulation
- State agency policy or procedure
- Level of evidence necessary to impose vendor sanctions
- Legal counsel's advice
- Other (specify): Federal Law, State Agency Policy and State Law

**f. The vendor is provided written notification of a violation requiring a pattern of violations in order to sanction the vendor, prior to documenting another violation of the same kind, unless the State agency determines that such notice would compromise the investigation:**

- Yes                       No

**g. More than one compliance buy visit is needed to detect a pattern of violations:**

- Yes                       No

**I. VENDOR MANAGEMENT**

**E. Compliance Investigations**

**ADDITIONAL DETAIL: Vendor Management Appendix  
and/or Procedure Manual (cite):**

**3. Estimate the cost for conducting compliance buys, excluding expenses related to the vendor appeals/administrative review process:**

\$ \_\_\_\_\_ Cost per compliance buy

Unknown

Not applicable

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**4. Inventory Audits** (If inventory audits are not performed, go to Question 5)

**a. The following factors are used to determine which vendors selected for compliance investigations will receive inventory audits rather than/or in addition to compliance buys:**

Vendor has highest risk based on State agency's high-risk identification criteria

Suspicion of vendor exchanging cash for food instruments (trafficking)

Inconclusive compliance buy results

Complaints

Other (specify): A store may be selected for an audit if it is not readily accessible for compliance buy due to either suspicion of strangers, or other circumstances which would hinder the possibility of a successful compliance buy.

**b. The State agency conducts the following types of inventory audits:**

On-site inventory audits

State agency inventory audits (vendor sends records to State agency)

Local agency inventory audits (vendor sends records to local agency)

Other (specify): \_\_\_\_\_

**c. Inventory audits are conducted by (check all that apply):**

WIC State agency staff

WIC local agency staff

State investigators

Investigators retained on a contract basis (e.g., Pinkerton's, Wells Fargo)

Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_**

**I. VENDOR MANAGEMENT**

**E. Compliance Investigations**

**and/or Procedure Manual (cite): 8.8**

**5. Compliance Buy/Inventory Audit Tracking System(s)**

**a. The State agency has a means of recording and tracking staff person hours devoted to investigation activities:**

Yes       No       Not applicable

**b. The State agency has an automated system for tracking investigations that monitors the progress and status of each compliance investigation:**

Yes       No       Not applicable

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**I. VENDOR MANAGEMENT**

**F. Vendor Sanction System**

**Please attach and/or reference the location of the State agency's vendor sanction schedule.**

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**

**I. VENDOR MANAGEMENT**

**G. Administrative Review of State Agency Actions**

**1. Types of Administrative Reviews**

**The State agency conducts the following types of administrative reviews of vendor appeals for the adverse actions listed below. (Check all that apply):**

<b>Informal Desk Reviews</b>	<b>Abbreviated Admin. Reviews</b>	<b>Full Admin. Reviews</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to competitive price or minimum stocking selection criterion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to business integrity or current FSP DQ or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial based on limiting criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to State agency selection criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial due to application outside timeframe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial because the vendor is expected to be an above-50-percent vendor
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ for WIC violations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ for Food Stamp Program DQ
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ for Food Stamp Program CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other WIC Sanctions, e.g., fine or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination of vendor agreement for cause

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_ and/or Procedure Manual (cite): 9.4**

**2. Administrative Review Procedures**

**a. The State has a law or regulation governing WIC administrative reviews**

Yes       No

**If the State does have such a law or regulation, this includes:**

- State Administrative Procedures Act
- State law pertaining to WIC only
- State health department law
- State health department regulation
- State WIC regulation
- Other (specify): \_\_\_\_\_

**b. At which level do administrative reviews of WIC vendor appeals take place:**

**I. VENDOR MANAGEMENT**

**G. Administrative Review of State Agency Actions**

- WIC local agency
- WIC State agency
- State health department
- Other (specify): \_\_\_\_\_

**c. Administrative reviews are conducted by:**

- Hearing officers
- Administrative law judges
- Other (specify): \_\_\_\_\_

**d. The following procedures are followed for administrative reviews:**

<b>Abbreviated Admin. Review</b>	<b>Full Admin. Review</b>	
--	-----------------------------------	--

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Opportunity for vendor to examine evidence prior to review  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Opportunity for vendor to reschedule review date  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Opportunity for vendor to present its case  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Opportunity for vendor to be represented by counsel   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Opportunity for vendor to present witnesses   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Opportunity for vendor to cross-examine witnesses   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Presence of a court reporter or stenographer  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | An impartial decision-maker, whose decision is based solely on whether the State agency correctly applied Federal and State statutes, regulations, policies, procedures |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | A written decision within 90 days from request for review   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Other (specify): _____  |

**e. Check the party(ies) below who may present the State agency case during a full administrative review:**

- WIC staff person assigned to case
- WIC State agency vendor manager
- WIC State agency director
- Legal counsel (State Attorney General or General Counsel's office)
- Legal counsel (paid by WIC Program funds)
- Other (specify): \_\_\_\_\_

**Please attach and/or reference the location the State agency's administrative review procedures. \_\_\_\_\_**

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): 9.4**

**I. VENDOR MANAGEMENT**

**H. Coordination with the Food Stamp Program**

**1. WIC/FSP Information Sharing**

**a. An information sharing agreement between the WIC State agency and the FSP is in effect, as per FNS Instruction 906-1 or other FNS guidance, and is maintained at the State agency:**

Yes                       No

**If yes, an updated list of authorized vendors is sent to the FNS field office:**

- Once a year
- Regularly, at intervals of less than one year (specify): \_\_\_\_\_
- Periodically, as changes occur
- Upon request
- Other (specify): \_\_\_\_\_

**b. State agency compliance investigators coordinate their activities with their FSP counterparts:**

Yes                       No

**c. State statute, regulations, or procedures restrict the disclosure WIC vendor and FSP retailer information to those permitted under 7 CFR 246.26(e) and (f):**

Yes (specify): WIC Procedure Manual - Chapter 2  
 No

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_  
and/or Procedure Manual (cite): \_\_\_\_\_**



**I. VENDOR MANAGEMENT**

**I. Staff Training**

**1. Check below the routine formal training available to State and local level staff in vendor management practices:**

State	Local	Other (contractor)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vendor selection and authorization
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Routine monitoring
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance investigations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory audits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrective actions and sanctions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal investigations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vendor appeals/administrative reviews
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal and/or State WIC regulations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of vendor fraud and abuse
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WIC/Food Stamp information sharing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High-risk vendor identification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vendor management information system
<input type="checkbox"/>			Not applicable
<input type="checkbox"/>			Other (specify): _____

**2. State agency staff meet with vendor representatives as part of a vendor advisory council:**

Monthly  
 Quarterly  
 Other frequency: **As needed**  
 No vendor advisory council

**ADDITIONAL DETAIL: Vendor Management Appendix \_\_\_\_\_ and/or Procedure Manual (cite): 8.6**

**CHAPTER II**

**NUTRITION SERVICES**

## II. NUTRITION SERVICES

Nutrition services represent the full range of activities performed by a variety of staff to operate a WIC Program such as, participant assessment and screening, nutrition education and counseling, breastfeeding and health promotion, food package prescriptions, and health care referrals. WIC State agencies are encouraged to refer to the quality WIC Nutrition Services Standards, available on the WIC Works website, for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and RQNS. (Questions on Dietary Assessment can now be found in VIII, Certification, Eligibility and Coordination.)

**A. Nutrition Education - 246.4(a)(9); 246.11(a)(1-3)(c)(1,3-8):** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

**B. Food Package Design - 246.10 (c)(1-7); (e)(1-3):** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

**C. Staff Training - 246.11(c)(2):** describe the training and technical assistance provided to WIC professional and para-professional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

NUTRITION SERVICES

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

- a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs and available nutrition education resources. (§246.11(c))
- b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11 (c)(8), (d), and (e) of this section. [Note: The reference to (c)(8) will be replaced with (c)(7) once the Miscellaneous Rule is published.] (§246.11(c)(5))
- c. The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))

d. (i). The State agency requires that local agency nutrition education include:

- a needs assessment
- goals and objectives for participants
- evaluation/follow-up
- other (list):

(ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans and objectives via:

- quarterly or annually written reports
- year-end summary report
- annually at local agency reviews
- other (specify):

e. State policies reflect the revised definition of "nutrition education" found in Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, enacted on June 30, 2004. The revised definition is "Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual."

- Yes                       No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

**d.(i) & (ii) Section 6.7**

**Attachments 6-9 & 6-10**

**Attachments 16-1 & 16-2**

**e. Sections 6.2 & 6.6.A.1**

NUTRITION SERVICES

**A. Nutrition Education**

**2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion**

**a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion conducted:**

Yes                       No

**b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:**

- State-developed questionnaire issued by local agencies
- Locally developed questionnaires (need approval by SA:  Yes  No)
- State-developed questionnaire issued by State agency
- Focus groups
- Other (specify):

**c. Results of participant views are:**

- used in the development of the State Plan
- used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
- other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

**3. Nutrition Education Contacts (§246.11(a)(1-3):** *(1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families.) (2) Nutrition education is made available to all participants. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and parents or caretakers of infants and children participants.*

**a. The State agency assures that each local agency offers adult participants, parents or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (≥2) nutrition education contacts per certification period to ensure adequate nutrition education in accordance with §246.11(e) via:**

- local agency addresses in annual nutrition education plan
- state nutrition staff monitor annually during local agency reviews
- local agency provides periodic reports to State agency
- other (specify):

NUTRITION SERVICES

**A. Nutrition Education**

**b. The State agency has developed minimum nutrition education standards for the following participant categories:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> pregnant women   | <input checked="" type="checkbox"/> breastfeeding women    |
| <input checked="" type="checkbox"/> postpartum women | <input checked="" type="checkbox"/> infants                |
| <input checked="" type="checkbox"/> children         | <input checked="" type="checkbox"/> high-risk participants |

**The minimum nutrition education standards address:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> number of contacts   | <input checked="" type="checkbox"/> documentation |
| <input checked="" type="checkbox"/> protocols  | <input checked="" type="checkbox"/> referrals     |
| <input checked="" type="checkbox"/> breastfeeding promotion  | <input checked="" type="checkbox"/> care plans    |
| <input checked="" type="checkbox"/> information on drug and other harmful substance abuse                            |   |
| <input checked="" type="checkbox"/> counseling methods/teaching strategies   |   |
| <input checked="" type="checkbox"/> content (WIC appropriate topics)   |   |
| <input checked="" type="checkbox"/> relevant to participant assessment   |   |
| <input checked="" type="checkbox"/> appropriate use of educational reinforcements (videos, brochures, posters, etc.) |   |

**c. The State agency allows the following nutrition education delivery methods:**

- face-to-face, individually or group
- online/Internet
- telephone
- take-home activity
- food demonstration
- a delivery method performed by other agencies, i.e., EFNEP
- other (specify): Computer kiosk lesson

**d. An individual care plan is provided based on:**

- |  |  |
|--|--|
| <input type="checkbox"/> nutritional risk  | <input type="checkbox"/> CPA discretion      |
| <input type="checkbox"/> priority level    | <input type="checkbox"/> participant request |
| <input checked="" type="checkbox"/> other: |  |

**e. Individual care plans developed include the following components:**

- | <b>Must Include</b>                 | <b>May Include</b>  |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> identification of nutrition-related problems |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> individualized food package       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> plan for follow-up                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> referrals                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> timeframes for completing action plan        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> documentation for completing action plan     |

NUTRITION SERVICES

**A. Nutrition Education**

- bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families
- other (specify):

**f. Check the following individuals allowed to provide general or high-risk nutrition education:**

<b>General Nutrition Education</b>	<b>High-risk Nutrition Contact</b>
<input type="checkbox"/>	<input type="checkbox"/> Paraprofessionals (non B.S. degree with formal WIC training by SA or LA)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Licensed Practical Nurses
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Registered Nurses
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> B.S. in Home Economics
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> B.S. in the field of Human Nutrition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Registered Dietitian or M.S. in Nutrition (or related field)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Dietetic Technician (2-year program completed)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other (specify):Physicians

**g. The State agency allows adult participants to receive nutrition education by proxy.**

- No
- Yes (If yes, check the applicable conditions below):
  - proxy is spouse/significant other
  - proxy is parent of adolescent prenatal participant
  - proxy is neighbor
  - only for certain priorities (specify):
  - other (specify): **Proxies are designated by the participant at certification**

**h. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.**

- No
- Yes (If yes, check the applicable conditions below):
  - proxy is grandparent or legal guardian of infant or child participant
  - proxy is neighbor
  - only for certain priorities (specify):
  - other (specify):Proxies that are designated by parents/caretakers at initial certification can receive nutrition education at subsequent nutrition education contact(s) and at recertification.

## **NUTRITION SERVICES**

### **A. Nutrition Education**

#### **ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

##### **3.a. Section 6.6A**

**Sections 6.7 & 16-2**

**Attachment 16-1 & 16-2**

**Clinical Protocol Manual: Chapter 1-WIC section**

##### **b. Part 1:**

**Sections 6.6.A-C**

**Clinical Protocol Manual: Chapter 1-WIC section**

##### **Part 2:**

**Sections 6.6.A-C**

**Attachment 6-7**

**Sections 15.3 & 15.8**

**Section 6.5.C**

**Attachments 6-3, 6-4, 6-5, 6-7**

**Section 5.7.B & WIC 195-198 in Chapter 17**

**Clinical Protocol Manual: Chapter 1-WIC section**

##### **c. Section 6.6.A & B**

**Attachments 6-3, 6-4, & 6-7**

##### **d. Other: An individual care plan is provided for all participants.**

**Section 5.7.B & WIC 195-196 in Chapter 17**

**Clinical Protocol Manual: Chapter 1-WIC section**

##### **e. Sections 5.7.B.7 & 9**

**Section 7.2**

**Sections 6.6.A, B, & C**

**Attachment 6-7**

**WIC 195-198 in Chapter 17**

**Clinical Protocol Manual: Chapter 1-WIC section**

**Section 6.5.B**

##### **f. Sections 5.1.C & 6.6.C**

**Note: High risk care plan guidelines require that a registered dietitian or registered nurse assess the high risk patient and develop the individual care plan, which may allow for various disciplines to provide the high-risk nutrition education.**

##### **g. Sections 5.7.A.6 & 5.7.B.1**

##### **h. Sections 5.7.A.6 & 5.7.B.1**



**NUTRITION SERVICES**

**A. Nutrition Education**

**4. Nutrition Education Materials** (§246.11(c)(1,3-8): (1) The State agency shall develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs and available nutrition education resources. (3) Identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English. (4) Develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible. (6) Establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e). (7) Establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion and support for new staff .)

**a. The State agency recommends and/or makes available nutrition education materials for the following topics:**

	<b>English</b>	<b>Spanish</b>	<b>Other languages (specify):</b>
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cambodian, Chinese, Vietnamese
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chinese, Laotian, Russian
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cambodian, Chinese Haitian, Laotian, Russian, Vietnamese
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cambodian, Haitian, Laotian, Vietnamese
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of			

**NUTRITION SERVICES**

**A. Nutrition Education**

teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cambodian, Russian
Danger of harmful substance (alcohol, tobacco and other drugs and second-hand smoke) use during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.**

**b. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:**

- content       reading level/language       graphic design       ethnicity

**c. Locally developed nutrition education materials must be approved by State agency prior to use.**

- Yes       No

**If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.**

- Yes       No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

**4.a. WIC-999 in Chapter 17**

**Attachment 6-1**

**b. Content: 6.4.A.3**

**Reading level/language: Written criteria and formulas for determining reading level are on file. The Graphics Department and our contract ad agency advise regarding content/ethnicity and graphics.**

**c. Section 6.4.A.3**

**NUTRITION SERVICES**

**A. Nutrition Education**

**5. Special Nutrition Education Needs of Special Populations**

**The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):**

- | <b><u>M</u></b>                     | <b><u>H</u></b>                     | <b><u>S</u></b>                     | <b><u>B</u></b>                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | provision of nutrition education materials appropriate to this population and language needs                              |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | provision of nutrition curriculum or care guidelines specific to this population  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | requiring local agencies who serve this population to address its special needs in local agency nutrition education plans |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | arranging for special training of local agency personnel who work with this population                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | distribution of resource materials related to this population   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | encouraging WIC local agencies to network with one another  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | coordinating at the State and local levels with agencies who serve this population  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | other (specify):  |

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

**5. Provision of nutrition education materials appropriate to this population and language needs:**

**WIC-999 in Chapter 17**

**Sections 15.3-4 & 15.7-9, Attachment 15-1**

**Provision of nutrition curriculum or care guidelines specific to this population:**

**Section 14.3.B.7**

**Section 14.2.J**

**Section 6.5.C.1, Attachment 6-7**

**Sections 15.3-4 & 15.7-9**

**Clinical Protocol Manual: Chapter 1-WIC section**

**Arranging for special training of local agency personnel who work with this population:**

**Training sessions are held at the annual WIC Training Conference and at the annual WIC Nutrition Education & Brastfeeding Promotion Workshop.**

NUTRITION SERVICES

**A. Nutrition Education**

**Distribution of resource materials related to this population:**

**WIC-999 in Chapter 17**

**Section 6.5.C.1.f, Attachment 6-2**

**Section 15.3-6, Attachments 15-1 through 15-10**

**Encouraging WIC local agencies to network with one another:**

**Examples: sharing program ideas, providing information for making referral to substance abuse facility in another area, loaning breast pumps.**

**Coordinating at the state and local levels with agencies who serve this population:**

**Examples: Coordinating with migrant programs, shelters for homeless, State Substance Abuse Services Division, physicians, hospitals, perinatal coordinators.**

**6. Breastfeeding Promotion and Support Plan**

**a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):**

- activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- identification of breastfeeding promotion and support materials
- procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, breastshells, nursing supplementers, and nursing pads and bras).
- training for State/local agency staff.
- designating roles and responsibilities of staff
- evaluation of breastfeeding promotion and support activities
- other (specify):

**b. The State agency has established minimum protocols for breastfeeding promotion and support which include, at a minimum, the following (check all that apply):**

- a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- participant assessment
- food package prescription
- data collection
- referral criteria

NUTRITION SERVICES

**A. Nutrition Education**

- peer counseling
- other (specify):
- other (specify):

**State agencies that receive WIC Breastfeeding Peer Counseling Funds complete item 7.**

**7. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components:**

**a. An appropriate definition of peer counselor defined as follows: paraprofessional; recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic**

- Yes                       No

**b. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**

- Yes                       No

**c. Defined job parameters and job descriptions for breastfeeding peer counselors**

- Yes                       No

**If yes, the job parameters for peer counselors (check all that apply):**

- Define settings for peer counseling service delivery**
  - Home (peer counselor makes telephone calls from home)
  - Home (peer counselor makes home visits)
  - Clinic
  - Hospital
- Define frequency of client contacts**
- Define procedures for making referrals**

**d. Adequate compensation and reimbursement of breastfeeding peer counselors**

- Yes                       No

**e. Training of State and local management staff through *Using Loving Support to Manage Peer Counseling Programs* training curriculum**

- Yes                       No

**f. Training of WIC clinic staff about the role of the WIC peer counselor**

- Yes                       No

## NUTRITION SERVICES

### A. Nutrition Education

**g. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):**

- documentation of client contacts
- referral protocols
- confidentiality
- other, (specify)

**h. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):**

- regular, systematic contact with peer counselor
- regular, systematic review of peer counselor contact logs
- spot checks
- other, (specify) performance appraisal

**i. Establishment of community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):**

- breastfeeding coalitions
- businesses
- community organizations
- cooperative extension
- La Leche League
- hospitals
- home visiting programs
- private clinics
- other, (specify) physicians, local breastfeeding support groups

**j. Adequate support of peer counselors by providing the following (check all that apply):**

- timely access to WIC designated breastfeeding experts for referrals outside peer counselors' scope of practice
- regular contact with supervisor
- participation in clinic staff meetings as part of WIC team
- opportunities to meet regularly with other peer counselors
- other, (specify)

**k. Provision of training and continuing education of peer counselors (check all that apply):**

- standardized training using *Loving Support through Peer Counseling* curriculum
- ongoing training at regularly scheduled meetings
- home study
- opportunities to "shadow" or observe lactation experts and other peer counselors training/experience to become senior level peer counselors, IBCLC, etc.)
- other, (specify) breastfeeding trainings held at local hospitals

**NUTRITION SERVICES**

**A. Nutrition Education**

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation): Chapter 15**

## II. NUTRITION SERVICES

### B. Food Package Design

#### 1. Authorized WIC-Eligible Foods

- a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:

Infant 0-3 months	Section 7.2.A
Infant 4-12 months	Section 7.2.B
Food Package III	Section 7.2.C
Children 1-5	Section 7.2.D
Pregnant & breastfeeding women whose infants receive formula	Section 7.2.E
Postpartum women	Section 7.2.F
Enhanced breastfeeding women	Section 7.2.G

- b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than infant formula:

<input checked="" type="checkbox"/>	Federal regulatory requirements	<input checked="" type="checkbox"/>	nutritional value
<input checked="" type="checkbox"/>	participant acceptance	<input checked="" type="checkbox"/>	cost
<input checked="" type="checkbox"/>	Statewide availability	<input checked="" type="checkbox"/>	participant/client request
<input type="checkbox"/>	other (specify):		

- c. The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.

Yes  No

If yes, complete the following table citing actual values or criteria identified by the State. Enter "n/a" if not applicable.

State Established Guidelines

	Milk	Cheese	Cereal	Juice	*Eggs	Peanut Butter	Tuna	Dried Beans/Peas	Carrots
Fat		Allow low fat low cholesterol							
Sugar	No flavored								



NUTRITION SERVICES  
**B. Food Package Design**

<b>Sodium</b>		<b>Allow low Na</b>	<b>355 mg Na/oz or less</b>					<b>Flavored not allowed</b>	
<b>Fiber</b>			<b>At least 7 must have 1 or more gm</b>						
<b>Artificial Sweeteners</b>									
<b>Artificial Color/ Flavor</b>								<b>Flavored not allowed</b>	
<b>Other (e.g., grade or size of eggs, etc.)</b>					<b>Large fresh, whole only</b>		<b>No smoke d, diet or white</b>		

\* Category includes fresh eggs and dried egg mix

**d. WIC Formulas:**

**I. The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.**

Yes  No

**II. The State agency requires medical documentation for contract infant formula (other than the primary contract formula).**

Yes  No

**III. The State agency requires medical documentation for non-contract infant formula.**

Yes  No

NUTRITION SERVICES  
**B. Food Package Design**

**IV. The State agency requires medical documentation for WIC eligible medical foods.**

Yes  No

**V. Rounding**

**a. Does the State agency intend to implement or has it already implemented the rounding option for issuing infant formula for competitively bid contracts issued on or after 10/01/2004 based on the provision in Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, enacted on June 30, 2004?**

Yes  No

**b. If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?**

Yes  No

**VI. Check below as applicable to best describe the State agency's policies on issuing these formulas. All of the formulas below are required by the Federal regulations to have medical documentation for issuance purposes:**

<u>Ready-to feed</u>	<u>Low-iron; low-calorie; high calorie formulas</u>	<u>Non-competitively bid infant formula</u>	<u>Exempt/ WIC-eligible medical foods</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not authorized by the State agency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Only authorized for specific diseases/ conditions identified by State agency
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical documentation required
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	State agency approval required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For religious eating patterns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

NUTRITION SERVICES

**B. Food Package Design**

- e. **State policies & materials reflect the revised definition of “supplemental foods” as defined in Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, enacted on June 30, 2004.**

Yes

No

**ADDITIONAL DETAIL: Nutrition Services Appendix**

**1.a. Alabama WIC Approved Foods Effective October 1, 2007 through September 30,2009 (ADPH-WIC-700)**

**and/or Procedure Manual (citation):**

**1.b. Attachment 7-1**

**c. Attachment 7-1**

**d. I-IV. Sections 7.5.A-E**

**VI. Section 7.5**

**Note: Non-contract milk, soy, and lactose-free formulas are not authorized (Section 7.5.B)\*. Non-competitively bid special medical formulas (Section 7.5.D.1 & 2) are only authorized for specific diseases/conditions identified by the State, and medical documentation is required.**

**\*The State agency has made an exception in the case of Prosobee for glycogen storage disease. This is the only time that the State agency will approve a non-contract milk-based, soy-based, or lactose-free formula.**

**e. Section 7.1.B**

**2. Nutrition Tailoring**

- a. The State agency provides the maximum amount of all authorized foods allowed by Federal WIC regulations for each of the seven WIC Food Packages (I-VII).**

**Yes**

**No**

Pregnant women

Breastfeeding women

Postpartum, nonbreastfeeding women

Infants 0-3 months

Infants 4-12 months

Children

State agency does not have standard (i.e., pre-tailored) food packages

- b. If the standard or routinely issued WIC food package does not provide the maximum amount for every food in accordance with the Federal WIC regulations at Section 246.10, then the State agency specifies participant categories receiving a tailored packages.**

**NUTRITION SERVICES**  
**B. Food Package Design**

	<b>Individual tailoring</b>	<b>Categorical tailoring</b>
Pregnant women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breastfeeding women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Postpartum, nonbreastfeeding women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

**c. The State agency provides a specially tailored package for:**

- Women/children with special dietary needs
- Homeless individuals
- Residents of institutions
- Other (specify):

**Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual reference below.**

**ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation):**

**2.a. Section 7.2**

**b. Section 7.2**

**c. Section 7.2.C**

**Section 14.2.B.3, Attachment 14-1**

**Section 14.4.C.3, Attachment 14-1**

**d. The State agency develops written nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:**

- does not develop nutrition tailoring policies
- develops based on (check all that apply):
  - category
  - age
  - nutrition risk/nutrition need
  - priority
  - participant preference
  - household condition
  - administrative concerns
  - other (specify):

**e. The State agency allows local agencies to develop specific tailoring guidelines.**

- Yes
- No

**NUTRITION SERVICES**

**B. Food Package Design**

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

- Local agencies are required to submit tailoring guidelines for State approval
- Local agency tailoring guidelines are monitored annually during local agency reviews
- Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

**2.d. Section 7.2**

**Section 7.5.A**

**Section 14.2.B.3 & 14.4.C.3**

**3. Prescribing Packages**

**a. Individuals allowed to prescribe food packages:**

	<b>Standard food package</b>	<b>Individually tailored food package</b>
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify):	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Clerk</b>	

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

**3.a. Section 7.1.B & C**

## II. NUTRITION SERVICES

### C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

	Professionals		Paraprofessionals (may or may not be CPAs in some States)	
	<u>Regularly</u>	<u>As Needed</u>	<u>Regularly</u>	<u>As Needed</u>
General nutrition education methodology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloodwork procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENA staff competency training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

# **CHAPTER III**

## **INFORMATION SYSTEM (IS)**

### **III. INFORMATION SYSTEM (IS)**

This section, Information System (IS), involves the planning, documentation, security/confidentiality and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level.

**A. *System Planning and Operation - 246.4(a)(12)***: describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security.

**B. *Participant Characteristics Minimum Data Set (MDS) - 246.4(a)(11)(i)***: All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future.

**C. *WIC Systems Functional Requirements Checklist - 246.4(a)(8); (9); (11); (12); (13); (14); (15) and (18)***: Describe those functions which are currently incorporated into the IS or which are planned to be incorporated in the future.



**III. INFORMATION SYSTEM (IS)**

**A. System Planning and Operation**

**1. ADP System Planning**

**a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):**

- |                                     |                  |                          |                      |
|-------------------------------------|------------------|--------------------------|----------------------|
| <input type="checkbox"/>            | Title IVa (TANF) | <input type="checkbox"/> | Title XIX (Medicaid) |
| <input type="checkbox"/>            | Title V (MCH)    | <input type="checkbox"/> | Food Stamp Program   |
| <input checked="" type="checkbox"/> | No               | <input type="checkbox"/> | Other (specify):     |

**If no, the WIC State agency has its own plan for ADP utilization**

- |                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

**b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services**

- |                          |     |                                     |    |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|--------------------------|-----|-------------------------------------|----|

**ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):**

**2. System Documentation**

**a. The State system is fully documented in accordance with (check all that apply):**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | USDA/FNS Computer Security Policy Handbook No. 701 |
| <input type="checkbox"/> | USDA/FNS ADP Security Guide                        |
| <input type="checkbox"/> | Other (specify):                                   |

**b. The State agency's overall ADP system documentation includes (check all that apply):**

- |                                     |  |                                     |                    |
|-------------------------------------|--|-------------------------------------|--------------------|
| <input checked="" type="checkbox"/> | a general design   | <input checked="" type="checkbox"/> | a detailed design  |
| <input checked="" type="checkbox"/> | user's manual  | <input checked="" type="checkbox"/> | maintenance manual |
| <input checked="" type="checkbox"/> | method for updating documentation for system changes/modifications |                                     |                    |

**ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):**

**III. INFORMATION SYSTEM (IS)**

**A. System Planning and Operation**

**3. Automated Data Processing Services**

**a. Indicate below whether the following ADP functions, if applicable, are performed by State agency/local agency staff or are contracted to an outside firm:**

<u>Function</u>	<u>Performed SA/LA Staff</u>	<u>Contracted to Outside Firm (specify co. name):</u>
Data entry	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Food instrument production	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Management reports	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Feasibility study	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
APD development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
ADP system hardware operation	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Custom software development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Custom software maintenance	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Printing forms/FIs	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Backup computer facility	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Other (specify):		
<u>Back</u>	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
up files	<input type="checkbox"/> / <input type="checkbox"/>	
	<input type="checkbox"/> / <input type="checkbox"/>	

**b. The State agency has a blanket purchase agreement in effect (check all that apply):**

- equipment                       services                       software

**c. The State agency has methods in place for ensuring that the cost of equipment or services used by WIC and other programs are equitably prorated among funding sources**

- Yes                                       No

**d. The State agency periodically reviews system costs billing**

- Yes                                       No

**e. The State agency acquires banking services through:**

- competitive bids among banks within the State  
 competitive bids among in-State and out-of-State banks  
 use of State agency designated bank  
 other:

**ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):**

**4. System Security/Data Confidentiality**

### III. INFORMATION SYSTEM (IS)

#### A. System Planning and Operation

a. **To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):**

- there is a separate organizational area/individual to control access to tapes, diskpacks, etc.
- access to WIC Program data files is controlled through password access or similar control
- operational personnel are limited to only those jobs for which they are responsible
- passwords are protected
- passwords are changed periodically
- the system access procedures are audited at least once a year
- procedures are implemented for removing passwords, ID's etc. when personnel leave
- Biennial security reviews are performed by Mercer
- Periodic risk assessments are performed by Mercer
- Other (specify): Password auditing (at least once per year) noted above is an internal process - not performed by an external auditor.

b. **To ensure that file storage and backup hardware procedures are sufficient to allow the system to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):**

- backup copies of files and program are stored off-site in a secure location
- backup copies are kept up-to-date
- there is an agreement with another processing unit with compatible hardware to provide services in an emergency
- a contingency plan is in place in the event of service interruption
- a recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility
- other (specify): In relation to "there is an agreement with another processing unit..." above - the ADPH has another site with it's own hardware in order to provide services in an emergency.

**ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):**

**5. Description of IS changes that occurred in the past year:**

**Modified our data system to include three additional food packages specific to lactose free or lactose reduced milk.**

**Modified our data system to reduce the amount of juice provided across all food packages.**

**Modified our data system to include the food package designation on the food instrument in order to help implement cost containment measures related to >50% vendors.**

### **III. INFORMATION SYSTEM (IS)**

#### **B. Participant Characteristics**

##### **Minimum Data Set**

**Modified our data system to include a high risk check box on the participant encounter screen in order to create and print a report of high risk participants.**

**Modified Vendor price survey screens in our data system to comply with cost containment measures.**

**Modified all WIC food packages, except those for infant formulas.**

**Modified our data system by adding infant formulas and changed product names/container sizes for food instrument or clinic issuance.**

**Modified our data system to allow WIC staff to choose a check box for SNE visits on the WIC encounter screen. This is related to new ways WIC is conducting SNE visits - by kiosks in clinics, and by web-based lessons.**

**Modified our data system to include a Notice of Expiration of Eligibility check box on the participant encounter screen to support the phasing out of the paper WIC file cards.**

**6. Description of IS changes planned for the upcoming year.**

**Planning to develop a web-based system for State level investigators to conduct price survey checks, and allow potential vendors to apply with the WIC Program on-line.**

**Planning to modify a food package to allow three types of formula, plus cereal and juice to be printed on a single food instrument.**

**Planning to continue working toward implementing the interim rule food packages in FY2010.**

**The Participant Characteristics (PC) Minimum Data Set (MDS) contains data items which are reported to FNS electronically by State agencies in April in even numbered years on all or a State-representative sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set (SDS) is comprised of data items which State agencies have agreed are desirable to collect and report at the national level. Please check MDS or SDS data items the State agency currently collects in its Information Systems and those MDS or SDS data items it is planning to collect within the next two years.**

#### **REQUIRED:**

##### **Participant Characteristics Minimum Data Set**

**State Agency IS Collects:**

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics

##### Minimum Data Set

- State Agency ID. A unique number that permits linkage to the WIC State agency where the participant was certified.
- Local Agency ID. A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.
- or**
- Service Site ID. A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.
- Case ID. A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's IS for the individual.)** Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.
- Client Date of Birth: Month, day and year of participant's birth reported in MMDDYYYY format.
- Client Race/Ethnicity. The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.
- Certification Category. The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).
- Expected Date of Delivery or Weeks Gestation. For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.
- Date of Certification. The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.
- Sex. For infants and children, male or female.
- Priority Level. Participant priority level for WIC Program certification
- Participation in TANF, Food Stamps, Medicaid. The participant's reported participation in each of these programs at the time of the most recent WIC Program certification
- Migrant Status. Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).
- Number in Family/Household or Economic Unit. The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics

##### Minimum Data Set

declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, Food Stamp Program, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).

- Family/Household or Economic Unit Income. For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).

Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.

- Nutrition Risks Present at Certification. Up to 10 highest priority nutritional risks present at the WIC Program certification.
- Hemoglobin or Hematocrit. That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.
- Date of Blood Measurement. The date of the blood measurement that was used during the most recent WIC Program certification in MMDDYYYY format.
- Weight. The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.
- Height. The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and 1/8 inches, height may be reported in centimeters.
- Date of Height and Weight Measure. The date of the height and weight measures that were used during the most recent WIC Program certification in MMDDYYYY format.
- Currently Breastfed. Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.
- Ever Breastfed. Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.

### **III. INFORMATION SYSTEM (IS)**

#### **B. Participant Characteristics**

##### **Minimum Data Set**

- Length of Time Breastfed. For infants ages six through thirteen months, the number of weeks the infant received breastmilk.
- Date Breastfeeding Data Collected. For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.
- Food Packages. The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics Supplemental Data Set

#### OPTIONAL: Supplemental Data Set

State Agency IS:  
Collects      Plans to  
                 Collect

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Date of First WIC Certification: Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies.                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Educational Level: For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Number in Family/Household on WIC: The number of people in the participant's family/household receiving WIC benefits.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Date Previous Pregnancy Ended: For pregnant women, the date previous pregnancy ended in MMDDYYYY format.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Total Number of Pregnancies: For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Total Number of Live Births: For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pre-pregnancy Weight: For pregnant women only, the participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Participant's Weight Gain During Pregnancy: For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Birth Weight: For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/ounces). Birth weight may be reported in either pounds or ounces, or in grams.                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Birth Length: For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters.                               |



### **III. INFORMATION SYSTEM (IS)**

#### **B. Participant Characteristics**

##### **Supplemental Data Set**

- Participation in the Food Distribution Program on Indian Reservations. The participant's reported participation in this program .

### III. INFORMATION SYSTEM (IS)

#### C. WIC Systems Functional Requirements Checklist

The following checklists were taken from the WIC Functional Requirements Document (FRED) which was provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

<u>State Agency System Performs</u>	<u>State Agency System Planned</u>	<u>Automated Core Function/Capabilities</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
<input type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input type="checkbox"/>	<input type="checkbox"/>	2d. Assigns more than 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3a. Converts incremental income (weekly, monthly) to an annual figure.
<input type="checkbox"/>	<input type="checkbox"/>	4. Associates family members.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Statewide data is maintained to facilitate families transferring within the State.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Transfers certification data to the central computer facility electronically either in real time or batch mode.
<input type="checkbox"/>	<input type="checkbox"/>	7. Captures or documents the nutrition education provided each participant as well as the topics covered.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Uses table-driven food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8a. Uses standard pre-defined food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8b. Enables easy food package tailoring.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8c. Performs edits to prevent over-issuance during food package creation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Enables food instruments to be printed when the participant is present for pick-up, i.e., on-demand.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Captures or documents the name of the programs to which the participant was referred.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Performs food instrument reconciliation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Produces standard Dual Participation Report.
<input type="checkbox"/>	<input type="checkbox"/>	13. Produces standard Integrity Profile (TIP) Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Produces standard Rebate Billing Report.

### III. INFORMATION SYSTEM (IS)

#### C. WIC Systems Functional Requirements Checklist

<b>State Agency System Performs</b>	<b>State Agency System Planned</b>	<b>Automated Core Function/Capabilities</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Produces Participant Characteristics Datasets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Captures basic transaction data by vendor.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Flags high-risk vendors through peer group analysis of redemption data.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18a. Identifies vendors with high average food instrument redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18b. Identifies vendors with a narrow variation in redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Assigns a maximum value for each food instrument type.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19a. Checks redeemed price against maximum and rejects any food instruments exceeding the maximum amount.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Captures source of income.
<input type="checkbox"/>	<input type="checkbox"/>	21. Performs automated dietary assessment.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Has automated growth charts.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Has point of certification data entry, i.e., a personal computer at each “station” within the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	24. Allows for ad hoc reporting.

**CHAPTER IV**

**ORGANIZATION AND  
MANAGEMENT**

## IV. ORGANIZATION AND MANAGEMENT

Organization and management involves the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

**A. State Staffing - 246.4(a)(4) and (23):** describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.

**B. Evaluation and Selection of Local Agencies - 246.4(a)(5)(i) and (7):** describe the procedures and criteria utilized in the selection and authorization of local agencies.

**C. Local Agency Staffing - 246.4(a)(4):** describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.

**D. Disaster Planning -** describe the disaster plans to be implemented in the event of a disaster.

**IV. ORGANIZATION AND MANAGEMENT**

**A. State Staffing**

**1. State Level Staff**

**a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in Appendix of this section:**

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	<u>1</u>	_____	<u>1</u>
Nutritionist	<u>6</u>	_____	<u>6</u>
Vendor Specialist	<u>1</u>	_____	<u>1</u>
Program Specialist	<u>4</u>	_____	<u>4</u>
Financial Specialist	<u>.6</u>	_____	<u>.6</u>
Breastfeeding Coordinator	<u>1</u>	_____	<u>1</u>
ADP Specialist	_____	_____	_____
Intern	_____	_____	_____
Other (specify):	<u>15</u>	_____	<u>15</u>

**Two investigators, two account clerks, nine administrative support, two stock clerks.**

**b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.**

Yes                       No

**If yes, please attach the WIC organizational chart in Appendix of this section.**

**c. If available, attach an overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization in Appendix of this section.**

**IV. ORGANIZATION AND MANAGEMENT**

**A. State Staffing**

**d. The State agency has updated position descriptions for each of the above positions.**

Yes  No

**Please include position descriptions in Appendix \_\_\_\_\_ of this section.**

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation)**

**2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:**

<b>Function</b>	<b>Percent of Total Staff Time</b>
Certification, including nutrition risk determination	_____
Breastfeeding training/promotion and support	_____
Nutrition education	_____
Monitoring of local agencies	_____
Fiscal reporting	_____
Food delivery system management	_____
Vendor management, including vendor training	_____
Staff training and continuing education	_____
ADP system development and maintenance	_____
Civil rights	_____
Coordination with and referrals to other assistance programs and social service agencies	_____
Other (specify):	_____

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**3. Drug-Free Workplace**

**a. The State agency has a plan that will enable them to achieve a drug-free workplace.**

Yes  No

**b. Attach a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix \_\_\_\_\_ of this section.**

**ADDITIONAL DETAIL: Organization & Management Appendix Copies of the Drug-Free Workplace Policy and attachments can be obtained from Personnel website ([www.adph.org/personnel](http://www.adph.org/personnel)).**

## **IV. ORGANIZATION AND MANAGEMENT**

### **A. State Staffing**

**and/or Procedure Manual (citation):**



**IV. ORGANIZATION AND MANAGEMENT**

**B. Evaluation and Selection of Local Agencies**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Local Agencies Authorized**

14 number of local agencies authorized to provide WIC services last year

14 number of local agencies planned to provide WIC services this year

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**2. The State agency accepts applications from potential local agencies:**

annually

biennially

on an on-going basis  
agencies

other (specify) annually from private local agencies

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**3. Existing local agencies must reapply and compete with new applicant agencies for authorization:**

annually

biennially

not applicable

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**4. Selection Criteria**

**a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:**

New Service Areas	Existing Service Areas	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	coordination with other health care providers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	projected cost of operations/ability to operate with available funds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	location/participant accessibility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	financial integrity/solvency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	relative need in the area
<input checked="" type="checkbox"/>	<input type="checkbox"/>	range and quality of services
<input type="checkbox"/>	<input type="checkbox"/>	history of performance in other programs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ability to serve projected caseload
<input type="checkbox"/>	<input type="checkbox"/>	other factors:
<input type="checkbox"/>	<input type="checkbox"/>	

#### IV. ORGANIZATION AND MANAGEMENT

##### B. Evaluation and Selection of Local Agencies

- b. **The State agency conducts studies (provide date of most recent study: April 2008) of the cost-effectiveness of local agency operations that examine:**

- location and distribution of local agencies in proportion to participants/potential eligibles
- clinic procedures to optimize participant access/service (PFA, etc.)
- staff-to-participant ratios and related staffing analyses
- comparative analyses of local agency/clinic costs
- other

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

5. **The State agency enters into a formal written agreement or contract with each local agency.**

- Yes (state duration): **one year**  No

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

6. **The State agency has established statewide fair hearing procedures for local agency appeals.**

- Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:  
 No  
 Not Applicable

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation): Chapter IX, Alabama WIC Procedure Manual**

7. **The State agency maintains a listing of clinic sites that includes the following information. If available, please attach the listing in Appendix (see attached listing) of this section:**

- Location
- Type of site (e.g., hospital, health department, community action program)
- Service area
- Hours of operation
- Days of operation
- Health services provided on-site
- Social services provided on-site
- Participation
- Other (specify): **Phone/fax number, contact person**

#### **IV. ORGANIZATION AND MANAGEMENT**

##### **B. Evaluation and Selection of Local Agencies**

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation):**

**IV. ORGANIZATION AND MANAGEMENT**

**C. Local Agency Staffing**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Staffing Standards**

**a. The State agency prescribes local agency staffing standards that include:**

- credentials
- staffing levels
  - staff-to-participant ratio standards
  - time spent on WIC functions
  - other (specify):
- functions of CPAs
- paraprofessional requirements
- other (specify):
- not applicable

**b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards, i.e., federal requirements (FR), recommended criteria (RC), best practices (BP).**

Yes  No

**c. The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements (FR), recommended criteria (RC), best practices (BP).**

Yes  No

**d. Local agencies follow staffing standards established by unions or local governmental authorities.**

Yes  No

**If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities?**

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**IV. ORGANIZATION AND MANAGEMENT**

**C. Local Agency Staffing**

**2. Local Level Staffing Data**

**a. The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):**

- for each clinic/local agency
  - at regular intervals
  - monthly
  - quarterly
  - annually
  - other (specify):

- by function
  - program management
  - food delivery
  - certification
  - nutrition education
  - breastfeeding promotion and support
  - other (specify): **provider FTE to number of participants and visits per day per provider**

**b. Results of analyses are reported back to local agencies.**

- No
- Yes, in a single report comparing all local agencies
- Yes, in a local agency-specific report (no comparative data)

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (cite):**

**3. Local Agency Breastfeeding Staffing Requirement**

**a. The local agency has designated a staff person to coordinate breastfeeding promotion and support activities.**

- Yes  No

**b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS Loving Support Peer Counseling Model.**

- Yes  No

**IV. ORGANIZATION AND MANAGEMENT**

**D. Disaster Plan**

**1. State agency has developed a WIC disaster plan**

Yes  No

**2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan**

Yes, what agency/ies: Alabama Department of Public Health, State Emergency Management Agency  
 No

**3. The State agency shares the disaster plan with its local agencies and clinics?**

Yes  No

**4. The Disaster Plan addresses:**

- Procedures to assess the extent of a disaster and report findings
- Access to program records
- Certification and food issuance sites and procedures
- Food package adjustments
- Food delivery systems
- Information System (IS) Recovery
- IS alternate procedures
- Emergency authorization of vendors
- Back up computer systems
- Back up filing systems
- Staffing arrangements
- Use of mobile equipment, clinics
- Other (describe)\_\_\_\_\_

**5. The State agency requires local agencies/clinics to have individual disaster plans.**

Yes  No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

Yes  No

**6. The State agency has a designated staff person to coordinate disaster planning.**

Yes  No

**IV. ORGANIZATION AND MANAGEMENT**  
**D. Disaster Plan**

**CHAPTER V**

**NUTRITION SERVICES  
AND  
ADMINISTRATION (NSA)  
EXPENDITURES**



## **V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

NSA expenditures involve the process of allocating, documenting and monitoring the distribution of administrative funds to local agencies, including the monitoring of nutrition education costs, and State and local agency direct/indirect costs.

**A. Funds Allocation - 246.4(a)(13):** describe the policies and procedures used to allocate administrative funds to local agencies, including start-up funds, and conversion of food funds to NSA funds.

**B. Local Agency Budgets/Expenditure Plans - 246.4(a)(2):** describe the policies and procedures for preparing and submitting local agency budgets and expenditure plans and the services that are entirely supported by WIC Program funds.

**C. State and Local Agency Access to Funds - 246.4(a)(12):** describe the procedures and method(s) of distribution/reimbursement of NSA funds to local agencies.

**D. Reporting and Reviewing of State and Local Agency Expenditures - 246.4(a)(11)(iv) and (12):** describe the policies and procedures used to report, monitor and review State and local agencies' expenditures, including the documentation of staff time, local agency report forms, on-site reviews of local agencies' NSA expenditures, and in-kind contributions.

**E. Nutrition Education Costs - 246.4(a)(9):** describe the plans and procedures used to meet the nutrition education expenditure requirements, including monitoring activities, local agency reports, and assurances that the special nutrition education needs of migrant farmworkers and their families, Indians, and homeless persons are met.

**F. Indirect Costs - 246.4(a)(12):** describe the policies and procedures used to document and monitor indirect cost rates and services at the State and local level.

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**A. Funds Allocation**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Allocation Process**

**a. The State agency has established and provided written procedures to local agencies describing the process for allocation of NSA funds among local agencies.**

Yes                       No

**b. Local agencies were involved in developing these procedures via:**

task force/committee of selected local agencies  
 comment on proposals made available to all local agencies  
 other (describe):

**c. The State agency allocates NSA funds to local agencies through the use of:**

a negotiated budget                       flat cost per participant Statewide  
 formula (variable)                       other method (describe):

**d. The allocation procedure takes the following factors into account (check all that apply):**

staffing needs                                       population density  
 number of participants                       cost-containment initiatives  
 availability of administrative support from other sources  
 other (specify):

**e. The State agency methodology for funds allocations to local agencies includes a mechanism for reallocation.**

Yes                       monthly                       quarterly                       semiannually  
 No                       other (specify): **as additional money is received from USDA**

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**A. Funds Allocation**

**2. Conversion of Food Funds to NSA Funds**

**a. The State agency allocates converted food funds to local agencies:**

- at the beginning of the year based on projection
- as participation permits (for States that do not submit conversion plan)
- other (explain): **At the end of the Fiscal Year if food funds are available to convert and when conversion is approved, funds are distributed based on percentage of caseload served.**

**b. Local agencies that either meet or exceed participation projections necessary to qualify for food to NSA grant conversion or to support the State agency's conversion plan are rewarded with increases to their NSA grant.**

- Yes                       No
- Depends (explain):

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**3. The State's Fiscal Year runs from October 1 to September 30**

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**B. Local Agency Budgets/Expenditures Plans**

**1. Local Agency Budgets/Expenditure Plans**

**a. The State agency requires its local agencies to prepare and submit administrative budgets.**

Yes                                       No                                       Not Applicable

**If yes, the State agency requires that local agency budgets include the same cost categories as those used for State-level budget preparation.**

Yes                                       No

**b. Local agencies' budgets are broken out by (check all that apply):**

not applicable

line items

- accounting
- ADP services
- breastfeeding aids
- capital expenditures
- clinic/lab services
- communications
- employee salaries
- employee fringe benefits
- lease or rental of space
- maintenance and repair
- materials and supplies
- memberships, subscriptions, and professional activities
- printing and reproduction
- training and education
- transportation
- travel
- other (specify): **Our three contract agencies generally use salaries, fringe, indirect, travel and rent.**

functions

- general administration/program management
- food delivery
- certification
- nutrition education
- breastfeeding promotion/support (e.g., breastfeeding aids)
- client services
- other (specify):

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**B. Local Agency Budgets/Expenditures Plans**

**c. The State agency has an established formal process for local agencies to follow when requesting amendments or modifications to their budgets.**

Yes                       No                       Not Applicable

**d. In order to prepare the federally required WIC administrative budget, the State agency:**

- uses local agency budgets or prior year expenditures
- reports under an ongoing system to collect this data
- extracts or consolidates data reported under other State or local agency systems to group costs under the federal line items and functions
- other (describe):

(State WIC administrative budgets are not submitted to FNS, but are used by State agencies as a management tool and may be reviewed by FNS.)

**ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):**

**2. Please indicate below the services that are entirely supported by WIC funds:**

- Anthropometric measurements
- Nutrition counseling/education
- Breastfeeding promotion/support
- Immunization status assessments
- Referrals to health and/or social services
- Hematological assessments
- Other (specify):

**ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):**

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**C. State and Local Agency Access to Funds**

**1. The State Agency manages its NSA Grant on a/an:**

- cash basis                       accrual basis  
 other (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix  
and/or Procedure Manual (citation):**

**2. Reimbursement/Provision of Funds to Local Agencies**

**a. The State agency provides local agencies with funds in advance.**

- Yes (state conditions):  
 No  
 Not Applicable (Proceed to next section.)

**If yes, advances must be reconciled to incoming claims. Local agency claims are submitted:**

- Monthly                       Quarterly

**b. In order to qualify for payment, an expenditure must be (check all that apply):**

- at or below the level of its approved budget line item  
 supported by appropriate documentation (e.g., check or receipt)  
 a reasonable and necessary expense for WIC  
 other (specify):

**c. If an expenditure exceeds the budget provided for that particular line item, the State agency requires the local agency to (check all that apply):**

- submit a supplemental request  
 provide a justification for exceeding the budget line item  
 make an offsetting adjustment to another line item in its budget  
 request approval of a budget modification  
 other (explain):

**d. Local agencies receive payment via:**

- electronic funds transfer                       State treasury check/warrant  
 other (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix  
and/or Procedure Manual (citation):**

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**D. Reporting and Reviewing of State and Local Agency Expenditures**

**1. Documentation of Staff Time**

**a. How does the State agency determine the percentage of staff time devoted to WIC tasks to document allowable staff costs under the WIC Program (check all that apply):**

**b.**

**At SA**

**At LA**

100 percent reporting

Random moment sampling

Periodic time studies:

1 week/month

1 month/quarter

other (specify):

**b. The State agency last evaluated its time documentation protocol on (specify date)  
. If available, please attach a copy of the protocol to this section or cite Procedure Manual reference.**

**ADDITIONAL DETAIL: NSA Expenditures Appendix**

**and/or Procedure Manual (citation): Cost accounting time sheets are done electronically through the e-CATS system. The cost accounting codes and procedures are defined for each program through this system which are the same as the paper system used.**

**2. Local Agency Report Forms**

**a. The State agency specifies standard forms and/or procedures for local agencies to use in reporting monthly local-level expenditures.**

Yes

No

Not Applicable (Proceed to next section)

**b. If a standard form is used, it requires local agencies to report NSA expenditures by:**

same categories as local agency budget

other format which includes:

**line items**

accounting

ADP services

breastfeeding aids

capital expenditures

clinic/lab services

communications

employee salaries

employee fringe benefits

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**D. Reporting and Reviewing of State and Local Agency Expenditures**

- lease or rental of space
- maintenance and repair
- materials and supplies
- memberships, subscriptions, and professional activities
- printing and reproduction
- training and education
- transportation
- travel
- other (specify):

- functions**
  - general administration/program management
  - food delivery
  - certification
  - nutrition education
  - breastfeeding promotion/support (e.g. breastfeeding aids)
  - client services
  - other (specify):

**other (specify): Our three contract agencies generally include salary, fringe, indirect, travel and rent.**

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**3. On-Site Review of Local Agencies' Administrative Expenditures**

**a. The State agency conducts on-site reviews of local agency administrative expenditures:**

- annually       every two years       every three years  
 other (specify): **contract agencies are reviewed annually.**

**The review is conducted by:**

- WIC State agency staff
- State Department of Health fiscal or audit staff
- CPA or audit firm
- other (specify): **Alabama Examiners of Public Accounts**

**b. The State agency utilizes a standard format/guide to review local agencies' NSA expenditures.**

- Yes       No



**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**D. Reporting and Reviewing of State and Local Agency Expenditures**

**If yes, the standard review guide includes the following procedures (check all that apply):**

- verification of at least one monthly billing/claim/expenditure report against source documents
- tracking written approval of procurements
- requesting records of ordering, receipt, billing, and payment
- determination that costs were necessary, reasonable and appropriate
- determination that costs were properly allocated among WIC and other programs
- determination that personnel costs charged to WIC were appropriate
- determination that local agencies' indirect costs were appropriately charged
- other (specify):

**c. If available, please attach a copy of the State agency's NSA expenditure review guide.**

**d. The State agency notifies local agencies of findings and establishes claims for unallowable costs, as appropriate.**

- Yes                       No

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**4. The State agency requires local agencies to document the sources and values of in-kind contributions.**

- Yes                       No

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**E. Nutrition Education Costs**

**1. The State agency documents that it meets its nutrition education and breastfeeding promotion expenditure requirements per 7 CFR 246.14(c)(1) via:**

- activity reports       time studies       itemizing expenditures  
 other (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**2. The State agency monitors expenditures for the following activities related to breastfeeding promotion and support at the State and/or local level (check all that apply):**

	At SA	At LA
breastfeeding promotion coordinator's salary	<input checked="" type="checkbox"/>	
<input type="checkbox"/>		
written educational materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
participant education/counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
staff training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
breastfeeding promotion activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
direct support costs	<input type="checkbox"/>	<input type="checkbox"/>
breastfeeding aids and equipment (e.g., breast pumps purchased with NSA funds)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>
(if other, specify):		

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**3. In the event that the State agency uses funds from other sources in meeting minimum expenditure requirements for nutrition education (NE) and breastfeeding promotion and support (BFPS), please provide below the source of these funds, the amount, and the method the State agency will use to document the use of these NE and BFPS funds. (Federal WIC food funds used to purchase/rent breast pumps, and expenditures from breastfeeding peer counseling funds, cannot be counted toward the nutrition education and breastfeeding expenditure requirement.)**

Source	Amount
_____	_____
_____	_____
_____	_____

**Method(s):**

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**E. Nutrition Education Costs**

- activity reports       time studies       itemizing expenditures  
 other (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix  
and/or Procedure Manual (citation):**

**4. Local agencies report nutrition education and breastfeeding promotion and support costs:**

- when they report routine NSA costs  
 through a different system (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix  
and/or Procedure Manual (citation):**

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**F. State and Local Agency Indirect Costs**

**1. Indirect Cost Rate and Services**

**a. Please list below indirect cost/cost allocation agreements in which the State agency is included:**

Health and Human Services State and Local indirect cost rate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. The State agency's indirect cost rate(s) is 20.6 % at the State level, 48.3% at the county level, and 5.4% at the Area level (%) and is based on:**

salaries                       direct costs for administration                       both  
 other (specify):

**c. Please cite the effective date of the State agency's current negotiated agreement and/or cost allocation plan for indirect costs: August 3, 2007.**

**d. The State agency receives the following types of services under the indirect cost rate agreement(s):**

<input checked="" type="checkbox"/> budgeting/accounting	<input checked="" type="checkbox"/> personnel/payroll
<input checked="" type="checkbox"/> ADP	<input checked="" type="checkbox"/> space usage/maintenance
<input checked="" type="checkbox"/> communication/phone/mail	<input checked="" type="checkbox"/> central supply
<input checked="" type="checkbox"/> legal services	<input checked="" type="checkbox"/> procurement/contracting
<input checked="" type="checkbox"/> printing/publication	<input checked="" type="checkbox"/> audit services
<input type="checkbox"/> equipment usage/maintenance	<input type="checkbox"/> other (specify):

**e. The State agency allows local agencies to report indirect costs.**

Yes                       No                       Not Applicable

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**2. Review of Indirect Cost Documentation**

**a. The State agency and local agencies ensure that services received and paid for through indirect costs benefit WIC and are not also charged directly to WIC by comparing direct charges by line item to a listing of services paid by funds collected through the application of the indirect cost rate:**

Done for State agency level indirect costs (frequency): \_\_\_\_\_  
 Done for local agency level indirect costs (frequency): \_\_\_\_\_

**V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES**

**F. State and Local Agency Indirect Costs**

Not done at either level: \_\_\_\_\_

**b. State and local agency WIC management have access to and review the following documents as applicable to ensure that indirect cost services are not also charged directly to WIC (check all that apply):**

	<b>At SA</b>	<b>At LA</b>
indirect cost agreements/plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
the accounting mechanism used to ensure the propriety of indirect cost charges	<input type="checkbox"/>	<input type="checkbox"/>
a copy of the cost allocation plan	<input type="checkbox"/>	<input type="checkbox"/>
a list of all services paid from indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
other documentation related to the establishment and charging of indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
not applicable	<input type="checkbox"/>	<input type="checkbox"/>

**c. When the State agency reviews the local agencies' indirect cost rate agreements, the review includes (check all that apply):**

- required submission of indirect cost agreement by the local agency to the State agency
- assessment of how the rate or method is applied (correct time period, percentage, and base)
- verification that the State agency had previously approved the local agency to negotiate such an agreement
- post-review or audit to ensure the rate was applied correctly
- other documentation related to the establishment and charging of indirect costs (list):
- not applicable

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**CHAPTER VI**

**FOOD FUNDS  
MANAGEMENT**

## VI. FOOD FUNDS MANAGEMENT

Food funds management involves monitoring cost containment measures and procedures related to infant formula and other food items, the monitoring and management of State agency funding sources, and the accurate reporting of participation figures.

**A. *Cost Containment Measures - 246.4(a)(14)(x)*:** describe the policies and procedures used to implement cost containment measures as they relate to infant formula contracts, their approval and the processing of infant formula and/or other rebates, and food package cost containment practices.

**B. *Funds Monitoring/798 Reporting - 246.4(a)(12)and (a) (14)*:** describe the State agency's funding sources, how food obligations are calculated to allow for inflation, rebate cash management, and monthly closeout monitoring activities.

**C. *Participation Reporting - 246.4(a)(11)(i)*:** describe the methods used to accurately document and monitor participation at the State and local level, and methods for monitoring changes in participation by priority.

**VI. FOOD FUNDS MANAGEMENT**

**A. Cost Containment Measures**

**1. The State agency seeks FNS approval related to infant formula cost containment measures (check one):**

- for a waiver of the requirement for a single-supplier competitive system. State agency must complete a cost comparison projecting food cost savings in the single-supplier competitive system based on the lowest monthly net price or highest monthly rebate (as required in Section 246.16a(c)(3)(iii)) and savings under an alternative cost containment system, Section 246.16a(d)(2)(B)
- to issue an infant formula bid solicitation that evaluates bids by highest rebate. A State agency must demonstrate to FNS' satisfaction that the weighted average retail prices for different brands of infant formula in the State vary by 5% or less, Section 246.16a(c)(3)(iii)
- not applicable

**Please attach in the appendix supporting documentation for requests for FNS approval.**

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual citation:**

**2. Cost Containment Contracts for Infant Formula**

**a. The State agency has a rebate contract/agreement for infant formula.**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No   |
| If yes, attach contract in Appendix     | If no, check which applies:<br><input type="checkbox"/> granted waiver<br><input type="checkbox"/> ITO with participation under 1,000 |

**b. The State agency acquires infant formula through (check all that apply):**

- home food delivery system
- direct distribution food delivery system
- retail food delivery system
- other (specify): purchase directly from manufacturer or wholesaler



**VI. FOOD FUNDS MANAGEMENT**

**A. Cost Containment Measures**

- c. **The duration of the contract or rebate agreement(s) in effect is:**  
For a single-supplier system or multi-supplier: Date contract/agreement:

Manufacturer	Began	Expires	Extensions
Abbott Laboratories	10/1/07	9/30/10	two one year ext.

- d. **Current fiscal year rebates and current net price per can paid (note the price should reflect current prices rather than original contract prices and rebate amounts):**

Product	Manufacturer	Rebate/Unit	Net price/Unit	% Discount
<b>Liquid Concentrate (13 oz)</b>	<b>Ross Products of Abbott Labs applies to all below.</b>			
Milk-Based Similac with Iron		<b>2.6031</b>	<b>1.0369</b>	<b>71.51</b>
<b>Similac Advance</b>		<b>2.7950</b>	<b>1.1150</b>	<b>71.48</b>
Soy-based Isomil		<b>2.854</b>	<b>1.136</b>	<b>71.52</b>
Isomil Advance		<b>3.0738</b>	<b>1.2262</b>	<b>71.48</b>
Other Similac Sensitive		<b>3.0738</b>	<b>1.2262</b>	<b>71.48</b>
<b>Powder (specify unit size)</b>				
Milk-based Similac with Iron		<b>7.7649</b>	<b>3.8151</b>	<b>67.05</b>
Similac Advance		<b>8.2030</b>	<b>4.027</b>	<b>67.07</b>
Soy-based Isomil		<b>8.1473</b>	<b>4.0027</b>	<b>67.05</b>
Isomil Advance		<b>8.8468</b>	<b>4.3432</b>	<b>67.07</b>
Other Similac Sensitive		<b>8.8468</b>	<b>4.3432</b>	<b>67.07</b>
All are 12.9oz				
<b>Ready to Feed (specify unit size)</b>				
32oz unless otherwise stated				
Milk-based Similac with Iron		<b>1.7738</b>	<b>3.0562</b>	<b>36.72</b>
Similac Advance		<b>2.0400</b>	<b>3.5100</b>	<b>36.76</b>
Soy-based Isomil Advance		<b>1.9502</b>	<b>3.3498</b>	<b>36.80</b>
Similac Advance 8oz		<b>2.8346</b>	<b>5.6854</b>	<b>33.27</b>
Other Similac Sensitive		<b>1.9502</b>	<b>3.3498</b>	<b>36.80</b>
<b>Exempt Formula (specify)</b>				
<b>Additional Formulas - but not exempt</b>				
<b>Isomil Advance 8oz</b>		<b>2.8346</b>	<b>5.6854</b>	<b>33.27</b>
<b>Similac Sensitive RS</b>		<b>1.7500</b>	<b>3.5100</b>	<b>33.27</b>

## **VI. FOOD FUNDS MANAGEMENT**

### **A. Cost Containment Measures**

## VI. FOOD FUNDS MANAGEMENT

### A. Cost Containment Measures

e. The percent of infants receiving each type of formula is estimated at:

#### Contract

Milk-based liquid concentrate	24.32
Soy-based liquid concentrate	7.62
Milk-based powdered	31.12
Soy-based powdered	9.25
Milk-based ready-to-feed	.04
Soy-based ready-to-feed	.04
Other contract infant formula (including lactosefree milk-based)	15.37

#### Non-contract

Exempt infant formula	12.24
Non-exempt infant formula	0

#### ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

3. The State agency's infant formula rebate solicitation/contract contains the following provisions (check all that apply):

- Does not apply (granted waiver or ITO with participation under 1000)
- Establishes the contractor's responsibility to provide sufficient quantities of products covered by contract to all authorized WIC vendors in the State.
- Requires contractor to provide a rebate on all infant formulas it produces that the State agency chooses to issue, except exempt infant formulas
- Specifies that the rebate reflects the same percentage discount on the manufacturer's lowest national wholesale cost as the corresponding physical form (i.e., liquid concentrate) for which bids were received.
- Requires manufacturer to adjust for price changes subsequent to the bid opening. The provision requires a cent-for-cent increase and decrease (decrease applies only to solicitations released after 10/1/04) in the rebate amounts whenever there is any change in the lowest national wholesale price for a full truckload of a particular infant formula.
- Specifies that the contractor shall pay the rebate in effect on the day the participant actually transacts the food instrument (regardless of the food instruments' issuance date).

## VI. FOOD FUNDS MANAGEMENT

### A. Cost Containment Measures

- Requires payment of rebates on all infant formula purchased while contract is in effect, even though the contract may be void at the time payment is due.
- Requires advance payment of rebates, at least during the fourth quarter of each Federal fiscal year, to facilitate the State agency's cash flow situation.
- Stipulates sanctions for unfulfilled contract obligations (e.g., if payment is not made within 30 days of the invoice date, the contractor will pay the State agency with interest, at a rate specified in the contract, on the unpaid balance until such time as payment is made over and above the amount due from infant formula rebate.)
- Includes an extension option for a specified length of time. Terms and conditions of extension person(s) are specified in the request for bids and contract.
- Addresses billing discrepancies. Prohibits contractor from withholding rebate payments due under any circumstances. All disputes must be settled by closeout of the fiscal year in which the dispute occurred.

**4. For infant formula rebate solicitations issued on or after October 1, 2004, the following applies:**

If single solicitation (for both milk- and soy-based formulas), State agency serves a monthly average of less than 100,000 infants during preceding 12-month period.

Yes       No

If no, requested separate bids for milk- and soy-based formulas.       Yes       No

Is solicitation for a State alliance?       Yes       No

If yes, the size of alliance must be no more than 100,000 infants as of October 1, 2003, unless:

- Alliance existed prior to July 1, 2004 and has not added additional State agencies,
- Alliance expanded to include an ITO, or
- Alliance expanded to include a State agency(ies) that serves less than 5,000.

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**VI. FOOD FUNDS MANAGEMENT**

**A. Cost Containment Measures**

**5. Cost Containment for Other Foods**

**a. Rebates are also obtained on other WIC foods.**

- Yes (specify foods and attach contract in Appendix):
- No

**b. The State agency intends to pursue rebates on other authorized foods.**

- Yes (specify):
- No

**c. To contain food costs, the State agency has limited authorized foods/container sizes/types, etc..**

- Yes (If yes, note such limitations on the following table)
- No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

## VI. FOOD FUNDS MANAGEMENT

### A. Cost Containment Measures

	Specific brands are designated/ Disallowed	Only certain container sizes are allowed	Allowable types are limited	Other
Exempt formula for women, infants & children	X			
Infant cereal		X	X	
Infant juice		X	X	
Whole fresh fluid milk	X	X		
Lowfat fresh fluid milk	X	X		
Skim fresh fluid milk	X	X		
Cultured buttermilk				
Whole dry milk		X		
Lowfat dry milk		X		
Nonfat dry milk		X		
Other milks (e.g., UHT, Lactaid) (specify):	X	X		
Cheese		X	X	
Fresh eggs		X	X	
Dried egg mix				
Hot cereal	X			
Cold cereal	X			
Single strength fruit/ vegetable juice	X	X		
Concentrated fruit/ vegetable juice	X	X		
Peanut butter		X	X	
Dry beans/peas		X	X	
Tuna		X	X	
Carrots		X	X	

**VI. FOOD FUNDS MANAGEMENT**  
**B. Funds Monitoring/798 Reporting**

**B. FUNDS MONITORING/798 REPORTING**

- 1. The State agency has procedures to assure that the requirements are met regarding the nonprocurement of food in bulk lots, supplies, equipment and other services from entities that have been debarred or suspended.**

Yes                       No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**2. Food Cost Obligations**

- a. The State agency calculates food obligations based on the following data (check one):**

number of expected participants and average food cost per participant  
 number of expected participants by category (e.g., pregnant woman, infant, etc.) and average food cost per participant category  
 number of expected redemptions by food instrument type and average value per food instrument type  
 other (specify):

- b. The State agency estimates the impact of inflation on food costs through the use of the following inflation escalators:**

Inflation factor used in Federal funding formula  
 State-generated estimates of inflation based on State market basket of foods  
 Best guess by food item based on economic reports or other sources  
 Other (specify):

- c. The State agency ADP system automatically produces a monthly obligation amount**

Yes  
 No, data are pulled from various sources and an estimated amount is calculated manually or with a PC spreadsheet  
 Other (specify):

**VI. FOOD FUNDS MANAGEMENT**

**B. Funds Monitoring/798 Reporting**

- d. **The State agency system (in-house or contracted) provides the following data on food instrument redemptions at specific (daily, weekly, monthly, as needed) frequencies (check all that apply and provide frequency):**

<u>Frequency</u>	<u>Data</u>
As Needed _____	<input checked="" type="checkbox"/> food instruments paid for issue month
_____	<input type="checkbox"/> food instruments outstanding for issue month
_____	<input type="checkbox"/> food instruments that have expired
_____	<input type="checkbox"/> food instruments that are void/unclaimed

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**3. Rebate Cash Management**

- a. The State agency has a billing system in place that ensures infant formula rebate invoices, under competitive bidding, provide a reasonable estimate, or actual count of the number of units purchased by participants during WIC transactions.

- Actual count of units purchased  
 Estimate of units purchased (attach methodology)  
 State reduces the invoice by an "error rate". The error rate is \_\_\_\_\_%.

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): The error rate is .0067 as of the completion of the FY2009 State Plan. The error rate for FY2009 should be near .0032.**

- b. **The State agency uses a food instrument that enables it to identify the type and brand of infant formula redeemed.**

- Yes, for all formula types, brands, and physical forms  
 Yes, for exempt infant formulas  
 No

- c. **The invoice to the formula manufacturer is issued by:**

- the WIC unit  
 the State agency fiscal unit  
 other (specify):

- d. **Invoices are submitted with backup data.**



**VI. FOOD FUNDS MANAGEMENT**  
**B. Funds Monitoring/798 Reporting**

Yes                       No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**4. Closeout of Report Month Outlays**

**a. The State agency allows the food vendor the following number of days to submit food instruments for payment (provide the number of days):**

**60**      days from the participant's first valid date

**b. The State agency is generally able to close out a report month completely within:**

90 days  
 120 days  
 other (specify number of days):

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**5. Indicate the method used to reimburse vendors for redeemed food instruments or other services and specify the entity responsible for making payment:**

<b>State WIC</b>	<b>State FM</b>	<b>Other (Specify)</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	X            by check directly to vendor
<input type="checkbox"/>	<input type="checkbox"/>	by check directly to vendors' bank
<input type="checkbox"/>	<input type="checkbox"/>	by electronic transfer to vendors' bank
<input type="checkbox"/>	<input type="checkbox"/>	other (specify):

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**VI. FOOD FUNDS MANAGEMENT**

**C. Participation Reporting**

**C. PARTICIPATION REPORTING**

**1. Participation Counting**

**a. The State agency counts an enrollee who received at least one food instrument/food package (or was a breastfed infant of a participating breastfeeding woman) as a participant during:**

- the calendar month
- the computer system cycle month
- other (specify):

**b. The State agency receives participation counts from:**

- the State agency computer system based on food instruments issued to participants (manual and automated food instruments) and number of breastfed infants of participating breastfeeding women
- counts reported from local agencies based on issuance records
- other (specify):

**c. If State funds are present, the State agency differentiates between Federal-supported and State-supported participants by:**

- special code on food instrument
- special areas of State designated as State-supported areas
- pro rata allocation based on proportion of Federal to State funds spent
- other (specify):

**d. When local agencies are chronically late in furnishing food instrument and/or certification data needed for participation counts, the State agency:**

- sends warnings
- applies financial sanctions
- requires manual reporting
- other (specify): Not Applicable

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**2. Participation by Priority**

**a. Priority level is a critical data field in the State agency's computer system.**

- Yes
- No

**VI. FOOD FUNDS MANAGEMENT**

**C. Participation Reporting**

**b. The State computer system automatically assigns priority level based on the enrollee's nutritional risk condition.**

Yes  No

**c. The State agency's computer system revises the priority level determination when a participant changes category (e.g., infant becomes child and receives a child's food package).**

Yes  No

**d. The State agency has an "unknown" priority category for VOC transfers where priority is unknown.**

Yes  No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**CHAPTER VII**

**CASELOAD  
MANAGEMENT**

## VII. CASELOAD MANAGEMENT

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to realize these strategies.

**A. No-Show Rate - 246.4(a)(11)(i):** describe the procedures used to monitor potential and current participants' utilization of program services.

**B. Allocation of Caseload - 246.4(a)(5)(i) and (13):** describe how the State agency assigns and manages local agency caseload allocations.

**C. Caseload Monitoring - 246.4(a)(5)(i):** describe the information and procedures used by the State agency to monitor caseload.

**D. Benefit Targeting - 246.4(a)(5)(i); (6); (7); (18), (19), (20), and (21):** describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.

**E. Outreach Policies and Procedures - 246.4(a)(5)(i)-(ii); (6); (7); (18) and (19):** describe the types of outreach materials used, where these materials are directed, special agreements with other service organizations and how special populations are addressed. Also, provide data on unserved and underserved areas.

**F. Waiting List Management - 246.4(a)(11)(i):** describe the policies and procedures used for processing applicants.

## **VII. CASELOAD MANAGEMENT**

### **A. No-Show Rate**

#### **1. Policies and Procedures for Missed Certification Appointments and Food Instrument Pick-Up (No-Shows)**

##### **a. The State agency has specific policies and procedures to ensure follow-up of no-shows for (check all that apply):**

- initial certification for any potential participant
- subsequent certifications for high-risk participants
- subsequent certification for any current participant
- food instrument pick-up
- food instrument non-redemption
- State agency has no specific policies and procedures for no-show follow-up

##### **b. The local agency attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):**

- At the time of initial contact, the local agency obtains the pregnant woman's address and telephone number
- If the applicant misses her first certification appointment, an attempt is made to contact her by telephone or mail.
- If contact is established by phone, she is offered one additional certification appointment.
- If she cannot be reached by phone, the local agency sends the applicant a postcard or letter asking that she contact the local agency for a second appointment.
- A second appointment is provided upon request from the applicant.

#### **2. Monitoring No-Show Rates**

##### **a. The State agency has (check all that apply):**

- standards defining acceptable no-show rates
- policies and procedures designed to assist local agencies to improve no-show rates
- sanctions that may be applied to local agencies that have chronically unacceptable no-show rates
- provides regular feedback to local agencies concerning no-show rates
- no specific policies or procedures concerning local agency no-show rates

**ADDITIONAL DETAIL: Caseload Management Appendix  
and/or Procedure Manual (citation):**

**VII. CASELOAD MANAGEMENT**

**A. No-Show Rate**

**b. As a matter of standard procedure, the State agency monitors no-show rates through (check all that apply):**

- State agency does not monitor local agency no-show rates
- local agency reviews
- automated reports
- local agency reports on no-show rates
- other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**VII. CASELOAD MANAGEMENT**

**B. Allocation of Caseload**

**DOES NOT APPLY (EXPLAIN WHY AND PROCEED TO NEXT SECTION)**

**1. The State agency considers the following factors in its initial allocation of caseload to local agencies (check all that apply):**

- Percent of target population served by local agency's service area
- Analysis of no-show, void, non-redemption rates by local agencies
- Participation by priority and category
- Special population pockets
- Waiting lists
- Staffing/ability of local agencies to serve caseload
- Prior year caseload
- Food package costs per person
- Special projects
- Other (identify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**2. The State agency has a written procedure for allocation of caseload to local agencies.**

- Yes                       No

**If yes, attach written procedure in the Caseload Management Appendix or specify location in the Procedure Manual below.**

**If no, what guidelines does the State agency use for caseload allocation? (Describe in Caseload Management Appendix)**

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**3. The State agency has a procedure in place to ensure that current/prior year caseload levels are maintained.**

- Yes                       No  
If No, explain why not.



**VII. CASELOAD MANAGEMENT**

**B. Allocation of Caseload**

**4. If it appears that during the course of the program year not all funds will be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):**

- The State agency does not reallocate caseload mid-year
- Same basis as for initial allocation of caseload
- Local agency participation levels
- Local agency high priority participation
- Waiting lists
- Successful special projects
- Other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**5. The State agency has written procedures for local agencies to follow in situations of overspending**

- Yes                       No

**If a written procedure is available, provide in the Caseload Management Appendix or specify location in the Procedure Manual below.**

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**VII. CASELOAD MANAGEMENT**

**C. Caseload Monitoring**

**1. The State agency's caseload monitoring process includes the review of the following data (check all that apply):**

- |                                     |                            |                                     |                                    |
|-------------------------------------|----------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> | Participation levels/rates | <input type="checkbox"/>            | High-risk participant levels/rates |
| <input checked="" type="checkbox"/> | No-show rates              | <input checked="" type="checkbox"/> | Food costs per participant         |
| <input type="checkbox"/>            | Food costs by area         | <input checked="" type="checkbox"/> | Other (specify):                   |

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**2. The State agency uses the following methods to monitor the above areas (check all that apply):**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Manual reports submitted by local agencies |
| <input checked="" type="checkbox"/> | ADP system-generated reports               |
| <input checked="" type="checkbox"/> | On-site reviews                            |
| <input type="checkbox"/>            | Other (specify):                           |

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**3. Local agency caseload utilization, by any method, is reviewed by the State agency at least:**

- |                                     |                  |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | monthly          |
| <input checked="" type="checkbox"/> | quarterly        |
| <input type="checkbox"/>            | other (specify): |
| <input type="checkbox"/>            | not applicable   |

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**VII. CASELOAD MANAGEMENT**

**D. Benefit Targeting**

**1. Development and Monitoring of State Agency Targeting Plans**

**a. The State agency has a plan to inform the following classes of individuals of the availability of program benefits (check all that apply):**

- Pregnant women, with special emphasis on pregnant women in the early months of pregnancy
- High risk postpartum women (e.g., teenagers)
- Parents/Caregivers of Priority I infants
- Migrants
- Homeless persons/families
- Incarcerated pregnant women
- Institutionalized persons
- Other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**b. The local agency contacts the following organizations to provide WIC Program information to eligible infants and children:**

- foster care agencies
- child welfare authorities
- protective service agencies
- other (specify): **See list in Chapter**

**X, Outreach, of the Alabama WIC Procedure Manual**

**c. The State agency ensures that benefits are targeted to those at greatest risk by limiting the use of regression as a nutrition risk criterion.**

- Yes
- No

**If yes, how many times may regression be used for consecutive certification periods?**

- Once
- Twice
- More Often (specify):

**d. In addition to, or in lieu of, State-developed plans, the State agency encourages/permits local agencies to develop their own targeting plans.**

- Yes
- No
- Not Applicable

**e. If yes, the State agency assures the appropriateness/quality of local agency targeting plans by:**

- requiring local agencies to submit plans for State agency approval
- review plans during local agency reviews

**VII. CASELOAD MANAGEMENT**

**D. Benefit Targeting**

other (specify):

**f. The State agency monitors benefit targeting through (check all that apply):**

automated reports developed by State agency

manual reports submitted by local agencies

local agency reviews

other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix  
and/or Procedure Manual (citation):**

**VII. CASELOAD MANAGEMENT**

**E. Outreach Policies and Procedures**

**1. Outreach Policies, Procedures and Materials**

**a. To administer outreach activities, the State agency (check all that apply):**

- issues a standard set of outreach materials for use by all local agencies
- requires local agencies to develop outreach plans
- reviews outreach plans developed by local agencies
- reviews and approves any outreach materials developed by local agencies
- utilizes broadcast media for outreach activities
- other (specify):

**b. Availability of Program benefits is publicly announced at least annually via:**

<b>State Agency</b>	<b>Local Agency</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Newspapers
<input type="checkbox"/>	<input type="checkbox"/>	Radio
<input type="checkbox"/>	<input type="checkbox"/>	Posters
<input type="checkbox"/>	<input type="checkbox"/>	Letters
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brochures/pamphlets
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Television
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): <b>website</b>

**c. Outreach materials are available in the following languages (check all that apply):**

- English
- Spanish
- Vietnamese
- Tribal Language(s)
- Other (specify):

**d. Outreach materials are distributed to (check all that apply):**

- health and medical organizations
- hospitals and clinics
- welfare and unemployment offices or social service agencies
- migrant farmworker organizations
- Indian and tribal organizations
- homeless organizations
- faith-based and community organizations in low-income areas
- shelters for victims of domestic violence
- other (specify):

**VII. CASELOAD MANAGEMENT**  
**E. Outreach Policies and Procedures**

**ADDITIONAL DETAIL: Caseload Management Appendix  
and/or Procedure Manual (citation):**

**2. Accessibility to Special Populations**

**a. The State agency requires all, some, no local agencies to implement the following to meet the special needs of employed applicants/participants. When an Indian State agency operates as both the State and local agency "All" should be checked.**

<b>All</b>	<b>Some</b>	<b>None</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	weekend hours, walk-in basis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	food instrument mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	expedited clinic procedures for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	evening/weekend nutrition education classes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify):

**b. The State agency requires/authorizes all, some, no local agencies to implement the following to meet the special needs of rural participants (check all that apply):**

<b>All</b>	<b>Some</b>	<b>None</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	special clinic hours to accommodate travel time to clinic sites
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	use of mobile clinics to rural areas
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	food instrument mailing procedures specifically designed for rural participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	special appointment/scheduling procedures for rural participants who do not have access to public transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	special food instrument issuance cycles for rural participants(check one): <input type="checkbox"/> 2 months, <input type="checkbox"/> 3 months issuance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify):

**VII. CASELOAD MANAGEMENT**

**E. Outreach Policies and Procedures**

**c. The State agency requires/authorizes all/some/no local agencies to implement the following to meet the special needs of migrant families (check all that apply):**

<b>All</b>	<b>Some</b>	<b>None</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	formal coordination with rural/migrant health centers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	special outreach activities aimed at migrants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	special clinic hours/locations to service migrant populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	expedited appointment procedures to accommodate migrant families
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	special food instrument issuance cycles for migrant families (check one):
			<input type="checkbox"/> 2 months issuance <input type="checkbox"/> 3 months issuance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify):

**d. The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):**

Yes (If yes, please identify the State agencies with whom formal agreements exist):

No

**e. The State agency requires all, some, no local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):**

<b>All</b>	<b>Some</b>	<b>None</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Undertake regular and ongoing outreach to homeless individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility

**VII. CASELOAD MANAGEMENT**

**E. Outreach Policies and Procedures**

- Establish to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met
- Other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**3. Unserved Geographical Areas**

**a. State agency's definition of an unserved geographic area (specify):**

**b. Please list unserved geographic areas or attach a list to appendix:**

- No current unserved areas (check if applicable)**

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**4. Underserved Geographic Areas**

**a. State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):**

- No current underserved areas (check if applicable)**



**VII. CASELOAD MANAGEMENT**

**E. Outreach Policies and Procedures**

**b. The State agency has a list on file of served and/or unserved geographic areas including the number of potential eligibles, participation and priority level currently being served**

Yes                       No

**c. The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation**

Yes                       No, an update list is provided in the Appendix

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**5. The State agency has a plan to:**

- inform nonparticipating local agencies of the Program and the availability of technical assistance in implementation
- encourage potential local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**6. If applicable, please list all areas operating CSFP and their current participation:**

Area	Participation
------	---------------

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**VII. CASELOAD MANAGEMENT**

**F. Waiting List Management**

**Waiting List Management and Procedures**

**1. The State agency has specific policies/procedures for the establishment and maintenance of waiting lists which are used by all local agencies.**

Yes                       No

**2. Waiting list procedures are uniform throughout the State.**

Yes                       No, but State agency approves all exceptions  
 No; local variation allowed without State agency approval

**3. The State agency routinely monitors waiting lists.**

Yes                       No

**4. The State agency requires/allows subprioritization of waiting lists by (check all that apply):**

<input checked="" type="checkbox"/> no subprioritization permitted	<input type="checkbox"/> income
<input type="checkbox"/> nutrition risk	<input type="checkbox"/> age
<input type="checkbox"/> point system	
<input type="checkbox"/> special target populations (specify):	
<input type="checkbox"/> other (specify):	

**5. The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.**

Yes  
 No, only categorical eligibility established  
 No, only categorical and income eligibility established  
 No, local agency variation  
 Other (specify):

**6. Waiting lists are maintained:**

manually  
 automated system linked to State agency's central system  
 automated system, stand alone at some/all local agencies

**7. Telephone requests for placement on the waiting list are accepted.**

Yes                       No

**VII. CASELOAD MANAGEMENT**

**F. Waiting List Management**

**8. The State agency requires all local agencies to maintain waiting lists with the following information (check all that apply):**

- name
- address
- phone number(s)
- date placed on waiting list
- category
- priority
- nutritional risk
- income eligibility status
- method of application
- date applicant notified of placement on the waiting list
- other (specify):

**9. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list.**

- Yes                       No

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

# **CHAPTER VIII**

## **CERTIFICATION/ELIGIBILITY**

## **VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

### **A. Eligibility Determination and Documentation**

The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards and criteria), and the coordination of certification activities with other health services.

**A. *Eligibility Determination and Documentation - 246.4(a)(6); (10); (11)(i) and (19):*** describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit.

**B. *Nutrition Risk Determination, Documentation, and Priority Assignment - 246.4(a)(11)(i):*** describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation.

**C. *Health Care Agreements, Referrals, and Coordination - 246.4(a)(6); (7); (8) and (19):*** describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs.

**D. *Processing Standards - 246.4(a)(11)(i):*** describe the State agency's processing procedures to ensure that the required standards and timelines are met.

**E. *Certification Periods - 246.4(a)(11)(i):*** describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods.

**F. *Transfer of Certification - 246.4(a)(6) and (11)(i):*** describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.

**G. *Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 246.4(a)(11)(i); (15); (16) and (17):*** describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system.

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

**1. Application Process**

**a. The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program**

Yes                       No

**b. The State agency shares  State wide or  at local agency (check one), a common income application or certification form with (check all that apply):**

<input checked="" type="checkbox"/> no other benefit programs	<input type="checkbox"/> Medicaid
<input type="checkbox"/> TANF	<input type="checkbox"/> Food Stamp Program
<input type="checkbox"/> MCH	<input type="checkbox"/> other reduced price health care program(s)
<input type="checkbox"/> other (specify):	

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Section 5.7 WIC Procedure Manual. Also, see Fee System Manual and CHR Manual for CHR-2, Patient Registration/Income Assessment. Copy of CHR-2 attached.**

**2. Residency, Identity and Physical Presence Requirements**

**a. The State agency requires documentation of residency**

Yes  
 Signed statement that documentation of residency information is not available and why (e.g. homeless, theft, fire)  
 No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement.)

**b. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):**

<input checked="" type="checkbox"/> homeless applicants	<input checked="" type="checkbox"/> institutionalized applicants
<input checked="" type="checkbox"/> migrants	<input type="checkbox"/> Indian Tribal Organizations
<input type="checkbox"/> none	<input type="checkbox"/> other (specify):

**c. The State agency has reciprocal agreements concerning residency with other States**

Yes (specify States):  
 No

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

**d. The State agency requires proof of identity from each applicant at certification**

- Yes
- No (If not, why not?)

**e. The State agency requires physical presence of the applicant or a valid exception to be documented:**

- Yes except for the following condition(s):
  - applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bed-rest, or serious illness exacerbated by coming in to clinic).
  - applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.
  - applicant is an infant under 8 weeks of age who cannot be present at the time of certification (for a reason determined appropriate by the local agency) and for whom all necessary certification information is provided.
  - applicant is an infant or child who was present at his/her initial certification; was present at certification within the one-year period of the most recent determination; and is under the care of one parent and that parent works, or is under the care of two parents and both work; and that working status presents a barrier to bringing the infant or child in to the WIC clinic.

**f. The State agency uses temporary (30-day) certifications for individuals who do not present necessary proof of residency and/or identity at the time of application.**

- Yes
- No

**3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> all pregnant women | <input checked="" type="checkbox"/> pregnant women not visibly pregnant |
| <input checked="" type="checkbox"/> postpartum women   | <input checked="" type="checkbox"/> children                            |
| <input checked="" type="checkbox"/> infants            | <input type="checkbox"/> other (specify):                               |

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): WIC Procedure Manual Chapter 17, Forms - Letter of Support (WIC-115) and No Proof Form (WIC-116).**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

**4. Income Limits for Eligibility**

**a. The State agency gross income limit for income eligibility is 185% of the federal income guidelines**

- Yes, with no local agency exceptions
- Yes, with local agency variation
- No, with no local agency exceptions (specify State maximum percent of poverty:       %)
- No, with local agency variation (specify State maximum percent of poverty:       %)
- The State agency implements income eligibility guidelines concurrently with Medicaid

**Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual.**

**b. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in 246.7(d)(2)(vi):**

	<u>Poverty Level</u>
<input checked="" type="checkbox"/> TANF (specify State "percent of poverty")	see * p.VIII-5 %
<input checked="" type="checkbox"/> Food Stamp Program	
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	
Pregnant women and infants	133%
Children	133%,
Other categorically eligible women	133%)

**c. The State agency uses documented eligibility for/participation in other means-tested programs to establish WIC income eligibility (check all that apply and the poverty levels used for each):**

	<u>Poverty Level</u>
<input type="checkbox"/> Free or Reduced-Price School Lunch	
<input type="checkbox"/> SSI	
<input type="checkbox"/> other State-provided health insurance (specify State "percent of poverty" maximum       %)	
<input type="checkbox"/> FDPIR	



**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

other (specify):

**d. Individuals are required to document that they or a family member are certified as eligible to receive TANF, Medicaid, or Food Stamp benefits or, under the State option, certified as eligible to receive benefits in State-administered programs by providing:**

- program ID card or notice of eligibility
- documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty). (Program[s]: )

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Section 5.7. WIC Procedure Manual.**

**\*A.4.b. - TANF eligibility is based on a set of payment standards and not on a percentage of the poverty level according to the Family Assistance Office of the Department of Human Resources.**

**5. Income Eligibility Documentation**

**a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State requires (check all that apply):**

- Documentation of income information
- Signed statement that documentation of income information is not available and why
- Notation in the casefile if the applicant declares no income
- other (specify): **The No Proof From (WIC-116), Chapter 17, WIC Procedure Manual, is used for applicants declaring no income.**

**b. Exceptions to income documentation are made for the following:**

- The necessary information is not available
- The income documentation presents an unreasonable barrier to participation as determined by the State agency
- Those applicants with no income
- Those applicants who work for cash
- other (specify):

**c. If the applicant does not supply income documentation at the certification appointment, and has at least one qualifying nutrition risk, local agencies are generally instructed to do the following:**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

- Certification process is terminated and no food instruments are provided; appointment rescheduled
- Temporary certification (not to exceed 30 days) is completed and food instruments are provided. However, if applicant does not provide documentation within 30 days, applicant is determined ineligible.
- Other (specify):

**d. The State agency requires State-wide, or at local agency (check one), the verification of applicant income information**

- No
- Yes (check all sources required, as appropriate):
  - employer
  - public assistance offices
  - State employment offices (wage match, unemployment)
  - Social Security Administration
  - school districts/offices
  - collateral contacts
  - other (specify):

**e. The State agency has specific policies that define actions to be taken for mid-certification changes in participant income circumstances.**

- Yes  No

**f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies**

- Yes  No  Not Applicable

**g. The State agency has specific policy that addresses income from benefits provided under certain regulatory Federal programs**

- Yes  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Section 5.7 WIC Procedure Manual and attached CHR-2, Patient Registration/Income Assessment (CHR Manual and Fee System Manual).**

**6. In determining an applicant's income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base.**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

Yes, State-wide  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Fee System Manual and CHR Manual**

**7. The State agency excludes cost-of-living allowances for military personnel on duty outside of the contiguous 48 States (OCONUS COLA) from applicant income for purposes of WIC income determination**

Yes, State-wide  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

**8. The State agency defines the economic unit in accordance with Food and Nutrition Service regulations and policy instructions**

Yes  No (if not, why not)

**Provide the definition of an economic unit used by the State agency in the Appendix or the appropriate citation in the Procedure Manual.**

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CHR-2, Patient Registration/Income Assessment**

**9. The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):**

- foster children
- divorced/legally separated parents; step parents
- absentee spouse (military hardship tours, etc.)
- cohabitation
- institutionalized applicants (including incarcerated applicants)
- homeless applicants
- minors ("emancipated" minors)
- separate economic units under the same roof
- striker/unemployed
- students away at school
- other (specify): **single client, single wage earner, pregnant woman**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): See attached CHR-2, Patient Registration/Income  
Assessment**

**10. Mid-Certification Disqualification**

**a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification due to the fact that she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.**

Yes                       No

**b. WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for one of these programs, eligibility must be determined based on WIC income guidelines and disqualification made only after all of these options are exhausted. The State ensures its policy and procedures comply with this requirement:**

Yes                       No

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**B. Nutrition Risk Determination, Documentation and Priority Assignment**

**1. Nutrition Risk Determination and Documentation**

**a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply):**

<u>Qualification</u>	<u>Can certify for:</u>	
	<u>Priorities I-III</u>	<u>All Priorities</u>
RD or Master's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licensed Practical Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home Economist	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): <b>DTR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>

**b. The State agency authorizes local agencies to (check all that apply):**

- conduct  anthropometric and  hematological measurements
- use medical referral data for  anthropometric and  hematological measurements
- conduct measurements only when medical referral data are unavailable

**c. The State agency uses only FNS-approved nutrition risk criteria, as issued in Policy Memorandum 98-9, WIC Nutrition Risk Criteria, to document nutrition risk. (Note: The implementation date for Policy Memorandum 98-9, Revision 8, has been extended until 10/1/07).**

- Yes  No

**Please append a copy of the revised nutrition risk criteria in its entirety to this State Plan.**

**d. The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.**

- Yes (list criteria):
- No

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**B. Nutrition Risk Determination, Documentation and Priority Assignment**

**e. Hematological risk determination:**

**The State agency requires (check one of the following):**

- Bloodwork data to be collected at the time of certification (Statewide).
- Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.

**The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in 246.7(e)(1)(ii)(B).**

- Yes
- No

**The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.**

- Yes
- No

**f. Anthropometric risk determination:**

**The State agency allows (check one):**

- anthropometric data for certification to be no older than 60 days (Statewide)
- a shorter (less than 60 days) limit on age of anthropometric data for certification

**g. Dietary risk assessment:**

**Note: It is unadvisable for State agencies to implement major changes to their diet assessment protocols until FNS issues Value Enhanced Nutrition Assessment (VENA) Policy and Guidance**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**B. Nutrition Risk Determination, Documentation and Priority Assignment**

(i) **Local agencies are required at a minimum to assess and document dietary intake for:**

- all participants
- only those participants who do not have a medical risk factor
- only those participants at risk for inadequate diet or other dietary risk
- only specific participant categories  
(specify which categories):
- other (specify): **Food frequency/food intake was discontinued effective October 1, 2007 with the implementation of Risk Revision 8. We continue to require the CPA to collect intake data on infants specifically for number of breastfeedings daily and amount of formula intake daily per VENA guidance.**

(ii) **The State agency policy requires that dietary intake information be collected through (check all that apply):**

- no intake protocol is specified
- 24-hour recall
- food frequency/food item checklist
- dietary record/diary
- other (specify): **Dietary Interview using patient-centered approach and open-ended questions per VENA guidance.**

**If yes, attach mandated forms or specify location in the procedure manual and reference below. WIC Procedure Manual Chapter 17, Forms-Nutrition Assessment Forms (ADPH-WIC-195, 196, 197, 198: Pregnant Woman, Breastfeeding/Postpartum, Infant, Child and Guidance for Using Questions to Complete WIC Nutrition Assessment Forms.**

**If no, the State agency assures quality diet assessment by:**

- requiring local agencies to submit forms for approval
- annually monitoring the locally developed forms during local agency reviews
- other (specify):

(iii) **Analysis of diet is based on professionally recognized guidelines (e.g., RDI, AAP, Dietary Guidelines for Americans - MyPyramid Food Guide)**

- Yes (specify): **Forms and materials are in the process of being updated with the revised Dietary Guidelines and MyPyramid Food Guide**
- No (explain):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**B. Nutrition Risk Determination, Documentation and Priority Assignment**

**and/or Procedure Manual (cite):** 1.c. See WIC Procedure Manual, Chapter 5, Nutrition Risk Criteria, Attachments 5-2 through 5-7

1.e. See WIC Procedure Manual, Section 5.7 - Option to Defer Bloodwork.

**2. Documentation**

**a. The State agency requires documentation in the applicant’s case file for all nutrition risk criteria used to establish WIC eligibility (check one):**

- Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
- Yes, with CPA discretion when to waive documentation requirement (no written policy)
- No (explain):

**b. As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:**

- the single most important criterion is recorded
- all identified risk criteria are recorded
- a set number of criteria is recorded (maximum number is \_\_\_\_\_ criteria)
- local agency personnel decide how many and which criteria are recorded
- other (specify):

**c. The State agency requires verification for all nutrition risk criteria that contain a statement requiring a physician’s diagnosis.**

- Yes  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix**

**and/or Procedure Manual (cite):** See WIC Procedure Manual, Chapter 5, Nutrition Risk Criteria, Attachments 5-2 through 5-7.

**3. Priority Assignments**

**a. Participants certified for regression**

- remain in the same priority in which they were previously assigned



**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**B. Nutrition Risk Determination, Documentation and Priority Assignment**

are assigned to Priority VII, regardless of their initial priority at first certification  
 other (specify): **Assignment of regression risk no longer applicable with implementation of Risk Revision 8 and Value Enhanced Nutrition Assessment (VENA).**

**b. Participants may be certified for regression (check all that apply):**

- a single six-month period
- multiple consecutive certifications (            maximum)
- multiple non-consecutive certifications
- no policy, local agency discretion

**c. High risk postpartum women are assigned to the following priority:**

- Priority III
- Priority IV
- Priority V
- Priority VI

**d. Participants certified solely due to homelessness/migrancy are assigned to the following priority :**

	<b>IV</b>	<b>V</b>	<b>VI</b>	<b>VII</b>
Pregnant Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Breastfeeding Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Postpartum Women			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Children		<input checked="" type="checkbox"/>		<input type="checkbox"/>

**e. Attach a copy of any nutrition risk criteria that will be added, modified or deleted during the coming fiscal year. For each criterion, indicate:**

- applicable participant category
- applicable priority level(s)
- whether health care provider diagnosis is required
- SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): See WIC Procedure Manual, Chapter 5, Nutrition Risk Criteria, Attachments 5-2 through 5-7.**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**C. Health Care Agreements, Referrals, and Coordination**

**1. State Agency Referral Agreements and Coordination of Services**

**a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):**

- |  |   |                              |
|--|---|------------------------------|
| Food Stamp Program                                 |   | IHS facilities               |
| TANF   |   | Rural/migrant health centers |
| Medicaid   | M | Hospitals                    |
| SSI  | A | Childhood immunization       |
| EPSDT  | A | Immunization registries      |
| MCH programs                                       |   | Well-child programs          |
| Children with special health care needs program(s) |   | Child protective services    |
| Family planning                                    |   | Children's health insurance  |
| <b>M</b> other (specify): <b>Head Start</b>        |   | Private physicians           |

**b. Formal agreements for coordination of services include:**

- Responsibilities of each party**
- Assurance that information is used for eligibility and/or outreach**
- Assurance that information will not be shared with a third party**

**c. The State agency requires local agencies to coordinate services with, and/or develop referral systems for, the following (check all that apply):**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Food Stamp Program       | <input checked="" type="checkbox"/> children with special health care needs                  |
| <input checked="" type="checkbox"/> TANF                     | <input type="checkbox"/> schools   |
| <input type="checkbox"/> SSI                                 | <input checked="" type="checkbox"/> EFNEP  |
| <input checked="" type="checkbox"/> Medicaid                 | <input checked="" type="checkbox"/> other food assistance program (TEFAP, FDPIR, CSFP, etc.) |
| <input checked="" type="checkbox"/> CHIP                     | <input checked="" type="checkbox"/> breastfeeding promotion                                  |
| <input type="checkbox"/> IHS facilities                      | <input checked="" type="checkbox"/> child protective services                                |
| <input checked="" type="checkbox"/> MCH (clinics/facilities) | <input checked="" type="checkbox"/> Head Start   |
| <input checked="" type="checkbox"/> EPSDT                    | <input checked="" type="checkbox"/> Early Head Start   |
| <input checked="" type="checkbox"/> family planning          | <input type="checkbox"/> Healthy Start   |
| <input checked="" type="checkbox"/> prenatal care            | <input checked="" type="checkbox"/> child protective services                                |
| <input checked="" type="checkbox"/> postnatal care           | <input checked="" type="checkbox"/> child abuse counseling                                   |
| <input checked="" type="checkbox"/> immunization             | <input checked="" type="checkbox"/> foster care agencies                                     |
| <input checked="" type="checkbox"/> dental services          | <input checked="" type="checkbox"/> homeless facilities                                      |
| <input checked="" type="checkbox"/> private physicians       | <input checked="" type="checkbox"/> substance abuse programs                                 |
| <input type="checkbox"/> hospitals                           | <input type="checkbox"/> other (specify):  |
| <input type="checkbox"/> well-child programs                 |  |
| <input type="checkbox"/> rural/migrant health centers        |  |

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### C. Health Care Agreements, Referrals, and Coordination

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): See WIC Procedure Manual, Section 5.1 and Section 6.5.**

#### 2. Local Agency Referral Procedures

**a. The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:**

- State Medicaid Program, including presumptive eligibility determinations, where available
- child support services
- Food Stamp Program
- substance abuse counseling/treatment programs
- TANF, including presumptive eligibility determinations, where available
- other State-funded medical insurance programs (specify):
- other nutrition services (specify):
- EPSDT Program
- Children's Health Insurance program(s)
- Other (specify)

**b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral with an \*):**

- State agency-developed referral forms
- local agency-developed referral form
- telephone call to referring agency
- verbal referral to participants
- automated client/participant information exchange
- written literature on referral programs
- follow-ups by staff to monitor
- maintain a list of local resources for drug and other harmful substance abuse counseling
- other (specify):

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**C. Health Care Agreements, Referrals, and Coordination**

**c. Methods used by other health and social service programs to refer clients to the WIC Program include (check all that apply and indicate the primary method of referral with \*):**

- WIC Program referral form
- health/social program referral form
- telephone call
- verbal referral
- automated client/participant information exchange
- written literature on the WIC Program
- other (specify):

**d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):**

- Yes (check):  Medicaid  TANF  MCH  FSP
- Yes, other (specify):
- No

**e. The State agency requires local agencies to monitor referrals to determine the extent of health or social services utilization in addition to State monitoring systems.**

- Yes  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

**f. In order to facilitate referrals to the Medicaid Program, the State agency provides each local agency a chart showing the maximum income limits, according to family size, applicable to pregnant women, infants, and children up to age 5 under the Medicaid Program.**

- Yes  No

**g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services.**

- Yes  No

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**C. Health Care Agreements, Referrals, and Coordination**

**h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.**

Yes  No

**i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:**

- food banks
- food pantries
- soup kitchens or other emergency meal providers
- Food Stamp Program
- Commodity Supplemental Food Program
- Emergency Food Assistance Program
- Food Distribution Program on Indian Reservations
- other (specify): Local agencies are required to make all appropriate referrals based

on nutrition assessment whether at maximum caseload or not. See WIC Procedure Manual, Chapter 5, Section 5.6, for policy regarding maximum caseload.

**j. The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established.**

Yes  No

**k. The State agency ensures that when WIC is at maximum caseload, local agencies notify FNS of any waiting lists established.**

Yes  No

**l. The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:**

- food banks
- food pantries
- soup kitchens
- Food Stamp Program
- Emergency Food Assistance Program
- Food Distribution Program on Indian Reservations
- other (specify): **Local agencies are required to make all appropriate referrals**

**based on nutrition assessment. Patients on special formula who have needs in excess of the WIC allowance are referred to Medicaid.**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**C. Health Care Agreements, Referrals, and Coordination**

**m. Immunization Screening and Referral**

**The State agency assures that each local agency is meeting the requirements of WIC Policy Memorandum #2001-7, August 30, 2001: Immunization Screening and Referral, as follows:**

- Screening children under the age of two using a documented immunization history:
  - Using the minimum screening protocol; or
  - Using a more comprehensive means, (specify): Immunization screening and referrals are done for all WIC children using a documented history and automated statewide immunization registry at certification and recertification. Also, see attached MOA between the WIC Division and Immunization Division of the Alabama Department of Public Health.
  
- Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): **or**
  
- Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater; **or**
  
- The State agency has been unable to formalize a coordination agreement with the State Immunization Program. Provide explanation of extenuating circumstances:

**The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.**

- Yes
- No (explain):

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**D. Processing Standards**

**1. Notification Standards**

**a. The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request for program benefits as the following (check all that apply):**

- |                                     |                                       |                                     |                              |
|-------------------------------------|---------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | pregnant women eligible as Priority I | <input checked="" type="checkbox"/> | high-risk infants (optional) |
| <input checked="" type="checkbox"/> | migrant farmworkers/family members    | <input type="checkbox"/>            | homeless (optional)          |
| <input type="checkbox"/>            | optional; please specify:             |                                     |                              |

**b. The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:**

- |                          |                                |                                     |                     |
|--------------------------|--------------------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | rural applicants               | <input checked="" type="checkbox"/> | employed applicants |
| <input type="checkbox"/> | no special policies/procedures |                                     |                     |

**c. The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification**

- |                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

**d. Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request for program benefits.**

- |                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

**2. Processing Standards**

**a. Processing standards begin when the applicant (check all that apply):**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | telephones the local agencies to request benefits |
| <input checked="" type="checkbox"/> | visits the local agency in person                 |
| <input type="checkbox"/>            | makes a written request for benefits              |

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**D. Processing Standards**

- b. **The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants.**

Yes

No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): WIC Procedure Manual, Section 5.5 and Chapter 16,  
Quality Assurance**



**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**E. Certification Periods**

**1. Certification Period Standards**

**a. The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished (known as “extended certification”)**

- Yes, at all local agencies       Yes, at selected local agencies  
 No

(ii) The State agency authorizes local agencies to certify breastfeeding mothers for a period extending up to the infant's first birthday or until breastfeeding is discontinued (whichever comes first)

- Yes, at all local agencies       Yes, at selected local agencies  
 No

**b. Extended certification is an option for the following (check all that apply):**

- Priority I infants       Priority II infants       Priority IV infants  
 Breastfeeding women

**c. The State agency authorizes local agencies to shorten or extend the certification period up to 30 days in certain circumstances**

- Yes (If yes, provide citation indicating circumstances): **WIC Procedure Manual, Section 5.8**  
 No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): WIC Procedure Manual, Section 5.2 and Section 5.8**

**2. The State agency authorizes local agencies to disqualify an individual in the middle of a certification period for the following reasons (check all that apply):**

- participant volunteers the information that they are over income  
 participant abuse  
 family member found income ineligible at recertification  
 failure to pick up food instruments for 2 consecutive issuances (specify):  
 other (specify): **Dual participation, participant moved, Priority II infants not evaluated within 8 weeks.**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**F. Transfer of Certification**

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): WIC Procedure Manual, Section 5.10**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**F. Transfer of Certification**

**1. Procedures for Transfer of Certification and Verification of Certification (VOC) Cards**

**a. The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO)**

<b>Intra-State</b>	<b>Inter-State</b>	<b>WIC Overseas</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

**b. A participant ID card is provided which also serves as a VOC card**

Yes       No

**c. The State agency requires all local agencies to use a standardized Verification of Certification card**

Yes       No

**d. Verification of Certification Cards are issued to the following (check all that apply):**

- all participants
- migrants
- homeless
- participants relocating during certification period
- persons affiliated with the military who are transferred overseas
- other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): WIC Procedure Manual, Section 5.13**

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### F. Transfer of Certification

2. The State agency requires all local agencies to include the following information on the Verification of Certification card (check all that apply):

- name of participant
- date certification performed
- date income eligibility last determined
- nutritional risk condition of the participant
- date certification period expires
- signature/printed or typed name of certifying local agency official
- name/address of certifying local agency
- identification number or some other means of accountability
- migrant status (non resident)
- other (specify): **date of birth, parent/guardian/legal caretaker of infant/child, date last food instrument issued and date next food instrument may be issued.**

3. The State agency requires all local agencies to accept as valid all VOC cards from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:

- participant name
- date the participant was certified
- date the current certification period expires

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): WIC Procedure Manual, Section 5.13**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

**1. Dual Participation (WIC only or WIC/CSFP)**

**a. The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies**

- Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual)  
 No

**b. The State agency has a written agreement with the Commodity Supplemental Food Program that includes specific procedures for the detection and prevention of dual participation (attach a copy of the agreement or provide a citation of where a copy is located)**

- Yes  No  Not applicable

**c. The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in close proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located)**

- Yes  No  Not applicable

**d. The State agency has established procedures to handle participants found in violation due to dual participation**

- Yes (Please attach any descriptions of policy in Appendix or cite Procedure Manual)  
 No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): WIC Procedure Manual 4.7.A**

**2. Participant Rights and Responsibilities**

**a. The State agency has uniform notification procedures that are used by all local agencies statewide**

- Yes  No

**b. The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form**

- Yes  No

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

**c. The State agency has implemented a policy of disqualifying participants for not picking up food instruments:**

Yes  No  Not applicable

**If yes, the policy is communicated to participants in the participant rights and responsibilities materials**

Yes  No  Not applicable

**d. The State agency has developed special notification policies and procedures for the following:**

- applicant/participant who cannot read
- applicant/participant who speaks in a language other than English
- homeless
- migrants
- persons with disabilities
- other (specify):

**e. The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:**

- eligibility at each certification
- ineligibility at initial certification
- mid-certification disqualification
- expiration of a certification period
- waiting list status
- other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual citation): ADPH CHR Manual Chp 3 p 34; WIC Procedure Manual Chp 5**

**3. Fair Hearing and Sanction System**

**a. The State has a law or regulation governing participant appeals**

Yes  No

**b. The State agency has established statewide fair hearing procedures**

Yes; attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference below.

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

No

**c. State or local agency actions against participants include (check all that apply):**

- reclaiming the value of improperly received benefits
- disqualification from the program for up to one year
- suspension from the program mid-certification**
- other (specify): **Warnings**

**d. Appeal hearings are held at:**

- WIC State agency parent agency
- other State agency or hearing board (specify):
- local WIC agency
- other (specify):

**e. Statewide fair hearing procedures include (check all that apply):**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> request for hearing            | <input checked="" type="checkbox"/> local agency responsibilities        |
| <input checked="" type="checkbox"/> denial or dismissal of request | <input checked="" type="checkbox"/> continuation of benefits             |
| <input checked="" type="checkbox"/> rules of procedure             | <input checked="" type="checkbox"/> responsibilities of hearing official |
| <input checked="" type="checkbox"/> fair hearing decision          | <input type="checkbox"/> other (specify):                                |
| <input checked="" type="checkbox"/> judicial review                |  |

**f. State agency procedures require written notification for (check all that apply):**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> appeal rights                           | <input checked="" type="checkbox"/> request for hearing   |
| <input checked="" type="checkbox"/> denial or dismissal of request          | <input checked="" type="checkbox"/> notice of hearing     |
| <input checked="" type="checkbox"/> termination within certification period | <input checked="" type="checkbox"/> fair hearing decision |
| <input checked="" type="checkbox"/> judicial review                         | <input type="checkbox"/> other (specify):                 |

**g. The State agency has established timeframes to govern each step of the hearing process**

Yes  No

**h. The State agency requires all local agencies to document any notification/correspondence in the participant's file**

Yes  No

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

**i. The State agency has a written sanction policy for participants**

Yes (If yes, provide appropriate citation below)

No

**j. The State agency has established procedures which determine the type and levels of sanctions to be applied against participants**

Yes  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): WIC Procedure Manual Section 4.9 and 9.6-  
9.9, Attachment 9.2**



# **CHAPTER IX**

## **FOOD DELIVERY/FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

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

Food delivery/food instrument accountability and control involves the production, issuance, redemption, and monitoring of automated and manual food instruments through retail systems and the delivery of WIC Program foods by non-retail methods i.e., home delivery and direct distribution.

### **(Retail)**

- A. *Food Delivery and Food Instrument Control Overview - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), and (a)(14)(xii):*** describe the policies and procedures used in producing, monitoring and accounting for the production of food instruments.
- B. *Food Instrument Pick-up and Transaction - 246.4(a)(11)(iii) and (a)(14)(vi):*** describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.
- C. *Food Instrument Redemption and Disposition - 246.4(a)(14)(vi):*** describe the procedures used to reconcile food instruments as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments as either validly issued, lost or stolen, expired, duplicate, or not matching issuance records.
- D. *Manual Food Instruments - 246.4(a)(6), (a)(11)(iii), (a)(14)(i), (a)(14)(vi) and (a)(14)(ix):*** describe the procedures for issuing and accounting for manual food instruments, including the procedures for documentation and disposition.
- E. *Special Food Instrument Issuance Accommodations - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), and (a)(21):*** describe alternatives to participant food instrument pick-up for issuance (e.g., mail or electronic issuance) and how integrity of program services and fiscal accountability are ensured.
- F. *Vendor Cost Containment System Certification – 246.12(g)(4)(vi):*** describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

### **(Non-Retail)**

- G. *Home Food Delivery Systems - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), (a)(14)(vii) and (a)(14)(xii):*** describe how the State agency's home delivery system operates including the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries.

## **IX. FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL**

***H. Direct Distribution Food Delivery Systems - 246.4(a)(11)(iii), (a)(14)(i), and (a)(14)(vi), (a)(14)(vii), and (a)(14)(xii):*** describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, and the verification process.

**IX. FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL**

**A. Food Delivery and Food Instrument Control Overview**

**1. Food Instruments/General**

**a. The State agency uses the following types of food instruments (check all that apply):**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Automated - point of certification | <input type="checkbox"/> Automated -central generation |
| <input checked="" type="checkbox"/> Manual - individual prescription   | <input type="checkbox"/> EBT                           |
| <input type="checkbox"/> Pre-printed manual - standard prescription    | <input type="checkbox"/> Other (specify):              |

**b. The State agency conducts food instrument inventories: (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):**

	<b>Automated</b>		<b>Manual</b>
	Daily		Daily
	Weekly		Weekly
	Monthly	S,L	Monthly
	Yearly		Yearly
S	Other (specify): *		Other (specify):

\* There are no automated food instruments to inventory. The State level inventories blank food instrument paper. Food instruments are printed on demand at the local clinic.

**c. The automated food instrument contains/allows for the following information (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Not applicable                                    | <input checked="" type="checkbox"/> Local agency identifier |
| <input checked="" type="checkbox"/> Participant WIC ID number              | <input checked="" type="checkbox"/> Vendor endorsement      |
| <input checked="" type="checkbox"/> Countersignature for participant/proxy |   |

**Provide a facsimile or FI in Appendix or cite Procedure Manual**

**d. The State agency provides a toll-free number on the food instrument for participant/vendor inquiries:**

- Yes       No

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

**2. Food Instrument Accountability**

**a. Food instruments are delivered to local agencies by:**

- |   |   |
|---|---|
| <input type="checkbox"/> State agency staff   | <input type="checkbox"/> Local agency staff |
| <input type="checkbox"/> US Postal Service  | <input type="checkbox"/> On-demand printing |
| <input checked="" type="checkbox"/> Contracted service (i.e., UPS, Purolator, etc.) |   |

**IX. FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL**

**A. Food Delivery and FI Control Overview**

Other (specify):

**b. Food instruments (blank stock and preprinted food instruments ready for issuance) are delivered to the local agency (check all that apply):**

**Blank**

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify):

**Preprinted**

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify):

Requisitions from local clinics are processed and shipped weekly. This is not an automated process for each clinic. Clinics are sent blank food instrument paper only upon request.

**c. The State agency uses the following procedures to ensure that local agency staff are not fraudulently using unclaimed food instruments (check all that apply):**

- Signatures on the documentation of food instrument receipt are compared for similarities in writing style implying one person signed for multiple participants
- Local agencies conduct an initial review of food instruments to void food instruments for participants known to have been terminated from the Program
- Local agency staff responsible for issuing/voiding food instruments do not conduct the food instrument inventory by themselves
- Other (specify): We do not have unclaimed food instruments. Food instruments are printed on demand and signed for with an electronic signature pad/reader.

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

**3. The State agency has established food delivery procedures in cases of natural disaster and emergencies for the following (check all that apply):**

- Issuing manual food instruments
- Mailing food instruments
- Direct distribution
- Issuing automated food instruments
- Home food delivery
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

**IX. FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL**

**B. Food Instrument Pick-up**

**1. Food Instrument Pick-Up Policy and Procedures**

**a. Food instruments are issued by (check all that apply):**

	<b>All Locals</b>	<b>Most Locals</b>	<b>Some Locals</b>
Local agency director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local agency nutritionist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local agency paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify):			

**b. The State agency utilizes a participant identification card:**

Yes       Yes, with photo       No

**If yes, issuance is controlled numerically and each card is accounted for:**

Yes       No

**c. The State agency requires the following proof of receipt when issuing automated food instruments:**

- Participant/parent/caretaker/proxy signature block on food instrument register
- Carbon copy of food instrument
- Local agency staff initials
- Date of food instrument pick-up
- Stub with participant signature or initials
- Other (specify): Participants sign with an electronic signature which records the date of issuance and who issued the food instruments.

**d. The State agency has a policy to prorate food packages for the following:**

- Late food instrument pick-up
- Certification due to expire within 30 days
- Mid-month certification
- Other (specify): It does not matter when the participant is certified or when they pick up. Alabama uses a rolling month methodology, and food instruments are printed when they arrive, for either one, two or three month's issuance.

**e. The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply):**

- Authorized vendors
- Selecting WIC-approved foods
- FI transaction procedures
- Signature on FIs
- Use of proxy
- Reporting problems/requesting assistance

**IX. FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL**

**B. Food Instrument Pick-up**

Other (specify):

**f. The State agency requires local agency staff to provide participants with a list of authorized vendors:**

Yes       No

**g. The State agency permits a participant to transact food instruments with any authorized vendor in the State agency:**

Yes       No

**If “no,” the State agency will eliminate its vendor-specific system on (date):**

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**2. The State agency's proxy policy includes the following:**

- Limits the number of participants a single proxy may sign for, except that a proxy may pick up food instruments for all homeless WIC participants in a facility
- Limits proxy to a specified number of food instrument pick-ups
- Limits proxy to a minimum age
- Limits proxy assignment to local WIC staff
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**IX. FOOD DELIVERY**

**C. Food Instrument Redemption/Disposition**

**1. Food Instrument Disposition Procedures**

**a. The State agency system assures 100% disposition of all issued food instruments**

Yes       No

**If no, specify the circumstances that prevent 100% disposition:**

**b. The State agency monitors each local agency's:**

- Number of manual food instruments utilized
- Number of unclaimed food instruments
- Number of voided food instruments
- Number of redeemed food instruments with no issuance record

**c. Local agencies are supplied with a report on the final disposition of its food instruments:**

Yes (specify period):                       No

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

**2. Unclaimed, Voided, Prorated Food Instruments**

**a. The State agency requires local agencies to return "unclaimed/not picked up" food instruments:**

Not applicable       Daily       Weekly       Monthly  
 Other (specify):

**b. The State agency requires local agencies to return "voided" food instruments:**

Not applicable       Daily       Weekly       Monthly  
 Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation) :**



**IX. FOOD DELIVERY**

**C. Food Instrument Redemption/Disposition**

**3. Lost/Stolen Food Instruments**

**a. The State agency requires local agencies to report lost/stolen food instruments to (check all that apply):**

- State agency  Police department  
 State agency's banking institution  Other (specify): It depends upon

when

the food instruments were lost or stolen - before or after issuance to the participant. Large numbers of manual food instruments stolen from the clinic are reported to the State agency and the police.

**b. Replacement/duplicate food instruments are issued when food instruments are reported lost:**

- No  
 Depends on the circumstances  
 Yes (If food instruments are reissued, it is done):  
 Immediately  
 Following notification of State agency/bank agency  
 After \_\_\_\_\_ day waiting period (specify number of days)

**c. Replacement/duplicate food instruments are issued when they are reported stolen:**

- No  
 Depends on the circumstances  
 Yes (If food instruments are reissued, it is done):  
 Immediately  
 Following notification of State agency/bank agency  
 After \_\_\_\_\_ day waiting period (specify # days)

**d. The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen food instruments (check all that apply):**

- Stops payment on the lost/stolen food instruments  
 Notifies vendor  
 Other (specify): The vendor is notified depending upon the circumstances. Food instruments lost or stolen are flagged in the data system.

**Please provide a copy/citation for State agency's policy procedures that ensure that lost/stolen food instruments cannot be redeemed. WIC Procedure Manual, Chapter XIII, 13.1 D. 4 a-b.**

**e. The local agency documents in the participant's file that replacement food instruments were issued:**

**IX. FOOD DELIVERY**

**C. Food Instrument Redemption/Disposition**

Yes                       No

**f. The State agency monitors the level of reported lost/stolen food instruments by local agency:**

Yes                       No

**g. If it is established that lost/stolen food instruments are transacted by the participant who reported them lost/stolen, the following actions are taken:**

- A claim for cash repayment is issued to participant
- Participant is disqualified
- Participant receives a warning
- Other (specify):

**h. If lost/stolen food instruments are transacted by someone other than the participant, the following actions are taken:**

- Reported to police for investigation
- State agency or local agency does an investigation
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

**4. Food Instrument Redemption Screening (7 CFR 246.12(k)(1))**

**a. Describe in detail how the State agency sets maximum allowable reimbursement levels for use in screening food instruments for payment (including whether the State agency uses vendors' shelf prices to set maximum reimbursement levels and how reimbursement levels are linked to competitive price criteria). If the State agency sets maximum allowable amounts differently for above-50-percent vendors and regular vendors, please explain the different methods used.**

**(1) The State agency establishes maximum allowable reimbursement levels for:**

- |  |  |                                    |
|--|--|------------------------------------|
| <b>(a) Each peer group</b>                       | <b>Yes</b> <input checked="" type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>(b) Each food instrument or food category</b> | <b>Yes</b> <input checked="" type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>(c) Other (please specify)</b>                | <b>Yes</b> <input type="checkbox"/>            | <b>No</b> <input type="checkbox"/> |

**IX. FOOD DELIVERY**

**C. Food Instrument Redemption/Disposition**

**(2) The State agency establishes maximum allowable reimbursement using:**

- (a) Standard deviations Yes  No   
 (b) A percentage above the average Yes  No   
 redemption amount

**If yes, specify the percentage and explain how the State agency determined that this percentage is appropriate.**

- (c) Other (please specify) Yes  No

**(3) The allowable reimbursement levels include a factor to reflect:**

- Yes  No Wholesale price fluctuations  
 Yes  No Inflation  
 Yes  No Other (please specify: \_\_\_\_\_)

**b. The State agency screens food instruments through a pre-edit (before payment) or post-edit (after payment) process to detect the following:**

Not Applicable	Pre-Edit Screen	Post-Edit Screen	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Purchase price exceeds price limitations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price missing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered purchase price
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor identification missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Invalid/counterfeit vendor identification
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transacted before specified period
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transacted after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Redeemed after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Altered dates
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Missing signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mismatched signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered signature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

**c. When the payment amount on a food instrument exceeds the maximum allowable reimbursement amount, what action does the State agency take?**

- Reimburses the vendor for amounts up to the maximum allowable amount  
 Rejects the food instrument, but allow the vendor to resubmit  
 Rejects the food instrument without allowing the vendor to resubmit  
 Other (please specify)

**IX. FOOD DELIVERY**

**C. Food Instrument Redemption/Disposition**

**d. Where pre-edit screens are used, the proportion of food instruments reviewed include:**

- All food instruments                       Percentage of food instruments (        %)  
 Other:

**e. The edit system(s) that screens for price limitations and vendor overcharges rejects food instruments based on:**

<b>Pre-edit</b>	<b>Post-edit</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not To Exceed or Maximum Prices
<input type="checkbox"/>	<input type="checkbox"/>	Percentage above average (        %)
<input type="checkbox"/>	<input type="checkbox"/>	Amount above average (\$        )
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify): The pre-edit food package price is based

on price maximums developed from price survey data. Post-edit individual prices on vendors' surveys are totaled and compared to the actual dollar amount redeemed, plus \$5.00. If the redeemed amount is more than that amount, the food instrument is flagged on a report and a price adjustment letter is generated.

**f. The following actions are used to control against unauthorized stores redeeming food instruments:**

- Recover vendor stamp when vendor is no longer authorized
- Conduct compliance buy to verify if unauthorized store redeems food instruments
- State agency or its banking institution checks vendor ID numbers on food instruments submitted for redemption against the authorized vendor list before paying vendors for food instruments submitted for redemption
- Inform all participants who might use the unauthorized store
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 4a. - We utilize the following peer group structure:**

- Type 1 stores: Chain stores that act as their own wholesaler.**
- Type 2 stores: Major independent stores with five or more cash registers.**
- Type 3 stores: Minor independent stores with three or four cash registers.**
- Type 4 stores: Small stores with one or two cash registers, excluding >50% stores.**
- Type 5 stores: >50% stores.**

**Periodically, individual food prices from the vendor price surveys will be downloaded into a spreadsheet and an analysis is conducted by peer group. Individual item prices will have averages and standard deviations computed. Any store whose individual price exceeds its peer group by two standard deviations will be notified to reduce its price. Our contract**

**IX. FOOD DELIVERY**

**C. Food Instrument Redemption/Disposition**

bank will be sent the maximum allowable prices by peer group for each food instrument type. No prices from >50% stores will be included in computing averages and standard deviations. Type 5 (>50%) store prices will be held to the statewide average of redeemed food instrument prices, excluding the redemption of Type 5 (>50%) stores, based on a quarterly analysis.

**5. Price Lists**

**a. Price list information is routinely collected from vendors:**

Yes                       No (Proceed to item #6)

**b. Price list data are collected:**

Monthly  
 Quarterly  
 Semiannually  
 Other (specify):

**c. Price data are collected by:**

State agency staff  
 Local agency staff  
 Reports are submitted by vendors  
 Other (specify):

**d. The data collected has food prices for (check all that apply):**

All brands and sizes of supplemental foods  
 Highest price supplemental food items within food categories  
 All authorized vendors  
 A sample of authorized vendors (please describe the sampling method used)  
 Other (specify): WIC approved cereals in specific sizes.

**e. The  State agency/  local agency verifies price data provided by vendors:**

During routine monitoring visits  
 Does not verify on a routine basis  
 If the vendor is identified as a high-risk vendor  
 Other (explain):

**f. The  State agency/  local agency analyzes price data:**

Manually on a routine or as needed basis  
 On an ADP system and uses it to:

**IX. FOOD DELIVERY**

**C. Food Instrument Redemption/Disposition**

- Generate estimated food instrument values
- Help inform WIC staff on vendor selection decisions
- Develop vendor peer groups
- Flag individual food instruments that appear to be overcharges
- Other (specify):

**6. System to Detect Suspected Overcharges**

**a. Does the State agency screen for suspected overcharges:**

- Yes, vendor claims are issued for overcharges.
- No, the State agency makes price adjustments to food instruments submitted for redemption at amounts above edit limits
- No
- Other (specify):

**b. The following best describes how the vendor is billed for overcharges:**

- Based on the vendor's reported prices
- Based on redemption values of other vendors in the vendor's peer group
- Based on redemption values of all vendors
- Other (specify):

**c. To receive payment or appeal a claim for a vendor overcharge, the vendor must:**

- Provide an updated price list
- Provide written justification for the higher prices
- Provide receipts
- Other (specify):

**d. The following actions are taken when a vendor has chronic overcharging problems:**

- Routine monitoring or remedial vendor training is conducted
- Vendor is designated as high-risk and scheduled for compliance investigation
- Vendor is provided with a written warning of potential sanction for overcharging
- Vendor is terminated for cause
- Vendor is sanctioned
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**IX. FOOD DELIVERY**  
**D. Manual Food Instruments**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Manual Food Instrument Policy**

**a. Manual food instruments are utilized for the following reasons:**

- New participants
- Automated food instruments not available
- Mutilated automated food instruments
- Wrong food package on automated food instrument
- Provide for the special needs of the homeless
- Food package tailoring
- Routine monitoring visits (i.e., educational buys) of vendors
- Compliance buys of vendors
- Special conditions, e.g., disasters
- Other (specify):

**b. The State agency requires the following for completing the manual food instrument register:**

- Participant/proxy signature       Local agency staff initials
- Date of food instrument pick-up       other (specify):

**c. Manual food instruments have a "Not to Exceed Value" of:**

- Same dollar amount for all manual food instruments \$
- Variable dollar amount depending on type of prescription on manual FI
- No limit
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**2. Manual Food Instrument Documentation and Disposition**

**a. A report containing the serial numbers of manual food instruments issued by local agencies is sent to the State agency:**

- Not applicable       Weekly       Monthly
- Other (specify):

**IX. FOOD DELIVERY**

**D. Manual Food Instruments**

- b. Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual food instruments issued and redeemed but for which no participant record currently exists by utilizing:**

- Turnaround documents to establish valid certification records
- Telephone calls to the State/local agency on irregularities
- Other (specify): Any redeemed manual food instrument will appear on an exception report if no record exists in the data system. The State agency contacts the local agency

to

ensure the data is entered into the system.

- c. If the manual food instrument inventories do not achieve 100% reconciliation of all issued and unissued food instruments, the local agency (check all that apply):**

- Reports the food instrument serial numbers to the State agency
- Provides the food instrument serial numbers to local vendors
- Other (specify):

**(Provide a copy/citation of the State agency's prescribed procedures if the manual food instrument inventory cannot be reconciled).**

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): The procedure to follow if the manual food instrument inventory cannot be reconciled is found in the WIC Procedure Manual, Chapter XIII 13.1 D.**



**IX. FOOD DELIVERY**

**E. Special Food Instrument Issuance Accommodations**

**1. Alternative Food Instrument Issuance**

**a. The State agency has implemented the following food instrument issuance policy (check all that apply):**

- All participants are required to pick up food instruments at the clinic or local agency, except in unusual circumstances
- Participants/proxies are required to show identification at food instrument pick up
- Food instruments are routinely mailed to participants except (1) when the participant is scheduled for nutrition education or a certification appointment and (2) in areas where Food Stamps are not mailed, as these areas are known to have experienced high mail issuance losses
- Benefits are provided electronically to a location such as a grocery store under certain conditions; thus participants may not always pick up food instruments at the clinic
- Other (specify):

**2. Mailing Policy/Procedures**

**a. When food instruments are mailed to participants, State agency provides local agencies with guidelines/procedures for mailing food instruments to individual participants:**

- Yes                       No

**b. Policy requires participants to pick up food instruments whenever certification appointment is due or nutrition education is scheduled:**

- Yes                       No

**c. The State agency has implemented the following policy regarding mailing food instruments (check all that apply):**

- Food instruments are sent first class mail \*(first class is considered *regular* mail)
- Food instruments are sent registered mail
- Food instruments are sent certified mail
- Food instruments are sent restricted mail
- Return receipt is requested on food instruments sent certified mail
- Envelope specifies, "Do not forward, return to sender" or "Do not forward, address correction requested"
- Other (specify):

**IX. FOOD DELIVERY**

**E. Special Food Instrument Issuance Accommodations**

**d. The State agency approves mailing food instruments under the following conditions (check all that apply):**

	<b>State- Wide</b>	<b>LA with SA Approval</b>	<b>Case by Case</b>
Participant hardship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Travel-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better clinic management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Participant convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(if other, specify):

**e. When mailing food instruments, documentation of food instrument issuance is:**

- Signed by the participant at the following food instrument pick-up/visit
- Noted "mailed" and initialed/dated by local agency staff
- Signed and dated by local agency staff after return receipt is received
- Other (specify): Circumstances are documented in the participant's record indicating any need to mail food instruments.

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**3. Participants who receive food instruments by mail are sent:**

- One month of food instruments
- Three months of food instruments
- Two months of food instruments
- Other (specify): Up to three months of food instruments may be issued.

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**IX. FOOD DELIVERY**

**F. Vendor Cost Containment Certification**

If the State agency has authorized or plans to authorize any above-50% vendors, FNS must certify the vendor cost containment system. A State agency that has not yet received FNS certification must submit a request for certification that contains the following information.

**DOES NOT APPLY (PROCEED TO SECTION G)**

**1. Calculation of new competitive price levels**

Describe how the State agency derived or will derive new competitive price levels for regular vendors, which exclude the prices of above-50-percent vendors.

Individual food prices of regular vendors will be analyzed by peer group. Averages and standard deviations will be computed for individual food items. The competitive price level will be the average, plus two standard deviations.

**2. Allowable reimbursement levels for regular vendors and above-50-percent vendors**

**a. Explain how the State agency will ensure that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.**

Averages of food instruments redeemed by regular vendors (excluding >50% vendors) will be calculated. This information will be distributed to the >50% vendors, who will not be allowed to receive reimbursements exceeding these averages.

**b. The State agency plans to exempt above-50-percent vendors from the competitive price criteria and allowable reimbursement levels.**

Yes       No

If yes, how many vendors will be exempted? \_\_\_\_\_

Are these vendors needed to ensure participant access to supplemental foods?

Yes       No

**c. The State agency applies peer-group-specific maximum allowable reimbursement levels to food instruments during the food instrument redemption process.**

Yes       No

If yes, describe the procedure or process used: Individual food prices of regular vendors will be analyzed by peer group. Averages and standard deviations will be computed for

**IX. FOOD DELIVERY**

**F. Vendor Cost Containment Certification**

individual food items. The competitive price level will be the average plus two standard deviations.

- 3. Describe the State agency’s methodology for grouping above-50-percent vendors in its peer group system (i.e., separately or in peer groups with regular vendors) and the criteria the State agency uses to identify comparable vendors for each group of above-50-percent vendors.**

Vendors are grouped in the >50% vendor peer group if the vendors receive more than 50% of their annual food sales revenue from WIC food instruments.

- 4. The State agency plans to exempt *non-profit* above-50-percent vendors from competitive price criteria and allowable reimbursement levels.**

Yes       No

If yes, provide the following information **in detail**:

- a. The reason the State agency has decided to exempt such vendors (i.e., the benefits to the program) and the number of non-profit vendors to be exempted;**
- b. The reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods;**
- c. How the prices of the non-profit vendors compare to those of other vendors in their geographic area that are subject to competitive price criteria and allowable reimbursement levels; and**
- d. How the State agency will establish the level of reimbursement for the non-profit above-50-percent vendors that it has exempted.**

- 5. The State agency has fully implemented the competitive price criteria and allowable reimbursement methodologies described in items 1 and 2 above.**

Yes       No

If the State agency has not fully implemented the revised competitive price and allowable reimbursement methodologies, describe the current status of this effort and include the timetable for achieving full implementation.

Effective March 28, 2008, >50% vendors were not allowed to receive reimbursement exceeding the average of the food instruments redeemed by regular vendors.

- 6. The State agency plans to exempt *pharmacy* vendors from competitive price criteria and allowable reimbursement levels.**

**IX. FOOD DELIVERY**

**F. Vendor Cost Containment Certification**

Yes       No There are no WIC pharmacy vendors in Alabama.

If yes, the State agency has confirmed that these pharmacies provide **only** exempt infant formula and/or WIC-eligible medical foods to program participants.

Yes       No

- 7.** Complete the three tables on the following pages to demonstrate that the State agency's methodologies for establishing and implementing competitive price criteria and allowable reimbursement levels will ensure that average payments per food instrument or food item to above-50% vendors will not exceed average payments to regular vendors.
- 8.** Attach a copy of the report(s) that the State agency will use to monitor average payments per food instrument to above-50% vendors and regular vendors. If the State agency does not have such a report, describe the State agency's plans to develop and implement a report(s) for monitoring purposes, including the report contents or fields.

Average payments per food instrument to >50% vendors and regular vendors are monitored using a report containing the same fields as the report on page IX-21 of this document.

**IX. FOOD DELIVERY**

**F. Vendor Cost Containment Certification**

*Table 1. Data for WIC Vendor Cost Containment Certification – Overview*

*Please provide the following information on the regular vendors and the above-50-percent vendors authorized by the State agency as of June 30<sup>th</sup>. If data are not available through June 30<sup>th</sup>, the State agency should enter data for the period for which data are available, replacing “June” with the month to which the data are applicable.*

<b>1. How many authorized regular vendors did the State agency have as of April 30<sup>th</sup>?</b>	<b>1. 774</b>
<b>2. For all of these regular vendors combined, what was the total amount of WIC redemptions paid in April 08?</b>	<b>2. \$9,436,746</b>
<b>3. How many above-50-percent vendors did the State agency have as of April 30<sup>th</sup>?</b>	<b>3. 10</b>
<b>a. Non-pharmacy above-50-percent vendors</b> <ul style="list-style-type: none"> <li>▪ Number of <i>WIC-only</i> stores</li> <li>▪ Number of other types of above-50-percent vendors (excluding pharmacies)</li> </ul> <b>b. Above-50-percent pharmacy vendors</b>	<b>a.</b> <ul style="list-style-type: none"> <li>▪ 0</li> <li>▪ 10</li> </ul> <b>b. 0</b>
<b>c. Total above-50-percent vendors (sum of a and b)</b>	<b>c. 10</b>
<b>4. What was the total amount of redemptions paid to these above-50-percent vendors in April 08?</b>	<b>4. \$376,426</b>
<b>a. Non-pharmacy above-50-percent vendors</b> <b>b. Above-50-percent pharmacy vendors</b> <b>c. Total above-50-percent vendors</b>	<b>a. 10</b> <b>b. 0</b> <b>c. 10</b>
<b>5. How many peer groups of above-50-percent vendors (either separate peer groups or groups with regular vendors) has the State agency identified?</b>	<b>5. 1</b>
<b>6. How many above-50-percent vendors and regular vendors has the State agency authorized that do not meet competitive price criteria, but are needed to ensure participant access to supplemental foods?</b>	<b>6. above 50% 0 regular vendors 0</b>

**IX. FOOD DELIVERY**

**F. Vendor Cost Containment Certification**

*(Note: If the State agency has completed the peer group table in the Vendor Management section of this Guidance, skip the following table.)*

This peer group table was completed in the Vendor Management section.

**Table 2: Data for WIC Vendor Cost Containment Certification – Peer Group Structure**

*Please describe all vendor peer groups and identify the regular vendors that are comparable to each group of above-50-percent vendors. The information provided should refer to the peer group system as structured to comply with the new vendor cost containment requirements.*

Peer Group					Comparable Vendors Peer Group Number (6)
No. (1)	Description (e.g., supermarkets, chain stores, pharmacies) (2)	Number of Vendors in Peer Group			
		Regular Vendors (3)	Above-50% Vendors (4)	Total (5)	
1					
2					
3					
4					

**Instructions:**

**Column 1 – Assign a sequential number to each peer group.**

**Column 2 – Describe the vendors in the peer group.**

**Column 3 – Insert the number of authorized vendors that are regular vendors.**

**Column 4 – Insert the number of above-50-percent vendors currently authorized.**

**Column 5 – Insert the total number of authorized vendors. This number should be the sum of columns 3 and 4, since the State agency must identify each vendor as being either a regular vendor or an above-50-percent vendor.**

**Column 6 – For each peer group that contains above-50-percent vendors, insert the number of the peer group that contains comparable regular vendors. The comparable vendor peer group is the peer group that the State agency uses to derive the competitive price criteria and maximum reimbursement levels that it applies to the above-50-percent vendors. If above-50-percent vendors are placed in a peer group with regular vendors, then the number in column 1 should be the same as that in column 6. If above-50-percent vendors are in separate peer groups, then the number in column 1 will be different from that in column 6.**

**IX. FOOD DELIVERY**

**F. Vendor Cost Containment Certification**

*Table 3: Data for WIC Vendor Cost Containment Certification – Average Payments to Vendors*

*Using the format below, provide the latest available redemption data for the ten (10) most frequently redeemed food instrument types. Then indicate how these amounts have changed or will change with the implementation of the revised competitive price criteria and allowable reimbursement amounts. Prepare a separate table for each group of above-50-percent vendors identified in Table 2.*

**Chart for: Above-50-Percent Vendors in Peer Group No. 5 (Data from 04/01/2008 - 05/15/2008)**

In an effort to respond to an increase in the demand for WIC services, as well as an increase in food prices, effective March 10, 2008, the amount of food on some food packages was changed. Until redemption data reflecting these changes could be obtained and analyzed, estimates were made regarding the maximum allowable reimbursement for the affected food instruments for Type 5 stores. This data has been obtained and analyzed, so that we expect that cost neutrality will be reflected in future analyses of redemption data.

Food Instrument Type/Number and Description (1)	Number of Food Instruments Redeemed (2)	Average Redemption Price and Standard Deviation Per Food Instrument for (04/01/08 – 05/15/08)				Difference in Average Redemption Prices Between Above-50% Vendors and Comparable Regular Vendors (5)	Average Redemption Price Per Food Instrument for (04/01/08 – 05/15/08)	
		Above-50% Vendors (3)		All Regular Vendors (4)			Above-50% Vendors (6)	All Regular Vendors (7)
		Price	Std. Dev.	Price	Std. Dev.			
C-2 ( milk, juice, eggs)	53,035	9.99	0.48	8.75	1.05	1.24	9.99	8.75
C-3 ( milk, juice)	50,189	12.22	0.73	7.46	1.42	4.76	12.22	7.46
C-1 (milk, cheese, juice, cereal)	49,200	18.93	2.03	17.27	4.15	1.66	18.93	17.27
C-4 (milk, juice, peanut butter)	45,396	9.44	1.43	8.65	1.41	0.79	9.44	8.65
B-1 (milk, juice)	30,296	15.34	1.79	10.09	3.70	5.25	15.34	10.09
B-2 (milk, juice, cereal)	28,996	17.18	1.63	15.91	4.22	1.27	17.18	15.91
B-3 (milk, cheese)	28,161	12.62	0.49	8.50	2.49	4.12	12.62	8.50
W-1 (infant formula, infant cereal, infant juice)	27,625	147.49	30.99	140.05	37.33	7.44	147.49	140.05



**IX. FOOD DELIVERY**

**F. Vendor Cost Containment Certification**

B-4 (milk, juice)	27,320	10.34	1.33	8.08	1.89	2.26	10.34	8.08
E-1 (milk, cheese, juice, eggs, cereal)	26,469	25.08	2.27	21.55	4.22	3.53	25.08	21.55

**Instructions:**

Begin by identifying the above-50-percent vendors to which the data in the chart refer. Insert the peer group number for the above-50-percent vendors and write it on the line at the top of the chart. All data in the chart should pertain only to the above-50-percent vendors in the peer group and the comparable regular vendors. Complete a separate table for each group of above-50-percent vendors and comparable regular vendors identified in the table 2.

- Column 1 – Insert the food instrument (FI) type or number and list the foods included on the FI. Include no more than two infant formula food instrument types, but complete the chart using the next most frequently redeemed food instrument types.
- Column 2 – For each type of FI identified in column 1, insert the number of food instruments redeemed (paid) in June (the calendar month). If the State agency implemented competitive price criteria and allowable reimbursement levels that comply with the new vendor cost containment requirements before June, then select the calendar month before the State agency applied the new competitive price criteria and allowable reimbursement levels.
- Columns 3 & 4 – Insert the average food instrument redemption amount and the standard deviation for the above-50-percent vendors and for the regular vendors that the State agency has identified in Table 2 as comparable vendors. As an alternative to providing average payments to comparable regular vendors, the State agency may enter average payments to all regular vendors. If the State agency provides data for all regular vendors rather than average payment to comparable vendors, indicate this on the table or in the accompanying narrative.
- Column 5 – Subtract the amount in column 4 from the amount in column 3 and enter the difference here. If the amount in column 3 is less than that in column 4, enter the difference as a negative dollar amount.
- Column 6 – Insert the average food instrument redemption amount for above-50-percent vendors *after* the State agency has applied the revised competitive price criteria and allowable reimbursement levels. If the State agency has implemented new competitive price criteria and allowable reimbursement levels before submitting its request for certification to FNS, then the data in column 6 should be actual redemption data for the above-50-percent vendors and comparable regular vendors. Insert the calendar month(s) to which the data pertain. If the State agency does not have actual redemption data, then the State agency must estimate the new average redemption amounts.
- Column 7 – Insert the average redemption amounts for the corresponding group of comparable vendors. If the State agency has not yet implemented its revised methodologies, insert the target date to which the estimated average redemption amounts would apply. In the narrative that accompanies this data, discuss in detail the rationale for the State agency’s estimated average redemption amounts in columns 6 and 7. The average redemption amount for above-50-percent vendors may not exceed the average redemption amount for comparable vendors.

**IX. FOOD DELIVERY**

**G. Home Food Delivery Systems**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Home Food Delivery Systems Overview**

**a. Home delivery vendors include (check all that apply):**

- Dairies
- Private delivery service doing WIC business only
- Private delivery service
- Other (specify):

**b. Participants who receive home food delivery:**

- Are notified in writing of the types and quantities of foods
- Are issued food instruments that they sign and provide to the vendor when the food is delivered
- Indicate by authorized signature on a FI, receipt or signature document, the supplemental foods received
- Other (specify):

**c. Supplemental foods may be delivered:**

- Only to the participant of record
- To the participant of record or proxy of record
- To any adult at home during time of delivery
- To anyone at home at the time of delivery
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**2. Documentation**

**a. The forms verifying delivery are reconciled against vendor invoices:**

- Weekly
- Monthly reconciliation of the signed FI or other signed receipts or signature documents from participant or proxies.
- Other (specify):

**IX. FOOD DELIVERY**

**G. Home Food Delivery Systems**

- b. Signatures of participants, who sign the food receipt document/food instruments, are compared to the signature on file.**

No

Yes, sample

Yes, 100%

**ADDITIONAL DETAIL: Food Delivery Appendix  
and/or Procedure Manual (citation):**

**IX. FOOD DELIVERY**

**H. Direct Distribution Food Delivery Systems**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Direct Distribution Food Delivery - General**

**a. The State agency uses a direct distribution food delivery system to:**

- Distribute all of its WIC Program foods
- Distribute only exempt infant formula and/or medical foods
- Distribute (specify):

**b. The State agency uses:**

- Warehouse not used
- One central warehouse, deliveries directly to local agencies
- One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies
- Other (specify):

**c. Warehouses are operated by:**

- State agency
- Local agency
- Other state or public agency
- Under contract with a private business
- Other (specify):

**d. Warehouses used for storage of WIC foods are also used to store other FNS program commodities:**

- Yes
- No

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

**2. Food Distribution**

**a. Foods are distributed to participants:**

- Grocery store fashion
- Pre-packaged
- Other (specify):

**b. Participants receiving food are required to sign:**

- A register once for all foods received
- A register/form for each food item received
- Other (specify):

**IX. FOOD DELIVERY**

**H. Direct Distribution Food Delivery Systems**

**c. Foods are distributed to participants:**

- Monthly
- Other (specify):

**d. Participants with limited access to facilities used for distribution have available to them:**

**Services provided by:**

	<b>Local Agency</b>	<b>Other Sources</b>
Home delivery	<input type="checkbox"/>	<input type="checkbox"/>
Cost-free transportation	<input type="checkbox"/>	<input type="checkbox"/>
Other (if other, specify):	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

**3. Warehouse Insurance and Inspectors**

**a. Insurance for the warehouse covers (check all that apply):**

- Theft
- Fire
- Infestation
- Spoilage
- Other (specify):

**b. Warehouses are inspected by a public authority responsible for enforcing:**

- Fire safety laws and regulations (specify date and grade of last inspection):
- Sanitation laws and regulations (specify date and grade of last inspection):
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation):**

# **CHAPTER X**

## **MONITORING AND AUDITS**

## **X. MONITORING AND AUDITS**

Monitoring and audits involves State agency efforts to review local agency activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

**A. *Monitoring - 246.19(b)*:** requires State agencies to establish a management evaluation system.

**B. *Audits - 7 CFR 3052*:** describe State agency audit responsibilities.

**X. MONITORING AND AUDITS**

**A. MONITORING**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Local Agency Monitoring Activity (to be updated each year)**

**a. Local agencies/clinics monitored:**

14 number of local agencies monitored last annual period  
25 number of clinics monitored last annual period  
13 number of local agencies to be monitored this current annual period  
13 number of clinics to be monitored this current annual period

Specify last annual period, from: 10/01/07 to 09/30/2008 (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: 10/01/08 to 09/30/09 (month/day/year – month/day/year; must be applied consistently)

**b. Number of local agencies required to submit Corrective Action Plans (CAPs) to redress deficiencies identified during monitoring last year: 25 (Number)**

**c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.**

Yes  No

**If the State agency uses a tracking device, it shows (check all that apply):**

- date of most recent review for each local agency
- date of last review for each local agency
- number of clinics reviewed in most recent review for each local agency
- listing of findings for most recent review of each local agency
- date of State agency notice of findings in most recent review for each local agency
- date of local agency corrective action plan in most recent review for each local agency
- outcome of corrective action plan

**d. In preparing to conduct a local agency review, the State agency reviews data reports on:**

- no-shows by category
- administrative costs claimed
- financial reports
- priorities served
- caseload
- racial/ethnic
- staff/participant ratios
- participant nutrition surveillance data for participants in that local agency
- other (specify): Previous Quality Assurance Review Reports



**X. MONITORING AND AUDITS**

**A. MONITORING**

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): Chapter XVI and Attachments 16-1 and 16-2 of WIC Procedure Manual.**

**2. Local Agency Monitoring Procedures**

**a. The State agency uses an established protocol when it monitors local agencies.**

Yes  No

**If yes, attach in Monitoring and Audits Appendix or specify location in Procedure Manual below:**

**This monitoring protocol includes:**

- advance notification of monitoring visit
- determination of timeframes for conducting the review
- designation of local agency staff to assist State agency staff during review
- discussion of review findings on-site with local agency
- specified time frame for providing written review report
- specified time frame for local agency submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
- instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
- evaluation of adequacy of corrective action
- follow-up with local agency to ensure corrective action measures are implemented
- written notification of closure of the review
- other (specify):

**b. Monitoring of local agencies is conducted by (check all that apply):**

- State WIC staff
- district or regional staff
- other health programs
- other (specify):

**c. Specialists in the following areas monitor the areas of their expertise:**

- certification and eligibility determination
- caseload management
- nutrition services
- breastfeeding promotion and support
- targeting and outreach policies
- financial management of administrative funds
- food delivery system

## X. MONITORING AND AUDITS

### A. MONITORING

- vendor management
- civil rights
- Information Systems security
- other (specify): State WIC Staff and Area Nutrition Directors

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review:

**d. The State agency uses a standard local agency/clinic review form.**

- Yes  No

**(If yes, please ensure that it is included in the monitoring and audits appendix if it is not included in the procedure manual or elsewhere in the State Plan.)**

**If yes, the review form covers the following areas:**

- an assessment of local agency management
- an assessment of patient flow
- certification case file reviews, including procedures for determining adjunctive income eligibility
- caseload management
- training of local agency and clinic staff
- nutrition education
- breastfeeding promotion and support
- targeting and outreach policies
- financial management of administrative funds
- validation of staff time spent on WIC
- food instrument accountability
- vendor training and monitoring, if these functions are delegated to local agency
- civil rights compliance
- other (specify):

**e. The State agency has developed procedures for local agencies to use when they evaluate:**

- their own operations
- subsidiary/satellite operations (e.g., county health department clinic)
- subcontractors (e.g., community action program, hospital)
- homeless facilities/institutions
- other (specify): Private Local Agency

**If yes, these procedures include a monitoring tool.**

- Yes  No

**X. MONITORING AND AUDITS**

**A. MONITORING**

**If yes, all local agencies are required to follow these procedures.**

- Yes  
 No (specify basis for exemptions):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix  
and/or Procedure Manual (citation):**

**3. Use of Local Agency Review Data**

**a. The State agency analyzes the results of local agency monitoring visits to determine whether deficient areas are common among its local agencies.**

- Yes                       No

**b. The State agency utilizes local agency review data to (check all that apply):**

- identify outstanding operational approaches that could be shared with other local agencies  
 track individual local agency performance  
 compare administrative costs/expenses among local agencies  
 compare staffing and organization among local agencies  
 other (specify): Monitor VENA implementation and compliance

**ADDITIONAL DETAIL: Monitoring & Audits Appendix  
and/or Procedure Manual (citation):**

**X. MONITORING AND AUDITS**

**B. AUDITS**

**Do not include management evaluations or other reviews conducted by FNS regional offices or by WIC State agencies. This section concerns the audits conducted under 7 CFR 3052, and audits conducted by USDA's OIG.**

**1. Audits (Federal, State, and Local)**

**a. Number of audits conducted during FY-07:6.**

**b. Entities audited (includes both State and local agencies) Auditor(s) Period of Audit Status/disposition of audit at this time (management decision, final action, etc.)**  
See attached document for Section 1.b.

<b>Entities audited (includes both State and local agencies)</b>	<b>Auditor(s)</b>	<b>Period of Audit</b>	<b>Status/disposition of audit at this time (management decision, final action, etc.)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**c. Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$500,000 or more in Federal funds during the fiscal year, etc.)**

<b>Entities not audited (includes both State and local agencies)</b>	<b>Reason Entity Not Audited</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**X. MONITORING AND AUDITS**

**B. AUDITS**

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

**2. Audit Management Decision**

**a. Methods used by the State agency to ensure that corrective action is taken on audit findings include (check all that apply):**

- State agency has a copy of the corrective action plan on file.
- State agency tracks audits to determine if the same problems are recurring from year to year.
- Local agency must file periodic reports.
- State agency contacts local agency by phone or in writing periodically.
- State agency visits local agency.
- Other (specify):

**b. State agency actions taken to ensure that all claim amounts are recovered include (check all that apply):**

- Local agency files periodic reports.
- State agency contacts local agency by phone or in writing.
- State agency monitors receipt of a check in the amount of an audit claim.
- State agency establishes and employs billing/offsetting of account procedures.
- Other (specify):

**c. State agency accounting procedures for claim amounts recovered:**

- Recovered claim amounts from prior fiscal years are returned to FNS.
- Recovered claim amounts are reallocated if collected within the same fiscal year.
- Claim amounts are verified with local agency.
- Other (specify):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

**3. Availability of Audit Reports**

**a. The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.**

- Yes                       No, copies are retained by:

**X. MONITORING AND AUDITS**

**B. AUDITS**

Copies are retained by Bureau of Financial Management and Office of Program Integrity

**b. Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:**

- Detailed breakdown of each audit finding is tracked separately.
- Individuals are assigned to monitor each audit.
- One individual is assigned to monitor all audits.
- Other (specify): As determined by Office of Program Integrity

**c. The State agency maintains a listing of all planned audits for the coming Fiscal Year.**

- Yes                                       No

**(Indicate recent FYs which included WIC in A-133 audits):** 2001, 2002, 2003, 2004, 2005, 2006, 2007

**d. The State agency ensures WIC participation in A-133 and other audits by (check all that apply):**

- developing a tracking system that monitors the status of each audit
- establishing a contact person for each audit
- including this audit requirement in the local agency contract
- other (specify):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

**CHAPTER XI**

**CIVIL RIGHTS**

## **XI. CIVIL RIGHTS**

Civil Rights involves the training of State and local staff on issues, rules and regulations related to Civil Rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with Civil Rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling Civil Rights complaints.

**A. Administration - 246.4(a)(16):** describe the procedures the State will use to comply with the civil rights requirements described in 246.8.

**B. Public Notification Requirements and Nondiscrimination Notification - 246.8(a)(1):** describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants through the materials used and in an appropriate language.

**C. Compliance Review and Monitoring Activity - 246.8(a)(2):** describe the procedures and policies used to monitor and review local agencies to verify that they are in compliance with Civil Rights laws and regulations.

**D. Data Collection and Reporting - 246.8(a)(3):** describe the methods used to collect and monitor racial/ethnic data.

**E. Complaint Handling - 246.4(a)(16):** describe the policies and practices used to ensure Civil Rights complaints are handled properly at the State and local level.



**XI. CIVIL RIGHTS**

**A. Administration**

**1. The State agency designates an individual to coordinate, implement, conduct training and enforce civil rights efforts.**

Yes  No

**a. The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations and instructions:**

	<b>State Agency</b>	<b>Local Agency</b>
Briefing for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handouts for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Memos and updates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by civil rights coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by staff other than WIC Program	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other, specify:		

**b. Civil rights training is provided annually.**

State agency staff  **Yes**  **No**  
 Local agency staff  **Yes**  **No**

**c. Civil rights training includes the following:**

	<b>State Agency</b>	<b>Local Agency</b>
Collection and use of racial/ethnic data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Effective public notification systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance review techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resolution of noncompliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for language assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conflict resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If other, specify:		

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

**XI. CIVIL RIGHTS**

**A. Administration**

**2. The State agency has copies of the following materials on file:**

- FNS Instruction, 113-1
- Title VI (1964), 7 CFR 15
- Title IX, Education Amendments, 7 CFR 15a (sex discrimination)
- Section 504, Rehabilitation Act of 1973, 7 CFR 15b
- Racial/Ethnic data collection policy and reporting requirements
- Age Discrimination Act of 1975, 45 CFR Part 91 (draft)
- Americans with Disabilities Act, 28 CFR Part 35
- Civil Rights Restoration Act of 1987

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

**3. The State agency's policy for reasonable accommodation for the disabled includes the most up-to-date special provisions for the disabled.**

- Yes                       No

(Refer to FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities)

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

**XI. CIVIL RIGHTS**

**B. Public Notification Requirements and Nondiscrimination**

**1. Public Notification**

**a. The State agency requires its local agencies to include the nondiscrimination policy statement and civil rights complaint procedure on the following (check all that apply):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> outreach letters to the general public | <input checked="" type="checkbox"/> radio announcements                     |
| <input checked="" type="checkbox"/> program information letters            | <input type="checkbox"/> publications                                       |
| <input checked="" type="checkbox"/> program information brochures          | <input checked="" type="checkbox"/> posters                                 |
| <input type="checkbox"/> program information bulletins                     | <input type="checkbox"/> newsletters  |
| <input checked="" type="checkbox"/> newspaper announcements                | <input type="checkbox"/> referral material                                  |
| <input checked="" type="checkbox"/> internet                               | <input type="checkbox"/> television announcements                           |
| <input type="checkbox"/> letters of invitation in the public               | <input type="checkbox"/> application forms (including computer-based forms) |
| <input type="checkbox"/> hearing process                                   | <input type="checkbox"/> Other (specify):                                   |
| <input type="checkbox"/> certification forms to be signed by participants  |   |

**b. The State agency requires that the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute be displayed in the following places frequented by applicants and participants:**

- clinic waiting rooms
- food instrument issuance offices
- group/individual nutrition education areas
- test kitchens
- warehouse distribution centers
- other (specify):

**c. Check the group categories that the State agency and its local agencies (LA) publicly inform of the following information (check all that apply; see key below):**

- | <b>1</b>                            | <b>2</b>                            | <b>3</b>                            |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | availability of program benefits   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | eligibility criteria for participation                                   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | location of LA/clinics operating WIC Program and (800) telephone numbers |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | hours of service of LA/clinics operating WIC Program                     |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | rights and responsibilities  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | nondiscrimination policy   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | civil rights complaint procedure   |

1 = general public

2 = grassroots/community organizations that deal with potentially eligible minorities

3 = potential eligibles/applicants/participants

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**B. Public Notification Requirements and Nondiscrimination**

**d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure Manual citation of materials used):**

- annually  more frequently

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

**2. Nondiscrimination Notification**

**a. The State agency or local agency:**

- provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant number or proportion of the eligible population is not English-speaking.
- appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants where a significant number or proportion of the eligible population is not English-speaking.
- all rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.

**b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):**

<b>M</b>	<b>VT</b>	<b>PT</b>	<b>BS</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	English
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spanish
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	French
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific (specify): <b>Korean</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal (specify):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign Interpreter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

**XI. CIVIL RIGHTS**

**C. Compliance Review and Monitoring Activity**

**1. Compliance Review**

**a. Civil rights reviews of local agencies are conducted:**

- separately
- in conjunction with another department, organization or service
- as part of an overall review
- other (specify):

**b. The State agency reviews all of its local agencies for civil rights compliance with the nondiscrimination laws and regulations when it does its reviews.**

- Yes                                       No

**ADDITIONAL DETAIL: Civil Rights Appendix  
and/or Procedure Manual (citation):**

**2. Monitoring Activity**

**a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:**

- Review of the racial/ethnic enrollment and/or participation data
- Review of denied applications
- Review of waiting lists
- Review of complaints
- Review of participant survey
- Participant interviews
- Other (specify):

**b. The State agency checks for the following in local agency applications:**

- the local agency has corrected all past substantiated civil rights problems or noncompliance situations
- the Civil Rights Assurance is included in the State-Local Agency Agreement
- a description of the racial/ethnic makeup of the service area is included in the application
- appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of non-English or limited English-speaking persons reside

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**C. Compliance Review and Monitoring Activity**

**c. The State agency checks for the following in its civil rights reviews of its local agencies:**

- case records include racial/ethnic data
- where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population
- the local agency has conducted civil rights training for its staff
- the project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- the nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public
- racial/ethnic data are collected by actual count and maintained on file for 3 years
- the local agency has corrected all past substantiated civil rights problems or noncompliance situations
- civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1:XV

**ADDITIONAL DETAIL: Civil Rights Appendix  
and/or Procedure Manual (citation):**

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**D. Data Collection and Reporting**

**1. Data Collection**

**a. The State agency ensures the following when collecting civil rights data:**

- all racial/ethnic categories are collected and reported as part of the program participant characteristics report
- racial/ethnic data definitions are in accordance with current OMB guidance and WIC policy, and clinic procedures are in place to ensure the data is collected accurately
- data reported on participant characteristics include the number of persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits
- collected racial/ethnic data and records are accessible only to authorized personnel

**b. The State agency maintains a civil rights file which retains collected racial/ethnic data for three years.**

- Yes                       No

**ADDITIONAL DETAIL: Civil Rights Appendix  
and/or Procedure Manual (citation):**

**2. The State agency instructs its local agencies to obtain a participant's racial/ethnic category by (check all that apply):**

- allowing self-identification by participant (must be used at participant's request)
- visual identification/sight assessment by local agency staff
- local agency staff personally know participant's racial/ethnic category
- other (specify):

**ADDITIONAL DETAIL: Civil Rights Appendix  
and/or Procedure Manual (citation):**

**XI. CIVIL RIGHTS**  
**E. Complaint Handling**

**1. The State agency ensures the following:**

- WIC Program applicants and participants are informed where and how they may file a complaint of discrimination.
- all local agency staff are trained in discrimination complaint procedures
- all written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff.
- complaints alleging discrimination based on race, color, national origin or age are forwarded to the Secretary of Agriculture in Washington, D.C. through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)
- complaints alleging discrimination based on sex or disability are forwarded to the FNS regional civil rights office (for those State and local agencies without an FNS-approved grievance procedure in place).
- complaints alleging discrimination based on sex or disability are processed by State and/or local agencies under a grievance procedure approved by FNS.

**ADDITIONAL DETAIL: Civil Rights Appendix  
and/or Procedure Manual (citation):**

**2. The State agency uses a discrimination complaint form it has developed for acceptance of a complaint.**

- Yes                       No

**ADDITIONAL DETAIL: Civil Rights Appendix  
and/or Procedure Manual (citation):**

**3. The State agency establishes and ensures that local agencies implement specific timeframes concerning discrimination complaints:**

- An individual has the right to file a complaint within 180 days of the alleged discriminatory action.
- All complaints are processed and closed within 90 days of receipt.

**ADDITIONAL DETAIL: Civil Rights Appendix  
and/or Procedure Manual (citation):**



# **CHAPTER XII**

**VALUE ENHANCED NUTRITION  
ASSESSMENT (VENA) AND  
NUTRITION RISK**

**FOOD PACKAGE INTERIM  
FINAL RULE**

**BREASTFEEDING PEER  
COUNSELING**

**VENDOR-RELATED AND  
MANUFACTURER COST  
CONTAINMENT**

**XII. VALUE ENHANCED NUTRITION ASSESSMENT (VENA) AND NUTRITION RISK**  
**FOOD PACKAGE INTERIM FINAL RULE**  
**BREASTFEEDING PEER COUNSELING**  
**VENDOR-RELATED AND MANUFACTURER COST CONTAINMENT**

**Fiscal Year (FY) 2009 State Plan Instructions for**  
**Value Enhanced Nutrition Assessment (VENA) and Nutrition Risk**

The following is a list of information related to VENA and nutrition risk that must be included or addressed in the FY 2009 State Plan.

**VENA**

**WIC Policy Memorandum 2008-1: WIC Program Explanation for Participants was issued on January 15, 2008. The FY 2009 State Plan should include policy and procedural information, as necessary, to ensure local staffs provide program information (as described in the policy memorandum) to each participant.**

Response: WIC Program Explanation for Participants is provided to participants at certification and recertification. See the WIC Procedure Manual Chapter VI, Section 6.B.1.e and Chapter XVII, WIC ID Folder.

**Nutrition Risk**

**FNS WIC Policy Memorandum 98-9, Revision 9: Nutrition Risk Criteria was issued to FNS Regional Offices on June 28, 2007. The implementation date for revisions included in this memorandum is October 1, 2008.**

Response: FNS WIC Policy Memorandum 98 – 9, Revision 9 to be implemented October 1, 2008. See WIC Procedure Manual Chapter V, Attachment 5 – 7 and Chapter XVII, WIC Nutrition Assessment forms.

**The FY 2008 State Plan should include all draft policy, procedural and information system changes, etc., as necessary, for FNS review to implement the policy revision. Please refer to the FNS policy memorandum for the specific revision requirements.**

Response: FNS WIC Policy Memorandum 98 – 9 Revision 9 to be implemented October 1, 2008. See WIC Procedure Manual Chapter V, Attachment 5 – 7 and Chapter XVII, WIC Nutrition Assessment forms.

**If a State agency is unable to meet the October 1, 2008 implementation date, it must submit a request for an extension to the appropriate FNS Regional Office. The request for an extension must include a justification and a timeline for implementation. Regional Offices may extend the implementation deadline on an individual case basis, depending on the circumstances of the State agency.**

## **Food Package Interim Final Rule**

Provisions in the Food Package Interim Final Rule that Must Be Addressed in the FY 2009 State Plan (if the State agency intends to implement the changes in FY 2009):

**Required:  
246.4(a)(11)(iii)**

**Instructions concerning all food delivery operations performed at the local level, including the list of acceptable foods and their maximum monthly quantities as required by § 246.10(b)(1).**

**(a)(14)(iii)**

**Vendor and farmer agreement. A sample vendor and farmer, if applicable, agreement, including the sanction schedule, which may be incorporated as an attachment or, if the sanction schedule is in the State agency's regulations, through citation to the regulations.**

**(a)(14)(vi)**

**Food instruments and cash-value vouchers. A facsimile of the food instrument and cash-value voucher, if used, and a description of the system the State agency will use to account for the disposition of food instruments and cash value vouchers in accordance with § 246.12(q);**

**(a)(14)(xi)**

**Vendor and farmer training. The procedures the State agency will use to train vendors in accordance with § 246.12(i) and farmers. State agencies that intend to delegate any aspect of training to a local agency, contractor, or vendor representative must describe the State agency supervision and instructions that will be provided to ensure the uniformity and quality of vendor training.**

Response: The Food Package Interim Final Rule will be implemented October 1, 2009; therefore, all policies and procedures are to be included in the 2010 State Plan.

## **Breastfeeding Peer Counseling**

Breastfeeding Peer Counseling Information that Must Be Included or Addressed in the FY 2009 State Plan:

**Include an updated line item budget demonstrating how peer counseling funds are being used for the peer counseling activities described in the State's Breastfeeding Peer Counseling Implementation Plan.**

Response: Information can be found in State Plan Chapter II A. 7.

## **Vendor-Related and Manufacturer Cost Containment FY 2009 State Plan Items**

### **Renewal of Vendor Cost Containment Certification:**

Section 246.12(g)(4)(vi) of the WIC regulations requires that at least every three years following initial certification of its vendor cost containment system by FNS, the State agency must submit information to FNS which demonstrates that it continues to meet the requirements of the WIC regulations relative to average payments to above-50-percent vendors. (Cash-value vouchers are not subject to these cost containment requirements and thus are not subject to the cost containment certification requirement.) The existing certifications were effective on October 1, 2006. Thus these certifications now must be renewed, to be effective October 1, 2009, with the exception of State agencies which no longer authorize above-50-percent vendors.

The State agencies subject to this requirement need to provide the information specified in section IX.F of the State Plan functional formats as part of their annual State Plan submissions due to their regional offices on August 15, 2008. Regional office approval provides assurance that the affected State agencies are in compliance with vendor cost containment certification requirements of the WIC regulations.

Given that this will be the first renewal, we recommend that all of the information specified in section IX.F be submitted by the affected State agencies. Headquarters staff will be available to assist regional staff with any questions about these State agency submissions.

Response: Not required for August 15, 2008 State Plan submission

### **Vendor Provisions in the Nondiscretionary WIC Certification and General Administrative Provisions Interim Final Rule that Must Be Addressed in the FY 2009 State Plan:**

#### **Participants Must Be Allowed to Use Food Instruments with Any Authorized Vendor:**

Vendor-specific systems, under which a participant chooses or is assigned to one vendor for all or part of a certification period, are prohibited.

Response: See WIC Procedure Manual Chapter XVII WIC Identification Folder

#### **Requirement for Processing Vendor Applications Outside of Established Timeframes:**

State agencies must include procedures for accepting and processing vendor applications outside the established timeframes if the State agency determines there will be inadequate participant access to the WIC Program, including instances in which a previously authorized vendor sells a store under circumstances that do not permit timely notification to the State agency of the change in ownership.

Response: See State Plan Chapter I. A. 2. a.

This was already required by §246.12(g)(7) of the WIC regulations (since redesignated as §246.12(g)(8)); the only new requirement was that this requirement must be reflected in the State Plan. Many State agencies may have previously revised their State Plans because of the former §246.12(g)(7); these State agencies do not need to make any further revisions.

**Manufacturer Cost Containment Provisions in the Miscellaneous Vendor-Related Provisions Final Rule that Must Be Addressed in the FY 2009 State Plan:**

Per the new §246.16a(j)(4), cost containment contracts must not require infant formula manufacturers to provide gratis infant formula or other items.

**Vendor Provisions in the Miscellaneous Vendor-Related Provisions Final Rule that Must Be Addressed in the FY 2009 State Plan:**

Abbreviated administrative review procedures may now be used for two additional issues per the new §246.18(a)(1)(ii)(I) and (J):

- A civil money penalty imposed in lieu of disqualification based on a Food Stamp Program disqualification under § 246.12(l)(1)(vii), and
- Denial of an application based on a determination of whether an applicant vendor is currently authorized by the Food Stamp Program.

Since use of abbreviated administrative review procedures is optional, the State agency is required to address this in its vendor agreement (or in an attachment or referenced authority), which is part of the State Plan, if the State agency chooses to use abbreviated administrative review procedures and chooses to add these subjects to such procedures.

Response: Not using abbreviated review

Confidential vendor information does not include the vendor's telephone number, Web site/e-mail address, and store type:

Previously, under §246.26(e), confidential vendor information did not include the vendor's name, address, and authorization status. The final rule has added the vendor's telephone number, Web site/e-mail address, and store type as information which is also not confidential vendor information.

Response: See State Plan Chapter I. H. 1. c.

Under the new §246.26(e)(4), State agencies may identify sanctioned vendors to other vendors, including some of the related details:

At the discretion of the State agency, the State agency may inform all authorized vendors and vendor applicants regarding vendor sanctions which have been imposed, identifying only the vendor's name, address, length of the disqualification or amount of the civil money penalty, and a summary of the reason(s) for such sanction provided in the notice of adverse action. Such information may be disclosed only following the exhaustion of all administrative and judicial review, in which the State agency has prevailed, regarding the sanction imposed on the subject vendor, or the time period for requesting such review has expired. Since this provision is optional, the State agency is required to address this in its State Plan only if the State agency chooses to use this option.

Response: Not utilizing option

# **CHAPTER XIII**

## **VALUE ENHANCED NUTRITION ASSESSMENT (VENA) PLAN**



## **Value Enhanced Nutrition Assessment (VENA) Implementation Status Report**

The Value Enhanced Nutrition Assessment (VENA) Implementation Status Report for the Alabama WIC Program is included in this section. The VENA report was updated using the format provided by Southeast Regional Office.

The Priority for FY 2009 is to implement Risk Revision 9 and to implement the second phase of VENA, establish and evaluate provider competencies.

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Policies/Procedures

<u>ACTIVITY</u>	<u>ACTION</u>	<u>TARGET DATE</u>
Develop/revise current policies and procedures to enhance quality of WIC nutrition assessment	<ol style="list-style-type: none"> <li>1. Assess staffing needs at the State level for VENA planning, implementation needs, and follow-up.</li> <li>2. Establish VENA committee comprised of state, area, local nutritionists to secure area and local input in developing policies, procedures, training, and monitoring aspects of VENA implementation.</li> <li>3. Establish VENA coordinator position at state office to coordinate all aspects of VENA planning and implementation. (Jean Fulton, MS, RD, Nutritionist Assistant Administrator)</li> <li>4. Develop procedures for implementation of WIC Policy Memorandum 98-9 Revision 8 while adhering to principles of VENA. (See revised assessment forms in Fiscal Year 2008 WIC Procedure Manual, Chapter XVII)</li> <li>5. Revise current nutrition assessment policies and procedures to comply with patient-centered-approach outlined in VENA Guidance. (Revised nutrition assessment policies and procedures are incorporated in Fiscal Year 2008 WIC Procedure Manual, Chapter V and VI. Revised assessment forms included in Chapter XVII. Revised Visit Standards in Chapter XVIII)</li> <li>6. Develop policies and procedures for establishing and evaluating provider competencies.</li> <li>7. Assess current policy of provider to patient ratio following implementation of VENA approach for nutrition assessment. Assessment may include clinic flow analysis as appropriate, caseload review, presentations at administrative meetings, QA reviews, etc.</li> <li>8. Reassess nutrition assessment policy and procedure.</li> <li>9. Establish clinic level new employee orientation training policy to ensure this training is VENA compliant.</li> <li>10. Revise food package tailoring policies and procedures with the issuance of the revised USDA food package.</li> </ol>	<p>April 2006 (completed)</p> <p>June 2006 (ongoing)</p> <p>January 2007 (completed)</p> <p>July 2007 (completed)</p> <p>May 2007 (completed)</p> <p>Fall 2008 (planning)</p> <p>Fall 2008 (ongoing)</p> <p>Nov-Dec 2008</p> <p>Spring 2009</p> <p>July 15, 2009</p>

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**Positive Assessment Approaches**

**ACTIVITY**

Develop plan for shifting WIC nutrition assessment from a deficiency finding process to a more positive process.

**ACTION**

1. Develop nutrition assessment forms that comply with Risk Revision 8 while adhering to principles of VENA.
2. Develop sample open-ended questions and anticipatory guidance for prompts/reference only in gathering nutrition assessment information to conduct complete nutrition assessment.
3. Conduct pilot study of new nutrition assessment forms and prompt questions/guidance prior to state-wide implementation.
4. Evaluate pilot of new nutrition assessment forms and procedures.
5. Revise WIC Visit Standards to be consistent with revised nutrition assessment procedure. (See Fiscal Year 2008 WIC Procedure Manual, Chapter XVIII for revised Visit Standards.)
6. Revise Nutritional Risk Criteria Manual to comply with Risk Revision 8.
7. Implement Risk Revision 8 and revised nutrition assessment forms. (See Fiscal Year 2008 WIC Procedure Manual, Chapter V, Attachment 5-2 to 5-7, for revised risk criteria and Chapter XVII, Forms for revised assessment forms.)
8. Develop procedures/methods for assessing essential staff competencies in the six competency areas for WIC Nutrition Assessment:
  - a. Principles of life-cycle nutrition
  - b. Nutrition assessment process
  - c. Anthropometric and hematological data collection techniques
  - d. Communication
  - e. Multicultural awareness
  - f. Critical thinking
9. Reassess nutrition assessment forms after using for one year.
10. Utilize VENA committee throughout VENA implementation process to assure local agency input.
11. Develop Clinic Orientation Training Manual for new employee orientation training at the clinic level to be VENA compliant.
12. Revise Nutritional Risk Criteria Manual to comply with Risk Revision 9.
13. Implement Risk Revision 9.

**TARGET DATE**

- Dec. 2006 (completed)
- Dec. 2006 (completed)
- Jan – Sept. 2007 (completed)
- Feb, Mar, Apr 2007 (completed)
- Dec. 2006 (completed)
- May 2007 (completed)
- Oct. 1, 2007 (completed)
- Spring 2009
- Nov-Dec 2008
- Ongoing
- Spring 2009
- Summer 2008 (ongoing)
- Oct. 1, 2008

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Training

<u>ACTION</u>	<u>TARGET DATE</u>
Identify VENA training needs and develop training plans for all staff.	
1. Plan and hold training sessions including but not limited to the following topics:	
a. Implementation of nutrition assessment forms and procedures for Risk Revision 8.	Aug-Sept 2007 (completed)
b. Use of patient-centered approach of obtaining information for dietary assessment.	Aug-Sept 2007 (completed)
c. "Motivational Interviewing: by Molly Gee, Med, RD "Motivational Interviewing and Behavior Change" by Molly Gee, Med, RD "Healthy Behavior Change: Using Motivational Interviewing" by Bruce A. Berger, PhD	Oct. 19, 2007 (completed) Jan. 25, 2007 (completed)
d. Counseling skills: "Mining for Diamonds" by Cathy Carothers, BLA, IBCLC, RLC & Kendall Cox, BA, IBCLC, RLC.	Jan 23-24, 2008 & Feb 28-29, 2008 (completed)
e. Building positive relationships with participants: "Building Positive Relationships with Participants" by Learning Dynamics	Fall 2008
f. Staff (CPA) competencies.	
g. Customer service to include all WIC Staff.	Fall 2008/Spring 2009
h. Use "Loving Support Through Peer Counseling" training for WIC Breastfeeding Peer counselors.	Oct. 29-30, 2008
2. In-service area administrative and ADPH management staff on VENA policy and the training that will be required this year and the coming years for clinic staff to meet VENA requirements. (Presentation by Wendy Blackmon, Director, at Central Office/Area Administrator's meeting.)	Aug & Sept. 2006 & May 2007 (completed)
3. Continue to utilize methods of evaluating effectiveness of training including evaluation forms, observation, Quality Assurance monitoring, role playing sessions, case studies, and other simulation exercises.	March 2007 (completed)
4. Evaluate and revise WIC staff training manual for comprehensive and Refresher training sessions at the WIC Training Clinic to be VENA compliant. Training to incorporate practice counseling sessions and case studies.	Ongoing
	Fall 2007 (completed)

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**Training**

<u>ACTIVITY</u>	<u>ACTION</u>	<u>TARGET DATE</u>
	5. Continue to provide annual training updates including but not limited to topics listed above at the Annual WIC Training Conference and annual WIC Nutrition Education/Breastfeeding Workshop to include interactive training to improve nutrition counseling techniques.	Ongoing
	6. Utilize Clinic Orientation Training Manual for new employees orientation training to ensure new employees receive training consistent with VENA.	Oct. 2009
	7. Consult with Area staff quarterly or as requested to determine training needs of local staff.	Ongoing/Quarterly
	8. Survey staff statewide at the annual training conference regarding training needs.	Ongoing/Annually

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**MIS Support for Assessment**

<u>ACTIVITY</u>	<u>ACTION</u>	<u>TARGET DATE</u>
Identify changes in the Public Health of AL County Operations Network that support value enhanced WIC nutrition assessment process.		
1.	Determine changes needed in computer programming in PHALCON for Risk Revision 8 including ability to enter new risk code numbers, selection and printing of new nutrition assessment forms by visit type.	Dec 2006 (completed)
2.	Work with Computer Systems Center as programming is developed to ensure revisions meet required needs.	Ongoing
3.	Implement computer programming necessary for entering risk code numbers consistent with Risk Revision 8, selection and printing of new nutrition assessment forms from PHALCON.	Oct 1, 2007 (completed)
4.	Determine parameters for automating risk criteria	Dec 2006 (completed)
5.	Implementation of automated risk criteria.	Aug 2008
6.	Automate growth charts.	Aug 2002 (completed)
7.	Automate percentile determination from growth chart data.	May 2003 (completed)
8.	Automate BMI calculation.	Aug 2002 (completed)
9.	Automate adjusted gestational age calculations.	Oct 2002 (completed)
10.	Assess the need for additional fields in PHALCON to capture data from nutrition assessment information.	FY 2008 (ongoing)
11.	Work with Computer Systems Center to determine programming changes needed for implementing new food package. (revised wording of action)	July 2009 (ongoing)

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**Local Agency Review Process**

<u>ACTIVITY</u>	<u>ACTION</u>	<u>TARGET DATE</u>
Incorporate VENA procedures into the state and local agency review process	1. Revise Quality Assurance Monitoring Tool adding criteria to assess CPA's use of: <ol style="list-style-type: none"> <li>Motivational interviewing techniques in conducting complete nutritional assessment</li> <li>Positive, patient-centered approach in counseling the patient</li> </ol>	Nov 2007 (ongoing)
	2. Develop protocol for monitoring staff (CPA) competencies.	Spring 2009
	3. Utilize VENA Committee and QA Committee to assure local agency input during the QA review process.	Ongoing

\* Some changes in action steps and target dates were necessary due to staff changes and limitations. Changes are bolded.