RHODE ISLAND DEPARTMENT OF HEALTH

OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

WIC AND FARMERS MARKET SERVICES

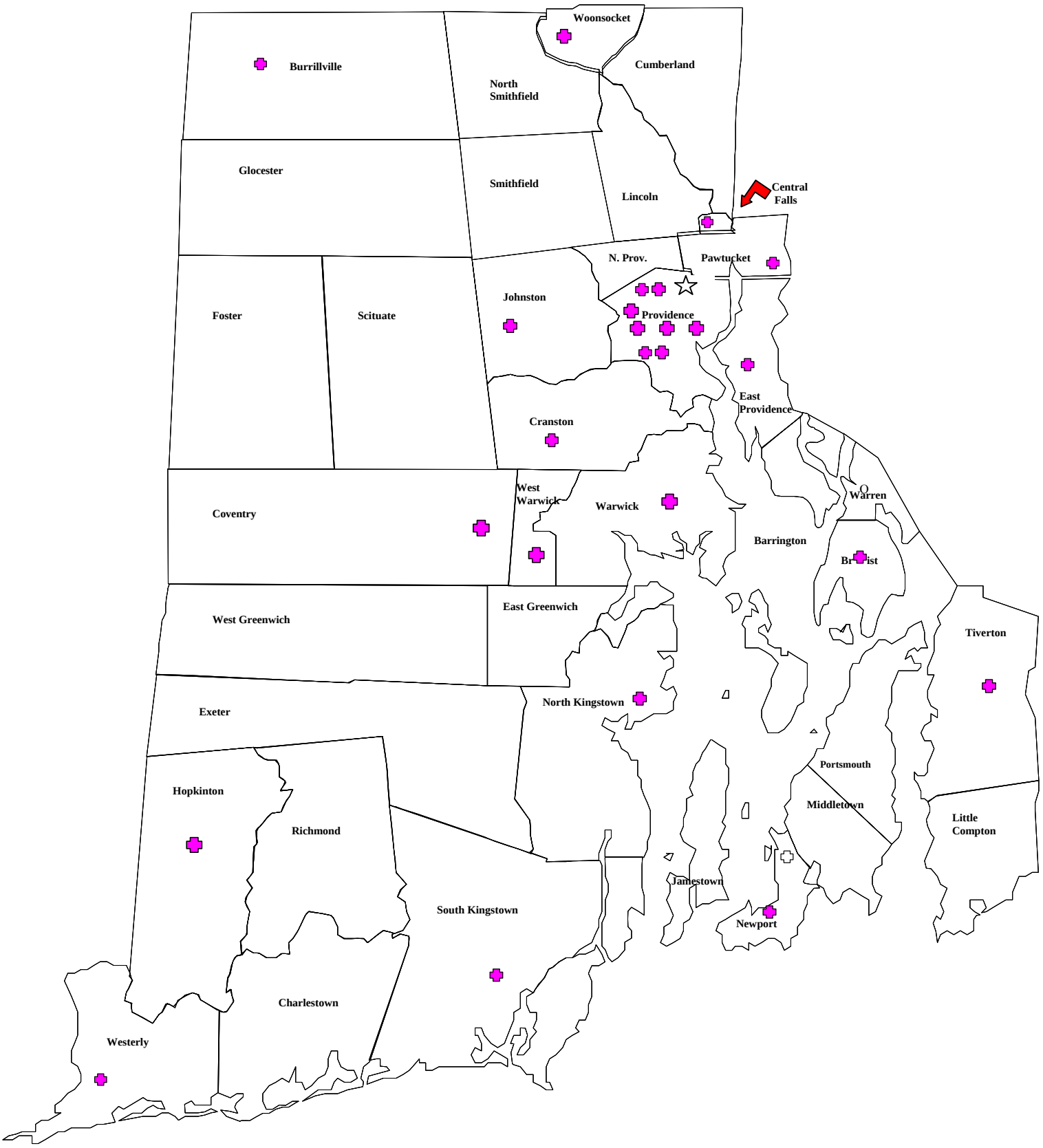
STATE PLAN OF OPERATION AND ADMINISTRATION

FISCAL YEAR 2010

RHODE ISLAND WIC SITES
12/09

Clinic Site

Department of Health



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STATE PLAN OF OPERATION AND ADMINISTRATION

VOLUME I

GOALS FOR FISCAL YEAR 2010

Proposal
Submitted to FNS / USDA
December 15, 2009

GOALS FOR FY 2010

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SECTION I

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RHODE ISLAND DEPARTMENT of HEALTH
WIC PROGRAM
LOCAL AGENCY ADMINISTRATION and LOCAL WIC CLINICS

Local WIC Agency Administration	**Local WIC Agency Clinics**
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Mr. Merrill Thomas, Executive Director Mr. Les Hubbard, Coordinator/Nutritionist Providence Community Heath Centers, Inc. 375 Allens Avenue Providence, RI 02905 (401) 444-0411	Allen Berry Health Center WIC Program 202 Prairie Avenue Providence, RI 02907 (401) 444-0570 x 3745 Capitol Hill Health Center WIC Program 40 Candace Street Providence, RI 02908 (401) 444-0550 x 3541 Chafee Health Center WIC Program One Warren Way Providence, RI (401) 444-0530 x 3341 Olneyville Health Center WIC Program 100 Curtis Street Providence, RI 02909 (401) 444-0540 x 3445
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Linda Cardillo, Executive Director Mr. Douglas Jones, WIC Coordinator/Nutritionist Wood River Health Services WIC Program 823 Main Street Hope Valley, RI 02832 (401) 539-2461	Wood River Health Services WIC Program 823 Main Street Hope Valley, RI 02832 (401) 539-2461 Westerly WIC Satellite 56 Spruce Street Westerly, RI 02891 (401) 596-0086

Section I
Selection of Local Agencies

Goal: To ensure that local agencies are selected and funded in accordance with the need for Program benefits in an area, participant access, coordination of care and the efficient and effective utilization of nutrition and program services (NSA) funds.

Recent Trends

In 2008, the RI Department of Health underwent a significant reorganization. The intent was to promote synergy among programs dedicated to:

- Health Disparities and Access to Care,
- Healthy Homes and Environments,
- Chronic Care and Disease Management,
- Health Promotion and Wellness,
- Preventive Services and Community Practices

Through the merging of the Division's of Family Health and Community Health & Equity.

The impact on maternal and child health is significant. As flexible and categorical resources become scarcer, public health has to rethink and carefully prioritize its work. Once departmental, divisional, team and program priorities are identified and aligned, those cross cutting issues that connect once divergent initiatives, can now be more clearly identified. Limited resources can be leveraged to better address the public health needs of communities.

RI maternal and child health programs have a long history of this integrated approach. WIC services link with lead screening; Kidsnet crosses multiple prevention health services program. There are numerous examples. The new Division of Community, Family Health and Equity will allow MCH programs to more closely align and collaborate new partners such as Diabetes Control, Initiative for Healthy Weight, Tobacco Control, Injury Prevention, Minority Health, Asthma, HIV / Viral Hepatitis and Healthy Homes (to name a few).

Division long-term trends and areas of concern were identified as outlined below:

- *Racial, ethnic and poverty driven health disparities continue to be documented*. Increased cost of living (especially housing costs) is impacting many.

- *Shifting the focus from the individual to the community* recognizes that community-level changes foster and sustain individual behavior change to reduce disability and death.

- *The diversity of RI's population continues to expand.* – The continued immigration and refugee influx means an ever- expanding cultural and language backdrop. Hispanic/Latino population is the fastest growing minority group.

- *Fewer people have health insurance and / or access to health care.* Immigration status, program eligibility, family income and costs of health insurance are all contributing to this continued drop in insurance rates. The growing cost of health care acts as a deterrent to accessing needed services.

- *New parents struggle with issues related to low income, safety, and lack of extended family support, hindering their efforts to be effective parents.* The emphasis is on those parents with multiple vulnerabilities and/or challenges, including those associated with children with special health care needs, and involve identifying and addressing risks before conception, during pregnancy, and in the infant/preschool years.

These will link with the MCH needs assessment to form the basis of our work in this application

Rhode Island's RIte Care Program (RITECARE), implemented in 1994, brought radical restructuring to the health care system for low-income mothers and children. *In 2008, significant changes are being made to the Program.*

- *All eligible pregnant women and children up to age five continue to be covered for comprehensive preventive and corrective health care.*
  - *Children under age 19 and Pregnant Women are eligible up to 250% of FPL. This group is adjunctively eligible for WIC.*
  - *Parent / relatives income eligibility has dropped from 185% to 175% of FPL*
- *Premiums have increased for families between 150% of FPL and 250% of FPL.*
- *New premiums have been instituted for families between 133% of FPL and 149% of FPL.*
- *The care is rendered in the context of a chosen primary provider and health plan, with restrictions on using out of plan services.*
- *Eleven current WIC providers are affiliated with one of the three remaining *competing RITECARE plans.*

Objective 1: Evaluate anticipated changes in the Rite Care Eligibility criteria related to potential impact on determination of adjunctive eligibility.

Additional WIC Program Services and Service and Performance Objectives

In light of federal and public health objectives, HEALTH has identified the following areas to be addressed in structuring the local WIC services system:

Objective 1: Ensure prompt access to services

1. The Program must make available evaluation and receipt of benefits to non-breastfed infants in a much shorter time span, including ability to respond on a crisis intervention basis.

2. The Program's preventive effectiveness has been shown to be greatest when pregnant women receive benefits as early in pregnancy as possible. Any delay in responding to a request from a pregnant woman in effect undermines the Program's effectiveness.

3. Accessible hours for the working eligible. Congress has mandated that WIC services be available during hours in which the working eligible (over two thirds of WIC families) can apply for the Program without interfering with their jobs.

4. Prompt enrollment of other high-risk individuals.

Objective 2: **Ensure coordination of WIC services with on-site health care services, especially to increase immunization rates for WIC children. HEALTH must recognize changes in location of health care services to WIC participants and potential eligibles. Efforts must be made to increase access to WIC services at all sites where such persons are receiving health care.**

Objective 3: **Coordinate simplified access to multiple services at one appointment ("one stop shopping").**

Objective 4: **Increase and enhance breastfeeding support and promotion.**

Objective 5: **Monitor, support and ensure the quality of delivery of WIC services.**

Objective 6: **Ensure compliance with Program rules and requirements.**

Reduce Imbalances in Ratios of Enrollment to Need
(see Affirmative Action Plan)

Objective 1: **Continue efforts to reduce disparities between high and low percentages of met need around the State through continual State office review of:**

1. Caseload and allocation adjustment,

2. Local agency performance in high risk identification, caseload maintenance,

3. Establishment of local agency satellite sites in areas of particularly high unmet needs,

4. State and local outreach activities.

Objective 2: **Review the contracting process as related to**:

1. Continued variations in the percent of need met where some communities have remained at more than ten percent below the statewide need met average over the course of several years.

2. Despite success in targeting benefits to high-risk eligibles such items as clinic location, additional satellite clinics, and local outreach need to be further evaluated to further improve such targeting.

Objective 3: **If the current network is not sufficient to continue to provide WIC services to all eligible clients for which the Program has funds, or if there is any other compelling need to seek other providers then the HEALTH would perform a feasibility study of the benefits and drawback to additional providers, especially in relation to client access and caseload expansion needs. This review will consider:**

1. The ability of other providers to provide quality WIC nutrition, eligibility and coordination and outreach services.

2. Evaluate different provider models to determine if any, all or which can provide services which equally or better meet the needs of the Rhode Island WIC Program and actual and potential clients.

Caseload Allocation and Adjustment

Goal: To ensure service to the maximum number of women and children allowed by available funds, while protecting the Program from overspending.

Objective 1: **Continue to utilize accurate, reliable, and quickly accessible measures of utilization of available funds and caseload. This will be accomplished through applying better planning techniques to the improved data collection, storage, and reporting capabilities of the MI System. Measures being developed include:**

1. Developing measures of local agency performance and indicators of future capability,

2. Improved measures of relative need in each service area,

Goal: To ensure that all agencies are providing services to the number of participants authorized or directed by the State agency, to the extent permitted by federal funding. It is essential that locals maintain caseload at the assigned level and utilize administrative funds at an appropriate rate. Unutilized funds must be directed on a timely basis toward local agencies which can utilize them.

Objective 1: **To take such temporary actions and adjustments as are necessary to efficiently manage funds in order to avoid over or under spending.**

Affirmative Action Plan

Goal: To allocate additional slots to areas based on need and ability to utilize additional caseload.

Evaluation: Rhode Island is currently providing WIC benefits to the eligible population in all the state's thirty-nine cities and towns and will continue to do so as long as federal funding permits.

Potentially Eligible WIC Population

Population Changes in Rhode Island: 1990-2004

Between 1990 and 2004, Rhode Island's population rose 7.7%, from 1,003,464 to 1,080,632. Although more than half of this 7.7% increase (4.5%) occurred during the ten years between 1990 and 2000, in just 4 years, the population grew another 3.1%. The largest increase (60.0%) occurred among those aged 45-59, where that population rose from 138,502 in 1990 to 221,652 in 2004. However, not all age groups experienced increases; decreases were seen among children aged less than 5 (-8.1%); those aged 20-34 (-13.9%) and 60-74 (-16.2%).

The number of children in Rhode Island aged less than 18 increased by 8.0%, from 225,690 in 1990 to 243,813 in 2004. There were differences within specific age categories in the amount of increase, where the largest increase was among children aged 10-14. In 1990 there were 59,406 children aged 10-14 and by 2004 the number rose to 73,507, a 23.7% increase. There was only a slight increase, 1.9%, in the number of teens aged 15-19 during this period.

Overall, the number of women of childbearing age (15-44) decreased by 2.8%, from 238,886 in 1990 to 232,239 in 2004. Specifically, the number of women aged 20-24 decreased the most, 32.4%. However, women aged 35-39 and 40-44 increased by 5.1% and 15.3%, respectively.

Over the past decade, Rhode Island experienced significant changes in its racial/ethnic populations. Specifically, the number of those of Hispanic/Latino ethnicity doubled from 45,752 (4.6%) in 1990 to 90,820 (8.7%) in 2000. Increases were also seen among African Americans (from 3.9% to 4.5%), Asians (from 1.8% to 2.3%), and Native Americans (from 0.4% to 0.5%). In 1990, Whites represented 91.4% of the state's population and by 2000, this proportion dropped to 85.0%.

Children Living in Extreme Poverty

Families with incomes below 50% of the federal threshold level are considered to be living in extreme poverty. The extreme poverty level in 2007 was family income below $8,353 for a family of three with two children and $10,514 for a family of four with two children. Of the 35,456 children living below the poverty threshold in Rhode Island, 43% lived in extreme poverty. In total, an estimated 6.5% (15,160) of all children in Rhode Island lived in extreme poverty in 2006. This is a decrease from the previous year when 10% of Rhode Island children lived in extreme poverty. Children who live in deep, long-term poverty experience worse health

outcomes than their peers, such as higher rates of child asthma and malnutrition, as a result of their family's income status.

Young Children Under Age 6 in Poverty in Rhode Island

Research shows that increased exposure to risk factors associated with poverty can obstruct young childrens' emotional and intellectual development. Risk factors associated with poverty include: inadequate nutrition, environmental toxins, maternal depression, trauma and abuse, lower quality child care and parental substance abuse. In 2006, 17% (12,723) of Rhode Island children under age 6 were living below the poverty threshold, compared to 21% nationally.18 In 2006, 47% of Rhode Island children under age 6 who were living in poverty lived in extreme poverty. As of December 1, 2006 there were 4,437 children under age 3 and 3,358 children ages 3 to 5 in families receiving cash assistance from the Family Independence Program. Of all children under 18 in the Family Independence Program, 49% were age 6 or under. According to data from the Rhode Island Department of Children, Youth and Families, young children under age 6 are the fastest growing population with indicated investigations of child abuse and neglect.

The population of Rhode Island potentially eligible to participate in the WIC Program was estimated as outlined below.

WIC Eligibility:

I. Categorical Eligibility:

1. Infants (age 0-12 months)
2. Children (age 1-4 years)
3. Pregnant women
4. Non-breastfeeding mother <6 months postpartum
5. Breastfeeding mother up to 1 year postpartum

II. Income Eligibility

1. Incomes at or below 185% of FPL or
2. Enrolled in Medicaid, the Food Stamp Program, or Temporary Assistance for Needy Families (TANF) –Adjunctive Eligibility

III. Have to meet Nutritional Risk Criteria

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Estimates of WIC Eligibles in RI

I. Infants (0-12 months of age)

- Total Number of Infants in RI: **12,328 infants**
  (Source: Provisional RI Vital Records 2007)
- RI Medicaid (Rite Care) Recipients: **5,796 infants**
  (Source: RI DHS RI Medicaid Program)

- Rite Care Eligibles also eligible for WIC: **6025 infants**

II. Children (1-4 years of age)

- Total Number of Children aged 1-4 years in RI: **55,059 children**
  (Source: US Census Bureau)

- RIte Care Recipients: **20,075 children**
  (Source: RI DHS, RIte Care Program Data, MMIS database)

- Rite Care Eligibles also eligible for WIC: **22,082 children**

NOTE: Adjustments are made when using RIte Care enrollment data for the WIC eligibility estimation among infants and children, because

1. The numbers of infants and children enrolled in RIte Care shown above are from the point at time (as of certain date). It might be different from the numbers that are calculated for the entire year.
2. There are some differences in the numbers between RIte Care Eligibles and RIte Care Enrollments. Among those who are eligible for the RIte Care but not enrolled, some of them are still eligible for the WIC program because their income is below 185%.

III. Eligible Pregnant Women

(Based on the number of infants eligible for WIC)

- Eligible Pregnant Women = Number of Eligible Infants (X) * 0.75 (9 months pregnant)
  = X * 0.75
  = Eligible Pregnant Women

IV. Eligible Postpartum Women

(Based on the number of infants eligible for WIC)

- Eligible Postpartum Women = Number of Eligible Infants (X) * (Range of 0.5 – 1.0)
  = (X) * (range of 0.5 – 1.0)
  = Range of Eligible Postpartum Women

  Note: If no postpartum women breastfeed their babies at 6 months, then the number of eligible postpartum women will be X * (50% of eligible infants). If all postpartum women breastfeed their babies at 6 months, then the number of eligible postpartum women will be X * (100% of eligible infants).

  According to the recent "CDC's Breastfeeding National Immunization Data, 2005" the breastfeeding rate at 6 months in RI population is about 49%. (http://www.cdc.gov/breastfeeding/data/NIS). WIC eligible population's breastfeeding rate is usually lower than non-WIC eligible population. If we assume that the

breastfeeding rate at 6 months in RI WIC eligible population is 30%, then the estimation of Eligible Postpartum Women will be 65% of eligible infants.

Maternal and Child Health Risk Indicator

The following maternal and child health risks were selected for the RI WIC MCH indicator.

Women with Delayed Prenatal Care	(% of pregnant women lacking prenatal care during their first trimester)
Low Birthweight Infants	(% of infants born weighting under 2,500 gms [5.5 lbs])
Infant Mortality	(rate/1000 births of deaths occurring to infants under 1 year of age)
Births to Teens	(# of births to girls aged 15 to 17 per 1000 teen girls)
Children in Poverty	(% of related children under age 18 who live in families below the US OMB defined poverty threshold)

The 5 year average for each risk was calculated as a standard score for each community, and at the state level (Table 2). This illustrates the MCH risk by each town / city.

WIC Need Index and Rank

For the 39 RI communities and the state, the MCH risk score doubled and then combined with the standard score of WIC Unserved by Community. This index was then ranked by town / city.

Statewide Parity

Rhode Island receives funding (federal grant and infant formula rebates) for and provides service to an estimated 70.3% of its WIC eligible population in 2008. Locality analysis of enrolled participants indicates that service levels vary significantly between cities and towns from 85.2% of the eligible population being served in a large urban setting (Central Falls) to an more affluent suburb (Barrington) serving 31.6% of the eligible population. Seventy four percent (74%) of the total WIC eligible population resides in one of six core cities (Providence, Central Falls, Pawtucket, Woonsocket, Newport, West Warwick); 40% reside in the City of Providence.

RI WIC pays WIC agencies based on performance. The criteria, as outlined in the WIC Agency Agreements, reimburse each agency based on the number of active participants served each month. Based on this formula, 42% percent of the total caseload for FY ’08 was designated to the four local agencies (9 sites) in Providence.

FY 2008, RI WIC released a request for proposals (RFP) for the provision of WIC services throughout the state. The Program is in the process of evaluating these proposals and anticipates that new contracts will be in place by January 1, 2009. Assignment of caseload will be based on data and policies delineated within the AAP. Additional slots will be allocated to local sites in relation to the expansion rank of the cities and towns served, the state mean, and the size of the needy population (Tables I, IV, VI). Unfilled slots shall be counted as allocated.

Service Areas - Market Share Concept

In Rhode Island's WIC Program, residence is defined as state residency. The service areas of locals are generally consistent with the geographic location of the agency. Eligible participants are encouraged to enroll in the WIC Program at the site where they and their families receive medical care, and at a site that is easily accessible to them. Individuals, nevertheless, may apply for and receive benefits at an agency of their choice, where there is an opening. Some local sites that provide specialized medical care and unique services, moreover draw eligibles from many of Rhode Island's communities. In order to define service areas this plan incorporates two concepts:

1.Market Sharing

A local agency is considered as impacting a community (and therefore eligible to receive allocations targeted to increase participation in a particular city or town) if it serves a minimum of 10 percent of the enrolled population of the city or town. To track a local agency's impact on each community, WIC participant's census tract codes are aggregated and analyzed. This indicates cities and towns and the percent of caseload served by each local agency (Tables 3 and 5). As these tables demonstrate, participants often do travel some distance from their communities for WIC services.

2.Normative Concept

The Normative Concept is based on traditional demographics (where WIC participants live) and assumes that a large proportion will apply for WIC services within their own community. This group of WIC "customers" provides stability to WIC agencies. The natural numerical advantage enjoyed by agencies with large caseloads, or possible competition among local agencies for participants on the basis of residency is associated with the normative concept.

Table 5 indicates current assignment of service areas.

1. Realignment of Service Areas

Objective 1: **If an area has been underserved by more than 750 potential eligibles or 10% of the statewide average, in accordance with the AAP, in the current Plan and for two of the past three Plans, the State Agency may solicit or accept proposals from other agencies to provide service which is likely to significantly increase the number or percent served in the defined area.**

Future Allocations

Table VI shows the final ranking for expansion by city and town.

Objective 1:Caseload expansions will be allocated in accordance with need and local agency ability to provide service.

Methods - The following criteria will be applied in implementing the Affirmative Action Plan.

1. Current or previous unutilized caseload at an agency shall be considered before allocating it additional slots.

2. The most current economic and health data, if feasible, will be incorporated to update the Affirmative Action tables.

3. Recognition will be given to each agency's willingness and capacity to expand operations. Agencies desiring increased caseload may be required to submit a plan of the methods they will utilize to ensure that the additional caseload is enrolled.

4. The need rankings and other measures of need in the Affirmative Action Plan will be applied. In addition the census tracts identified as those with the highest need will be viewed for effective penetration.

5. Preliminary and final identification of each local agency's estimated proportion of increased caseload will be made.

6. Enrollment and spending will be monitored and the expansion plan may be adjusted as warranted.

Disaster Coordination and Planning

Goal: In the event of a disaster which disrupts food distribution, utilities, transportation, building security, communications or computer operations, to assure continuity of access to supplemental foods, certification services, operation of accountability systems, and information and referral response, and to extend services to newly eligible persons related to the disaster.

Objective 1: Continue working relationships with the HEALTH Center for Emergency Preparedness and the State Emergency Management Agency to clarify WIC's roles, needs and communications.

Evaluation: WIC was defined as a key HEALTH Program during the Y2K Planning efforts and confirmed over the last year as HEALTH updated its pandemic influenza response plan. HEALTH refined its Disaster Plan, integrating WIC procedures into the process. Below is the summary of the planned response.

The WIC contractor that manages the WEBS MIS daily operations has developed an emergency response plan for Program data and equipment disruptions.

With the rollout of WEBS MIS, WIC will continue to engage in an assessment of the security and continuity of access, physical, operating system, network and software aspects.

Emergency Response Summary

Planning:

- The State Agency WIC management Team has the responsibility of planning and preparedness of administering services in the community. The management team includes the Chief, Deputy Chief, Client Services Manager, Vendor Manager and Fiscal Manager. Each manager is crossed trained in essential areas for operating the program.
- Back up staff in each WIC unit is trained on policies and procedures in the event of a pandemic
- WIC Chief will be the communication link to the incident commander in the event of a Pandemic. In the event the Chief is unavailable the Deputy Chief then assumes command of the WIC Program, followed then by Client Services Manager, Vendor Manager and Fiscal Manager. The communication system for stakeholders in the community will follow the same line of authority. Stakeholders include Local Agency WIC Staff, Vendors (stores) and manufacturers (i.e. formula).

Deployment of Services:

- The consolidation of WIC sites will be implemented to provide WIC services in the event of a Pandemic. A minimum of one site per region will be set up to serve clients. Local Agency staff is fully trained in the processing of WIC services.
- State Agency staff is fully able to provide services and has the ability to process WIC benefits at HEALTH.
- RI WEBS the centralized database for WIC enables clients to access services anywhere in the state.
- WEBS has the ability to monitor operating status based on numbers served, appointments scheduled and enrolled clients.
- WIC agencies will be kept informed through the broadcast system on RI WEBS.
- Vendors will be communicated through the RI Food Dealers Association. If Vendors are open and product is available Food Instruments will continue to be processed.
- State Agency will purchase directly through manufacturers, especially in the case of formula. The product will be paid using WIC food instruments. This process is already in effect for medical foods.

Capability in the last stages of a Pandemic to pre-pandemic Operations:

- The WIC Management team will evaluate the processing of clients, staffing levels and disbursement of staff to local agencies. As well as the availability of Vendors and products in the community.

- Evaluation of Local WIC programs will be assessed for the ability to have trained staff provide services at pre-pandemic levels.
- Assessment of caseload and funding will be provided through the RI WEBS system to evaluate need in each community.
- The WIC Chief (or Acting WIC Chief) will initiate communication to community stake holders to determine needs in the recovery

Objective 2: By June 2009, review the WIC emergency response plan based on the newly deployed WEBS system and review with local WIC Coordinators.

Objective 3: By September 2009, produce a Disaster Procedures section of the State Operations Manual and the Local Agency Procedures Manual

Objective 4: By September, 2009, conduct a disaster drill at the State agency.

Table 1

Goals 2009 Section # 1 Affirmation Plan

Number and Percent of WIC Eligible Population Served by Each City and Town

	2009 Estimated WIC Eligible	2009 WIC Eligible Enrolled	2009 WIC Eligible Unserved	2009 Adjusted Eligible Unserved	2009 % WIC Eligible Unserved	2009 standard score of unserved*
Barrington	86	43	43	43	50.11%	1.569
Bristol	321	261	60	60	18.76%	-0.740
Burrilville	299	228	71	71	23.72%	-0.374
Central Falls	2019	1,555	464	464	22.99%	-0.428
Charlestown	127	66	61	61	47.83%	1.401
Coventry	649	476	173	173	26.63%	-0.160
Cranston	2062	1,539	523	523	25.36%	-0.254
Cumberland	489	314	175	175	35.77%	0.513
East Greenwich	147	66	81	81	55.23%	1.946
East Providence	1288	1073	215	215	16.69%	-0.892
Exeter	70	51	19	19	27.57%	-0.091
Foster	77	54	23	23	29.88%	0.080
Glocester	105	77	28	28	26.33%	-0.182
Hopkinton	177	139	38	38	21.53%	-0.535
Jamestown	39	16	23	23	59.23%	2.240
Johnston	648	517	131	131	20.26%	-0.629
Lincoln	324	246	78	78	24.12%	-0.345
Little Compton	44	17	27	27	61.37%	2.398
Middletown	315	279	36	36	11.33%	-1.287
Narragansett	154	98	56	56	36.53%	0.568
Newport	802	633	169	169	21.04%	-0.572
New Shoreham	11	8	3	3	24.78%	-0.296
North Kingstown	475	272	203	203	42.73%	1.025
North Providence	666	569	97	97	14.61%	-1.045
North Smithfield	120	100	20	20	16.87%	-0.879
Pawtucket	4195	3,258	937	937	22.33%	-0.477
Portsmouth	211	127	84	84	39.67%	0.800
Providence	13241	10,659	2582	2582	19.50%	-0.685
Richmond	130	80	50	50	38.38%	0.705
Scituate	107	62	45	45	42.10%	0.979
Smithfield	162	97	65	65	40.30%	0.846
South Kingstown	339	259	80	80	23.65%	-0.379
Tiverton	181	151	30	30	16.65%	-0.895
Warren	221	192	29	29	13.03%	-1.161
Warwick	1690	1145	545	545	32.26%	0.254
Westerly	600	431	169	169	28.12%	-0.050
West Greenwich	50	48	2	2	3.05%	-1.896
West Warwick	1092	763	329	329	30.14%	0.098
Woonsocket	2639	2,299	340	340	12.90%	-1.171
No town listed	425	0	0	0		
Total	**36,797**	**28,268**	**8,104**	**8,104**		

% of unserved among all WIC eli **22.3%** (= 8,104 / 36,372 * 100)
city/town average % of unserved: **28.80%** (average of column "% WIC Eligible Unserved")
Standard Deviation of % unserve **13.58%** (SD of column "% WIC Eligible Unserved")

NOTE: * Standard Score of unserved in each town/city is calculated by subtracting the average % value (28.80%: value in from each city/town's "% WIC eligible unserved", then dividing the amount by the standard deviation (value in D54)

Data Source: "2009 Estimated WIC Eligibles": Department of Human Services, Medicaid Management Information System
"2009 WIC Eligible Enrolled": WIC Program, Rhode Island Department of Health, Sep 2009.

WIC Needs Index and Rank, RI 2009 Table # 2

(Different weights were imposed between MCH Indicator Scores and Unserved Scroes to calculate Need Index)

City/Town	Average Stand. Score of 5 MCH Indicators# Col (1)	MCH Risk Index## Col (1) x 2 Col (2)	Standard Score of WIC Unserved Col (3)	Needs Index* Col (2)+Col (3)	Needs Rank
Central Falls	2.111	4.223	-0.428	3.795	1
Providence	2.036	4.072	-0.685	3.386	2
Woonsocket	1.806	3.612	-1.171	2.441	3
Pawtucket	1.430	2.859	-0.477	2.383	4
East Greenwich	-0.053	-0.105	1.946	1.841	5
West Warwick	0.626	1.252	0.098	1.350	6
North Kingstown	0.127	0.254	1.025	1.279	7
Little Compton**	-0.674	-1.349	2.398	1.049	8
Westerly	0.528	1.057	-0.050	1.006	9
Narragansett	0.108	0.216	0.568	0.785	10
Jamestown**	-0.801	-1.602	2.240	0.638	11
Exeter**	0.361	0.721	-0.091	0.630	12
Newport	0.586	1.171	-0.572	0.599	13
Richmond	-0.078	-0.156	0.705	0.549	14
Foster**	0.192	0.383	0.080	0.463	15
Warwick	0.032	0.064	0.254	0.318	16
Portsmouth	-0.314	-0.629	0.800	0.171	17
Cranston	0.208	0.416	-0.254	0.162	18
East Providence	0.419	0.838	-0.892	-0.054	19
Coventry	0.020	0.040	-0.160	-0.120	20
Charlestown**	-0.803	-1.606	1.401	-0.205	21
Smithfield	-0.656	-1.312	0.846	-0.466	22
Barrington	-1.064	-2.128	1.569	-0.559	23
Lincoln	-0.132	-0.264	-0.345	-0.609	24
Scituate**	-0.802	-1.604	0.979	-0.624	25
Glocester**	-0.234	-0.468	-0.182	-0.650	26
Hopkinton**	-0.097	-0.194	-0.535	-0.729	27
Cumberland	-0.644	-1.289	0.513	-0.776	28
North Providence	0.103	0.206	-1.045	-0.838	29
Johnston	-0.109	-0.219	-0.629	-0.847	30
New Shoreham**	-0.356	-0.712	-0.296	-1.008	31
Tiverton	-0.236	-0.473	-0.895	-1.368	32
North Smithfield**	-0.246	-0.493	-0.879	-1.372	33
Bristol	-0.336	-0.672	-0.740	-1.411	34
South Kingstown	-0.637	-1.274	-0.379	-1.654	35
Burrilville	-0.715	-1.430	-0.374	-1.804	36
Warren	-0.427	-0.855	-1.161	-2.016	37
Middletown	-0.539	-1.077	-1.287	-2.364	38
West Greenwich**	-0.738	-1.477	-1.896	-3.373	39

Table 3

Goals 2009 Section I Preliminary Information

Number of Enrollee by WIC Agencies

By City or Town of Participant Residence and Clinic

	Women & Infants Hospital	St. Josephs Hospital	Tri Town Hlth. Crt.	West Bay CAP	Wood River Hlth. Ctr.	Children's riend & Serv	Chad Brown Hlth. Ctr	Comp. CAP	Thundermis Hlth. Ctr.	East Bay CAP	Providence Hlth. Ctr.	Rhode Island WIC	Total # Enrolled
City/Town													
Barrington	1	0	0	0	0	4	0	0	0	38	0	0	43
Bristol	3	2	1	1	0	0	0	0	1	247	6	0	261
Burrillville	5	1	188	1	0	0	0	1	31	0	1	0	228
Central Falls	125	67	8	0	1	1,021	67	17	43	24	182	0	1,555
Charlestown	0	0	0	2	28	0	0	0	33	3	0	0	66
Coventry	5	5	8	153	1	1	0	281	12	3	7	0	476
Cranston	111	104	68	48	4	6	32	810	10	10	336	0	1,539
Cumberland	15	8	14	0	0	63	7	4	195	3	5	0	314
East Greenwich	4	1	1	36	0	0	0	10	10	3	1	0	66
East Providence	63	8	11	5	0	24	15	8	3	787	148	1	1,073
Exeter	0	1	0	8	11	0	0	3	26	0	2	0	51
Foster	1	0	35	3	0	0	0	11	3	1	0	0	54
Glocester	0	1	66	0	0	0	0	0	9	1	0	0	77
Hopkinton	0	0	0	0	131	1	0	0	7	0	0	0	139
Jamestown	0	0	0	0	0	0	0	0	5	11	0	0	16
Johnston	10	5	397	13	0	1	7	24	3	1	56	0	517
Lincoln	11	2	17	0	0	23	6	9	84	4	8	1	165
Little Compton	0	0	0	0	0	0	0	0	0	17	0	0	17
Middletown	3	0	0	0	0	0	0	0	2	273	1	0	279
Narragansett	2	1	1	0	0	0	1	2	88	2	1	0	98
Newport	4	2	0	3	0	0	0	0	2	616	6	0	633
New Shoreham	0	0	0	0	0	0	0	0	6	0	2	0	8
North Kinstown	8	0	0	33	3	0	1	3	220	0	4	0	272
North Providence	54	18	288	10	0	39	40	8	17	13	82	0	569
North Smithfield	4	3	9	3	0	6	3	2	67	1	2	0	100
Pawtucket	321	127	55	20	5	1,617	174	30	55	275	577	2	3,258
Portsmouth	1	0	0	0	0	0	0	0	0	126	0	0	127
Providence	1,525	1,597	205	35	0	82	713	260	42	82	6,101	17	10,659
Richmond	0	0	0	1	60	0	0	0	19	0	0	0	80
Scituate	2	2	27	12	0	0	0	14	0	0	5	0	62
Smithfield	1	0	73	3	0	2	1	1	14	0	2	0	97
South Kingstown	0	0	0	1	1	1	0	0	252	0	4	0	259
Tiverton	2	0	2	0	0	0	0	0	0	146	1	0	151
Warren	3	0	2	0	0	0	1	0	0	184	2	0	192
Warwick	37	29	33	886	0	7	13	67	10	13	49	1	1,145
Westerly	0	0	0	2	400	0	0	0	28	0	1	0	431
West Greenwich	1	0	3	15	8	0	0	20	0	0	1	0	48
West Warwick	15	0	7	617	0	2	1	75	17	8	21	0	763
Woonsocket	13	10	11	3	0	5	10	8	2,208	0	31	0	2,299
Manville	1	4	3	0	0	3	2	3	61	2	2	0	81
Total	2,351	1,998	1,533	1,914	653	2,908	1,094	1,671	3,583	2,894	7,647	22	28,268

Table 4

Goals 2009 Section 1 Preliminary Information

WIC Local Agency Current Service Areas

Local Agency	Need Index	Communities Served
Children's, Friend & Services	3.795	Central Falls
	-0.776	Cumberland
	-0.609	Lincoln
	2.383	Pawtucket
Chad Brown Health Center	3.386	Providence
Family Health Center of Cranston	-0.120	Coventry
	0.162	Cranston
Health Center of South County	-0.205	Charlestown
	1.841	East Greenwich
	0.630	Exeter
	0.638	Jamestown
	0.785	Narraganett
	-1.008	New Shoreham
	1.279	North Kingstown
	-1.654	South Kingstown
New Visions for Newport	0.638	Jamestown
	1.049	Little Compton
	-2.364	Middletown
	0.599	Newport
	0.171	Portsmouth
	-1.368	Tiverton
Providence Ambulatory Health Care Foundation, Inc. (PAHCF)	0.162	Cranston
	1.841	East Greenwich
	-0.054	East Providence
	-0.838	North Providence
	3.386	Providence
Self-Help Inc.	-0.559	Barrington
	-1.411	Bristol
	-0.054	East Providence
	-2.016	Warren
St. Joseph Hospital	3.386	Providence
Thundermist Health Associates,Inc.	-0.609	Lincoln
	-1.372	North Smithfield
	-0.466	Smithfield
	2.441	Woonsocket
Tri-Town Economic Opportunity Committee	-1.804	Burrillville
	-0.776	Cumberland
	0.463	Foster
	-0.847	Johnston
	-0.838	North Providence
	-0.624	Scituate
	-0.466	Smithfield
	-0.650	Glocester
WestBay Community Action Inc	-0.120	Coventry
	1.841	East Greenwich
	0.318	Warwick
	-3.373	West Greenwich
	1.350	West Warwick
Women and Infants Hospital	-0.559	Barrington
	3.386	Providence
Wood River Health Services	-0.205	Charlestown
	0.630	Exeter
	-0.729	Hopkinton
	0.549	Richmond
	-3.373	West Greenwich
	1.006	Westerly

Affimative Plan Table # 5
FY 2009

Category	# of Estimated WIC Eligibles 2009	Average # of WIC Participants Served per	Average % WIC Eligible Served per Month- FY 2009
Women Pregnant	**4,605**	**3,031**	**65.8%**
Women Postpartum	**3,991**	**3,214**	**80.5%**
Infants	**6,140**	**6,342**	**103.3%**
Children	**22,062**	**15,681**	**71.1%**
Total	**36,797**	**28,268**	**76.8%**

Sources of data for all tables:
United State Census Bureau, (2000 Census),
HEALTH Division of Vital Records Reports
HEALTH WIC Program Enrollment Reports (September 2009)
Rite Care Program Enrollment Data (Medicaid) 2009
RI Medicaid Eligible Data (CMS.gov data 2008)

Summary Table of the 5 MCH Indicator Standard Scores by city/town, RI 2009 Table # 6

City/Town	Standard Score (teen birth)	S.S. (prenatal)	S.S. (IMR)	S.S. (Lo Birthwt)	S.S (poverty)	Total S.S.	Average S.S
Barrington	-0.972	-1.040	-0.749	-1.850	-0.709	**-5.320**	**-1.064**
Bristol	-0.739	-0.269	0.092	-0.797	0.033	**-1.679**	**-0.336**
Burrillville	-0.484	-0.436	-1.274	-1.008	-0.373	**-3.575**	**-0.715**
Central Falls	4.104	2.651	1.212	-0.587	3.175	**10.557**	**2.111**
Charlestown**	0.073	-0.705	-1.729	-1.148	-0.506	**-4.014**	**-0.803**
Coventry	-0.049	-0.201	-0.153	0.887	-0.384	**0.100**	**0.020**
Cranston	0.206	0.336	0.162	0.396	-0.058	**1.040**	**0.208**
Cumberland	-0.304	-0.705	-0.959	-0.587	-0.668	**-3.222**	**-0.644**
East Greenwich	-0.824	-1.007	0.967	1.168	-0.567	**-0.263**	**-0.053**
East Providence	0.227	-0.101	0.407	1.448	0.115	**2.096**	**0.419**
Exeter**	-0.633	-0.738	2.017	1.378	-0.221	**1.803**	**0.361**
Foster**	-0.070	-0.034	-0.189	1.940	-0.689	**0.959**	**0.192**
Glocester**	-0.367	-0.671	-0.013	0.185	-0.302	**-1.169**	**-0.234**
Hopkinton**	-0.314	0.671	-0.994	0.536	-0.384	**-0.484**	**-0.097**
Jamestown**	-0.882	-0.839	-0.013	-1.429	-0.841	**-4.004**	**-0.801**
Johnston	-0.028	-0.201	-0.224	-0.025	-0.068	**-0.546**	**-0.109**
Lincoln	-0.351	-0.403	0.512	-0.095	-0.323	**-0.660**	**-0.132**
Little Compton**	-0.267	-1.242	-1.729	0.747	-0.882	**-3.372**	**-0.674**
Middletown	0.041	-0.134	-1.029	-1.218	-0.353	**-2.693**	**-0.539**
Narragansett	-0.627	-0.436	0.827	0.887	-0.109	**0.541**	**0.108**
Newport	0.211	0.873	0.302	0.045	1.498	**2.928**	**0.586**
Newshoreham**	-1.099	0.738	-1.729	0.256	0.054	**-1.781**	**-0.356**
North Kinstown	-0.357	-0.336	1.982	-0.657	0.003	**0.636**	**0.127**
North Providence	0.137	0.269	-0.469	0.536	0.044	**0.516**	**0.103**
North Smithfield**	-0.458	-1.108	1.247	-0.236	-0.678	**-1.232**	**-0.246**
Pawtucket	1.892	1.812	0.827	1.027	1.589	**7.148**	**1.430**
Portsmouth	-0.521	-0.067	0.302	-0.587	-0.699	**-1.572**	**-0.314**
Providence	1.420	2.719	1.387	1.519	3.135	**10.179**	**2.036**
Richmond	-0.097	-1.309	1.177	0.396	-0.556	**-0.390**	**-0.078**
Scituate**	-0.670	-0.336	-0.959	-1.499	-0.546	**-4.009**	**-0.802**
Smithfield	-0.802	-0.906	-0.329	-0.657	-0.587	**-3.281**	**-0.656**
South Kingstown	-0.866	-0.503	-0.013	-1.358	-0.445	**-3.186**	**-0.637**
Tiverton	-0.383	0.604	-0.679	-0.025	-0.699	**-1.182**	**-0.236**
Warren	0.009	0.369	-1.729	-0.657	-0.129	**-2.136**	**-0.427**
Warwick	0.073	-0.134	0.057	0.466	-0.302	**0.159**	**0.032**
Westerly	0.572	0.604	1.177	0.256	0.033	**2.641**	**0.528**
Westgreenwich**	-0.145	-0.906	-0.364	-1.569	-0.709	**-3.692**	**-0.738**
Westwarwick	0.922	1.074	0.162	0.115	0.857	**3.129**	**0.626**
Woonsocket	2.423	2.047	0.512	1.799	2.250	**9.031**	**1.806**

** indicates cities/towns with less than 500 births during 2003-2007, resulted in statistically unreliable MCH scores. **These cities/towns are recom be excluded in ranking.**

SECTION II

WIC ELIGIBILITY AND ENROLLMENT

Refer to WIC Procedure Manual Section 200
WIC Operations Manual Section 2

Section II
Eligibility and Enrollment

Goal: To ensure that eligible persons are enrolled in the Program in accordance with regulatory requirements, through accurate and efficient assessments and recording.

Application and Eligibility Determination

Objective 1: Identify training needs

Evaluation: Identified training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, management evaluations, and changes in rules, regulations, policies and procedures impacting local WIC sites. Additional client-centered counseling training was held in February 2009 for nutritionists, as well as several new WIC food package trainings throughout the year for all WIC staff. New evaluation tools were developed to assess soft skills for VENA competencies.

Plan: Identify training needs of local agency nutritionists and support staff through surveys, nutrition education plans, quality assessment data reports, management evaluations, technical assistance calls logged by SA and changes in rules, regulations, policies and procedures impacting local WIC sites. Plan on providing follow-up training to reinforce VENA concepts as well as implement policy regarding WIC site managers role in assessing and reinforcing VENA competencies.

Objective 2: Conduct training

Evaluation:Provided individual agency training during Management Evaluations (11 sites). Client Centered counseling training was held in February 2009 for WIC Nutritionists. CLC training was offered to any nutrition or Peer Counselor staff that had not previously become CLC certified. This training was held in Brockton in June ’07. LA nutrition and PC staff has been offered the opportunity to complete the IBCLC exam through state WIC funding. During the ME evaluation of client centered counseling and LA were provided with a review of expectations. LA staff were trained on the up-coming new food package and instructed to provide state developed education materials to clients. Staff trained on Affirmative Action during the August Support staff training.

Plan: Breastfeeding Peer Counselors will attend bi-monthly training. The SA will conduct training for WIC support staffs twice annually, conduct quarterly nutrition education training for WIC and community nutrition staff, and meet with WIC local agency coordinators bi-monthly. CLC recertifications and trainings will be offered to LA staff in FY’10..

Objective 3: Assure enrollment of high priority applicants

Evaluation: Local Agency staff is providing appointments to accommodate the needs of the community. These appointments include open access, non-traditional hours and flexibility in scheduling. Outreach efforts continue on both the state and local agency levels. Local WIC agencies report on their outreach efforts to the State WIC office quarterly. The WIC Parent consultant has been providing outreach education in the community to assist in reaching the highest needs populations.

Plan: Continue outreach efforts in the community to target high-risk clients. Education will continue to be provided through our Kidsnet Unit to providers about the WIC program.

Objective 4: Streamline eligibility determination process

Evaluation: Local agency WIC staff is successfully using adjunctive eligibility for WIC income verification. RIWEBS has helped to streamline the eligibility criteria for those receiving Medicaid, food Stamps or FIP. SA monitors sites on access to services and information required for an appointment.

Plan:SA will continue to monitor documentation in RI Webs as well as observe staff interactions at management evaluations to ensure compliance with regulations in regards to adjunctive eligibility.

Objective 5: Separation of Duties

Evaluation: The State Agency incorporates SOD monitoring into the biennial Management Evaluations performed. Eight local agency management evaluations were completed in FY 2009. There were no WIC local agency sited for SOD non-compliance this year.

Plan: Require local WIC agencies to comply with separation of duties during certification, thus reducing the possibility of fraud and mis-use of WIC funds. Continue monitoring efforts.

Objective 6: Coordinate with RI Department of Health Minority Health Initiatives

Evaluation: Within the division of Community, Family Health and Equity, WIC works closely with minority health as well as other programs that target the needs of special populations. These collaborations are integrated throughout the work of the WIC Program.

Plan: Continue coordination of work with Minority Health Office in addressing needs of non-English speaking, and minority communities and special needs populations. The SA staff will continue to educate LA WIC staff on issues surrounding minority health.

Nutrition Assessment

Objective 1: Dietary assessment tools

Evaluation:The participant survey for identifying clients' needs was revised in February 2008. We have monitored its' use during management evaluations and have found it to be meeting the needs of our nutritionists as well as the overall VENA process.

Plan: RI will continue to assess the survey tool to ensure it meet the needs of both staff and clients.

Objective 2: Prompt implementation of revised risk criteria

Evaluation: Risk criteria are routinely reviewed during annual management evaluations. No new risk factors were added this past fiscal year.

Plan: Revised risk criteria for FY 2010 have been received and will be implemented by the October 1, 2010 deadline. All appropriate staff will be trained on these revisions and the RI Webs system will be updated to reflect these changes.

Minimize violations of Program rules and misuse of Program funds.

Objective 1: Warnings and sanctions

Evaluation: SA staff continued to monitor LA staff this past year during management evaluations. Staff who were not properly explaining patient rights and responsibilities were cited and asked to develop a corrective plan of action

Plan: Continue to monitor participant knowledge of rights and responsibilities during Management Evaluations through parent consultant / participant interview process and observations.

SECTION III

Food Delivery System

Refer to WIC Procedure Manual Section 300
WIC Operations Manual Section 3

Goal: To operate a Food Delivery system which fosters Program efficiency and effectiveness, especially in maintaining enrollment records, issuing benefits, paying vendors, reconciling food instruments, maintaining accountability and controls, providing management information for the administration of the program, and vendor management.

Food Delivery System Contracts

Objective 1: Continue efficient and effective banking services.

Evaluation: Soltran has partially implemented ACH only on debit. This process currently is reviewing the need to fully implement ACH banking. FSMC merged with Soltran.

Plan: Continue with the current level of services provided by Soltran.

Automated Data Processing

Objective 1: Continue to evaluate and enhance MIS as a management tool.

Evaluation: Rhode Island continues to work with CSC Covansys and needed options for the RI WEBS system.

Plan: Continue to work with CSC Covansys to manage the program and monitor performance measures.

Management Tools - Financial Reporting

Objective 1: Define and implement enhanced management tools related to financial reporting.

Plan: Continue the rollout the local agency, vendor, fiscal, caseload management, scheduling and ad hoc reporting modules to streamline, improve and support program integrity, efficiency and effectiveness.

Local Agency Clinic Data Processing

Objective 1: Optimize the use of the RIWEBS with clinic operations.

Evaluation: RI WEBS Continues to function well and increase efficiencies at the LA

Plan: Continue to monitor efficiencies and provide technical assistance during routine and management evaluation site visits. Monitor the appointment times. Report quarterly to LA performance measures they identified.

Operation of the Retail Vendor Management System

Goal: That all authorized participating WIC vendors will be a benefit to the efficient and effective administration of the Program, in particular with regard to their charges for WIC purchases, provision of authorized foods, service to participants, and cooperation with the goals of the Program and its vendor monitoring procedures.

Vendor Selection and Authorization

Objective 1: Maintain no more than 200 authorized WIC retail grocery vendors in FY 2010.

Evaluation: Actual vendors as of 12/09, there were 46 large chain / extra large grocery stores, 24 large or small chain stores, 16 medium grocery stores, 117 small grocery stores, 32 large pharmacies, 2 small pharmacies with 1 commissary. There were a total of 238 vendors; 204 were grocery vendors.

Plan: Continue applying clear and specific selection criteria to ensure the lowest cost/most accessible vendors are enrolled, unless the need for special authorization warrants a enrollment above the maximum. Peer group categories are based on gross food sales, # of registers, type of ownership and if the store is a potential 50% WIC vendor, or has been identified as an actual 50% WIC vendor.

Vendor Management

Objective 1: Perform regular monthly analysis to track high risk and potentially high risk WIC vendors.

Evaluation: An analysis is performed monthly to track high-risk vendors. Those identified are investigated with compliance buys..

Plan: Continue to run high-risk vendor reports will be generated regularly and provide appropriate follow up.

Vendor Education and Training

Objective 1: Promptly train new vendors, and provide refresher training as needed to existing vendors.

Evaluation: On-going training events were held for all legacy vendors during the WIC reauthorization process. In addition, new vendor applicants received training, and current vendors received update training. Monitoring and follow-up site visits were also made. Trainings are held every other month for new and existing vendors. This data will be reported in the 2009 TIP Report.

Plan: Continue training sessions at Health for applicants and existing vendors. Increase the number of one-on-one on-site training/monitoring visits and investigate

alternative training methods. Schedule statewide training in FY 2010 as vendor related materials are developed.

Excessive Price Limits

Objective 1: Utilize vendor MIS module to identify potential overcharges among stores.

Evaluation: Peer group pricing analysis has been input into the Vendor Software Module. This allows more specific analysis of price data. The previous method of tracking high priced vendors was labor intensive and required significant resources.

Plan: A peer group analysis is one of the key components of the process and allows more specific analysis of price data. The system will begin to provide automatic generation of invoice letters in order to recover identified overcharges. Run cost neutrality test every month to identify high priced vendors.

Program Integrity

Objective 1: Conduct a minimum of twelve investigations (i.e., a minimum of 5% of RI vendors) selecting as many high-risk vendors as possible.

Evaluation: Employees were secured to perform compliance visits in FY 2009 and conducted the required visits. This data will be reported in the 2009 TIP Report.

Plan: Utilize vendor analysis reports and complaint information to flag potential vendors for compliance investigation.

Objective 2: Increase staff time for vendor compliance investigation management

Evaluation: The process and forms were streamlined to increase the accuracy of reporting, and decrease duplication of reporting, and to incorporate RI WEBS capability into the process.

Plan: Continue to follow training and investigation procedures manual for new investigators.

Objective 3: Maintain routine monitoring at 30 percent of vendors.

Evaluation: Routine monitoring visits have been performed to meet the 30% for WIC authorized stores in FY ’09

Plan: Ensure required routine visits are conducted in FY 2010.

Objective 4: Strengthen sanctions related to violations

Plan: The WEBS vendor module assigns sanction points to specific program violations were finalized.

Federal/State Information Sharing

Objective 1: Coordinate with Northeast Regional Office (NERO) and Food Stamp Program (FSP) to improve notification of administrative/disqualification actions for WIC and food stamp authorized vendors.

Evaluation: State staff were trained and authorized to have access to FSP vendor specific data to assist in vendor functions.

Plan: Continue to utilize E-mail notifications and investigate the connection to, and use of the federal food stamps computer system to track federal Food Stamp Program actions relating to Rhode Island vendors.

Community Relations

Objective 1: Maintain a positive dialogue with the retail vendor community through the WIC & RI Food Dealers' Association and members of the Vendor Advisory Committee.

Evaluation: The RIFDA has provided valuable feedback and communication on issues related to Program rules and regulations and special initiatives by WIC involving the vendor community.

Plan: Continue quarterly meetings with the R.I. Food Dealers' Association and establish agenda for discussion. Keep informed of areas of mutual interest and concern.

SECTION IV

State Agency Nutrition Education Plan

Refer to WIC Procedures Manual Section 400
WIC Operations manual Section 4

IV
Program Benefits
(Procedures - 400, Operations - 4)

Goal: **To ensure that RI WIC participants have access to health care services and appropriate referrals**

Objective 1:Evaluate barriers to early entry into prenatal care in the WIC Program.

Evaluation: Local Agencies have included early entry into WIC for Pregnant women as a performance measure, in the nutrition education plan.

Plan: The SA will continue to provide feedback on the LA ability to increase access for pregnant women.

Objective 2: **Increase to 90%, primary care services for children ages 18 month and younger.**

Evaluation: WIC continued to monitor access to health care by obtaining proof of health care (via medical referral form), interviewing caretakers, and continued working with Kids Net program.

Plan: Continue screening child applicants for access to primary care services, make appropriate referrals to health care providers as necessary.

IV
State Agency Nutrition Education Plan
(Procedures - 420, Operations - 4)

Goal To ensure that quality nutrition education, which recognizes the individual needs of participants, is provided to every WIC participant or guardian in a manner consistent with federal regulations, state guidelines, and appropriate health care standards.

Provision of Quality Nutrition services

Objective 1: (16-17) Monitor abstinence from alcohol (to 94%), cigarettes (to 98%), and illicit drugs (to 100%) among pregnant women.

Evaluation: WIC continued to counsel women on the implications of abusing drugs and other harmful substances.) Referrals were made to community organizations with smoking cessation programs and alcohol / drug abuse treatment services.

Plan: Continue to counsel women on the implication of abusing drugs and other harmful substances. Assist local agencies in identifying community resources and referral agencies available to WIC participants which deal with substance abuse

issues. Refer to community organizations with alcohol and drug abuse treatment services. Collaborate with Project Assist and Rite Care providers in to develop cohesive strategies in reducing smoking rates among WIC participants. Support NHPRI's initiative to sponsor a smoking cessation program for pregnant RIte Care members.

Objective 2: Work towards increasing to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies.

Evaluation: Counseled WIC mothers on the importance of proper weight gain during pregnancy and sound dietary practices and a nutritionally adequate diet. Provided customized food packages based on nutritional needs and preferences.

Plan: WIC will be setting baselines on performance measures identifying key indicators healthy birth outcomes. Early access to WIC services as well as weight gain during pregnancy will be monitored.

R.I. WIC Objectives

Objective 1:Nutrition Education Plans, Quality Assurance Reviews and Self Monitoring

Evaluation: Reviewed and evaluated FY 2010 Nutrition Education Plans submitted by the 11 local WIC agencies; ensured their consistency with federal and state rules and regulations and emphasized the development of quality assurance systems to monitor the provision of nutrition education to WIC clients. During Management Evaluations, the state agency is reviewing the quality assurance program used as local agency self-evaluation systems. The results of the self-assessment component have been incorporated into the Nutrition Education Plan to allow quick/consistent feed back to the agency. Completely revised the Nutrition Education Plan for 2010.

Plan: Continue with review and evaluation of Nutrition Education Plans, monitoring quality assurance and self-monitoring systems. Added performance measures in the WIC contracts, will review progress over FY' 10.

Objective 2: Provision of training programs for local agency staff.

Evaluation: VENA training continued throughout FY'09. LA staff were assessed on client centered interviewing and technical assistance was provided during the ME process.

Plan: Training will be provided based on needs identified through management evaluations, surveys of local agency nutritionists regarding their training

needs/interests, and training which covers new information/research in nutrition and implementation of new policies and procedures.

As expansion funding becomes available, training additional breastfeeding peer counselors for placement at under served WIC sites.

Objective 3: **Interview a random sample of WIC participants to ascertain their views of the benefits of nutrition education and nutrition services provided; and to make recommendations based on these findings.**

Evaluation: WIC parent consultants conducted participant interviews related to access to WIC services, and client satisfaction /rights and responsibilities surveys as part of the Management Evaluation process,. Local WIC agencies surveyed their participants in the annual WIC Participant Survey and through the FMNP participant survey. The results were used to reduce barriers to service, improve WIC services can be better provided, and the quality of services provided.

Plan: Continue annual WIC participant and FMNP survey, and the use of WIC parent consultants in obtaining participant information regarding WIC services they receive.

Breastfeeding Promotion

Goal Increase breastfeeding initiation and duration

Year 2010 Objective

Breastfeeding Promotion

Goal Increase breastfeeding initiation and duration

Year 2010 Objective

- By 2011, increase breastfeeding initiation and duration rates within the Rhode island WIC program, as measured by an: Increase in the percent of infants participating in WIC who are breastfed in the early postpartum period to at least 75%.
- Increase in the percent of infants participating in WIC who are breastfed at least six months to 50%.
- Increase in the percent of infants participating in WIC who are breastfed at least 1 year to 25%.
- Increase in the percent of infants participating in WIC who are exclusively breastfed for at least 3 months to 40%.
- Increase in the percent of infants participating in WIC who are exclusively breastfed for at least 6 months to 17%.

Strategies:

1. Enhance breastfeeding support within WIC.
   Activities:
   a. Develop policies and procedures for the WIC Breast Pump Loan Program and train staff on the program. Initiate the Program.
   b. Monitor, evaluate, and enhance program activities of the Tender Lactation Care (TLC) Program.
   c. Send appropriate staff members to relevant breastfeeding educational sessions, conferences, and meetings.
   d. Encourage Local Agency Coordinators to appoint Local Agency Breastfeeding Coordinators. Ensure that Breastfeeding Coordinators are conduits for sharing information, clinical updates, and breastfeeding data within Local Agencies.

2. Enhance breastfeeding promotion within WIC
   Activities:
   a. Promote breastfeeding locally and through WIC agencies during World Breastfeeding Week.
   b. Provide leadership for implementation of structured Breastfeeding initiatives within the Local Agency WIC Programs.

3. Enhance the effectiveness of the breastfeeding peer-counseling program by improving the quality and quantity of peer counseling contacts.
   Activities:
   a. Review local agency program reports, individual agency breastfeeding rates, and information obtained from site visits.

IV
Supplemental Foods
(Procedures - 420, Operations - 41)

Goal: To provide nutritious supplemental foods to all WIC participants according to nutritional need and federal regulations within the financial means of the Program.

Objective 1: Review and modify the WIC Allowed Foods List and Food Packages

Evaluation: Food packages are prescribed on an individual's needs. The interim food package was implemented on September 26, 2009.

Plan: WIC will continue to work with both the food dealers association as well as LA staff to ensure a variety of nutritious foods are available for clients.

SECTION V

Outreach and Coordination

Refer to WIC Procedure Manual Section 500
WIC Operations Manual Section 5

V

Outreach and Coordination

OUTREACH PLAN

Goal: To communicate the availability of WIC services to all potentially eligible Rhode Islanders.

Healthy People 2010 Objective 16-6

WIC Objectives

Objective 2: The State WIC office will share relevant needs data, with all 11 local agencies, including socioeconomic and demographic data by census tract on a quarterly basis.

Evaluation: Local WIC sites were able to request reports to assist in needs assessment and strategic planning. Reviewed caseload, average clients seen in a period of time, barriers to access and breastfeeding rates to each agency. This helped with strategic planning and started the process of open access, better meeting the needs of clients and working to address the underserved in each community.

Plan: Continue to create or utilize existing reports to assist Local Agencies on performance measures for the RFP proposals.

Objective 3: The State Agency will monitor outreach activities done at the Local Agency on a quarterly basis. Increase first trimester enrollment of pregnant women to 25% statewide.

Evaluation: Local Agencies maintained an outreach log, which was reviewed by SA staff. The SA developed an outreach pamphlet to target Pregnant women.

Plan: The SA will continue to monitor outreach activities provided by LA staff. In conjunction with LA Coordinators, the SA will develop a plan to attract pregnant women into early enrollment into WIC.

Objective 4: Identify any migrant populations and target them for outreach, if appropriate.

Evaluation: The state WIC office in collaboration with R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training was not able to identify any migrate workers in RI in 2009. As a result no outreach brochures were distributed.

Plan: Continue to monitor the existence of migrant jobs with the R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training

Objective 6: Publicize availability of WIC services and eligibility information to general population through classified ads, posters, distribution of pamphlets, annual public notice in a statewide newspaper, and listings in Hispanic directory

Evaluation: WIC services were publicized through all of these methods described above. Continue outreach connection with Kidsnet per WIC objective 1. Client surveys ask how the participant heard about WIC, 90% of clients hears about WIC through other family members or friends.

Plan: Continue outreach efforts as above. In the new RI WEBS system, there will be a better tracking of how clients were referred to or heard about WIC.

Objective 7: Continue with annual outreach to RI Providers regarding WIC Eligibles.

Evaluation: The newly developed outreach brochures focused on outcomes and speak to both parents and providers on the benefits of being on WIC.

Plan: Continue target WIC outreach to health care providers, with particular emphasis on health care providers not associated with community health centers.

Objective 8: Monitor LA distribution of outreach materials, annually, to shelters and organizations serving the homeless, including program availability and eligibility information.

Evaluation: Local WIC agencies documented an established relationship with homeless shelters and organizations through their referral list provide annually in their Nut Ed plan. . The state WIC office reviewed the current listing of homeless / safety shelters and, provided updated information to local agencies and hotline staff. Confirmed and documented status of Homeless shelters and organizations as WIC eligible facilities.

Plan: Continue to encourage and support local agency outreach to shelters and organizations serving the homeless.

Coordination

Goal: To maximize the health gains of WIC benefits by insuring that WIC participants receive all needed health care and preventive health care services. The effectiveness of WIC benefits will be reinforced by ensuring that the families of WIC participants meet basic sustenance needs.

Healthy People 2010 Objective 16 - 17

Objective 3: **Participate in 90% of planning meetings for Healthy Mothers/Healthy Babies Coalition, R.I. Breastfeeding Coalition, KidsNet and other MCH/DOH advisory committees.**

Evaluation: State breastfeeding coordinator attended Healthy Mothers, Healthy Babies meetings and the RI breastfeeding coalition meetings, and the State WIC Nutrition staff attended the KidsNet, Food Stamp advisory committee meetings, Initiative for Healthy Weight and other applicable MCH/DOH advisory committees.

Plan: Continue with efforts.

Objective 5: **Ensure health care referrals or continuation for all participants whether within the agency or with private providers.**

Evaluation: RIte Care implementation resulted in an increased selection of health care providers. WIC continued to assist families through referrals to Medicaid; WIC outreach/referrals were included in the KidsNet Risk Response-Home Visiting initiative which will focus on home visiting, improved coordination and outreach for high risk children and families.

Plan: Monitor the effects of Medicaid changes and it's impact on the WIC population

Objective 6: **Update, annually, eligibility requirements of Family Independence Program, Food Stamps and Medicaid and disseminate information to local agency staff.**

Evaluation: Information was updated in the Procedure Manual, and new income guidelines were effective April 1, 2009

Plan: Continue efforts

HP 2010 Objective 21

Objective 7: **Achieve immunization coverage of at least 90% among children 19 – 35 months of age.**

Evaluation: Trained WIC staff on the Kidsnet system to review immunization status of WIC participants. 95% of RI WIC participants have health insurance.

Plan: Continue collaboration with the immunization program and evaluate the agencies following of procedure and review any issues that may arise.

STATEMENT ON SPECIAL POPULATIONS

American Indians

The 2000 Rhode Island census indicates that 5,121 people chose one race as Native American or Alaska Native (NAAN). 10,725 chose two or more races, with one of them as NAAN. Based on socioeconomic data, 37% of all NAAN were below the poverty level. Of NAAN children under age 5, 44% were below the poverty level. This compares to19.3% of all children under age 5 live in poverty in RI.

2004 WIC data indicated that of the 130 NAAN's served by WIC 45 resided in the Providence area and 45 resided in South County. The remainder were scattered across the state. This ties into recent census data that shows NAAN live across the state and that a significant number live in Providence. Discussions with Native American representatives suggest that Native Americans served by WIC may be under counted or be applying at lower rates than other population groups. The state WIC office continues to work with Native Americans to consider options for better serving this population, including WIC access at the new Narragansett Indian Health Center.

Migrant Farm workers

Migrant Farm workers who come to Rhode Island during the spring and summer number approximately 281, according to the U.S. Department of Health and Human Services Migrant Health Branch. Many may come without their families. Therefore, the estimate for possible migrant WIC participants in Rhode Island is negligible.

There are approximately 178 seasonal workers, according to DHHS. Contact has been made with the New England Farm workers Council alerting them to the WIC Program and location of the WIC agencies in Rhode Island. All Program materials have been made available to the Council. Contact with the representative of the Farm worker's Council is maintained through various social service organizations and meetings.

SECTION VI

Financial Management

Refer to WIC Procedures Manual Section 600
WIC Operations Manual Section 6

VI

FINANCIAL MANAGEMENT SYSTEM
(Procedures - 600, Operations - 6)

Goal:

Cost Containment

Objective 1: To complete each fiscal year with food expenditures within five tenths of one percent of the Federal Grant, including utilization of any funds conserved through food cost containment savings, or added by local sources.

Evaluation - Development and analysis of the new food package was completed in FY'09. Per participant food costs decreased in FY 2009.

Plan: The SA continues to work on cost neutrality with the implementation of the new food package. Analysis of food package costs will continue in 2010.

Limiting High Cost Food Items

The prices for certain types, brands and packages of allowed foods significantly exceed the prices for nutritionally equivalent products, even allowing for maintaining of reasonable participant choice.

Objective 1: Review the current WIC allowed food list and WIC eligible foods for cost, availability, consumer preference and nutritional value. Select cost effective WIC eligible foods that would meet the needs of WIC participants.

Evaluation: Improved training of Vendors has increased consumer and vendor knowledge of the need to follow the approved foods. Vendor training was provided to all vendors in 2009.

Plan: Evaluation of the new Interim food lists and cost and analysis of implementation. Ongoing training and monitoring will continue.

Food Price Reduction Initiatives

Infant Formula Rebate Process

Objective 1: Infant formula manufacturers have reduced the cost of infant formula to WIC programs significantly by paying rebates on a portion of the sales price to the WIC Program. Under current federal law, such rebates can be used not only to

provide food benefits for additional participants but also to purchase breast pumps. In Rhode Island, choice of infant formula for over 96% of WIC infants has been limited to the rebate contract products of one manufacturer, to achieve the greatest cost savings. This has allowed RI WIC to serve almost 6,000 additional people.

Plan: RI continues with the Nestle Contract.

Conversion of Funds to Administrative and Program Services Funds.

Once FNS has approved this State Plan the state agency may begin converting funds for each participant served on a monthly basis over the FNS projected average monthly anticipated level established by the Administrative Funding Formula. The proportion of money to be converted to Administrative and Program Services Funds shall be in accordance with federal regulations and directives.

Local Agency Allocation.

At such time as appropriate the state agency shall notify local agencies of authorized caseload expansion based on rebate income. Such authorizations may be either a fixed authorized number or permission to expand on a "subject to further notice" basis.

Administrative and Program Services reimbursement will be based on the number of the authorized additional persons actually enrolled.

Program Income

State law has established fines for violation of program rules by vendors, participants or other parties. Procedures will be put in place for restitution by participants of program funds obtained through fraud or misinformation.

Objective 1: Establishment of policies for instituting claims against participants for funds received through fraud or misinformation.

Objective 2: Establishment of policies for imposition of fines for fraud or abuse of the program by any parties.

Administrative Funding Formula

In order that local agencies can anticipate stability of the basis on which their funding is calculated, the state will maintain the same administrative funding formula as outlined in the previous State Plan. From total available administrative funds, up to 63% of the basic grant, including any negotiated amounts will be allocated for local agency administration.

Utilization of State of Rhode Island Appropriation

For state FY 2009, no State appropriated funds are expected.

Since 1995, state funds were made available for food and administrative costs of the Farmers' Market Nutrition Program. In the event that other than Federal funds are again made available to supplement the Program, such funds will be received, allocated, expended and accounted for in accordance with the legislation or executive directive making the funds available, or the conditions of any non-government grant. In addition, such funds will be managed in accordance with applicable federal and state laws and rules. In particular, such funds will be utilized in conformance with the provisions of this State Plan of Operation and Administration.

State appropriated funds may be used either for WIC or Farmers' Market services.

Internal Controls And Reporting

Goal: To incorporate the new financial operating system into daily operations to aid in the reporting of monthly food and administrative expenditures as well as generating the formula rebate billing.

Objective 1: Develop reports through a faster and more interactive system that will allow staff to devote more time to other duties.

Plan: Continue cross-training of managers in the new operating system, which should result in increased knowledge of reporting procedures and more reliable back-up staffing of financial/reporting functions.

Evaluation: The new operating system has been deployed and used in generating rebate billing and generation of the 798.

AUDITS
(Procedures-622, Operations-6)

The Regional Inspector General for Audit, Department of Health and Human Services, has been designated as the Cognizant Audit Agency for the State of Rhode Island with respect to the major compliance programs.

In Rhode Island, the State Office of the Auditor General is responsible for annual audits of the WIC Program in conjunction with audits of other significant federal programs. Either the Auditor General or the Bureau of Audits may actually conduct the audits.

Objective 1 - Collaborate with the OAG re: required single audit requirement.

Evaluation: Prepared for the FY '09 audit.

Plan: Prepare for FY '10 audit cycle.

Objective 2 - Review the audit reports and management letters of independent audits performed for local agencies.

Plan: Findings from audit reviews will be addressed as appropriate to ensure that all federal and state financial requirements are met.

Evaluation: A review of the FY '09 findings of an independent audit for each local agency will be performed upon receipt of the report.

Objective 3 - Monitor compliance with new A-133 guidelines for local agency audits.

Plan: Notify local agencies of the change in guidelines and monitor their implementation.

General Administration

Local Agency financial staff have expressed an interest in state-provided training the area of WIC Program funding and expenditure policies and procedures.

Objective 1: To plan and hold a WIC financial management seminar for local agency finance administrators and/or finance staff to review financial management issues relating to WIC Program reimbursement. This meeting will be one-half day in length and will be education and training oriented.

SECTION VII

Monitoring

Refer to WIC Procedure Manual Section 700
WIC Operations Manual Section 7

VII
MONITORING

Local Agency Reviews

Objective 1: **A biannual local agency review will be conducted for each local agency, including a site visit. Monitoring shall include, but not be limited to, evaluation of management, certification, nutrition education, civil rights, compliance, accountability, financial management systems and food delivery systems.**

Evaluation: All required financial and management evaluations were conducted for FY '09. Management evaluation findings were transmitted to executive directors and WIC Coordinators. Corrective plans were developed, reviewed and approved by the State agency. Development of "soft skills" evaluation was developed and is undergoing a final revision for FY '10.

Plan: Schedule and complete monitoring visits as required. Focus will be placed on the appropriate risk assessment, client centered counseling techniques, appropriate use of computer software and overall customer service standards. Findings from previous evaluations will be used in assessing training needs of local agency staff. Development of "soft skills will be finallized in FY' 10.

Objective 2: **Follow-up on implementation of needed corrections and corrective action plan schedule in order to correct cited deficiencies and prevent their recurrence.**

Evaluation: Interim site visits were made to provide technical assistance in areas related to programmatic deficiencies noted during evaluations as needed. Follow up on changes in procedures due to new computer software has been ongoing .

Plan: Follow up, as needed, to review implementation plans and check progress in correction of deficiencies.

Objective 3: **Provide technical assistance to local agency Coordinators in how to self-assess quality and write useful corrective action plans.**

Plan: During the management evaluation process, provide technical assistance to local agency WIC coordinators on the development of plans of corrections, and how to incorporate the cited areas into their internal QA process.

Objective 4: Review management evaluations to determine further training needs.

Plan: Incorporate ME findings (as needed) into the training sessions scheduled for WIC Coordinators, Nutrition Staff, Support Staff, Breastfeeding Peer Counseling Staff and/or at the Annual WIC Training Meeting.

Objective 5: Provide technical assistance and develop policy-driven procedures for Coordinators that will assist them in better monitoring staff with regards to VENA skill sets.

Plan: Develop state policy around expectations for local agency monitoring and evaluation of VENA skill sets for staff at all levels. Use final "soft skills" evaluation form for documentation purposes. The evaluation forms will be collected and discussed during the management evaluation process to identify competency and training needs.

SECTION VIII

Civil Rights and Appeal

Refer to WIC Procedure Manual Section 800
WIC Operations Manual Section 8

CIVIL RIGHTS AND APPEAL

Civil Rights Compliance

Goal

To ensure that no person shall, on the basis of race, color, national origin, age, sex or handicap, be denied the benefits of or be otherwise subjected to discrimination under the WIC Program.

Objective 1: Assure access to minorities through multi-lingual information.

Evaluation: Rhode Island WIC includes significant populations speaking one of six non-English languages. Program forms and outreach materials are translated in up to six languages.

Plan: Newly developed or revised outreach materials will be translated into appropriate languages based on need. Racial/ethnic participation reports will be reviewed annually and shared with WIC local agencies. Reviews will compare most recent report to previous reports for each local agency and statewide, observe for trends as to changes in participation proportions for each group and observe for disproportionately low participation by any groups. Plans will be developed as needed to assure all groups have equal opportunity to participate.

Objective 2: Assure new local agencies meet all nondiscrimination requirements.

Evaluation: R.I. did post an RFP for WIC Services. There were no new agencies that applied to be a WIC Provider.

Plan: Conduct a pre-award review on each new agency being considered for acceptance as a participating WIC Local Agency, in accordance with Sec. 8, State Operations Manual and FNS Instruction 113-2.

Objective 3: Assure current local agencies meet all nondiscrimination requirements.

Evaluation: Incorporated into the Management Evaluation Process, is a review of nondiscrimination requirements.

Plan: Continue to review nondiscrimination requirements during the integrated Management Evaluation process.

Objective 5: Assure existing state and local agency staff are aware of nondiscrimination policies.

Evaluation:

All WIC Agencies were trained on Civil Rights. The State Office did not have an annual meeting, so this topic was covered at Nutrition Education, Coordinators and Support Staff meetings.

Plan: Conduct compliance reviews of local agencies at least bi-annually. Provide civil rights training to all staff and as part of the orientation training. Integrate cultural competence training into the Annual Training.

Objective 6: Assure public notification of nondiscrimination.

Evaluation: The nondiscrimination statement has been placed on all appropriate public information documents produced by the State Agency.

Plan: Continue to include the nondiscrimination statement on information notices, outreach materials and educational materials.

Objective 7: Develop and provide an expanded report of racial, ethnic and language-spoken participation by clinic.

Evaluation; A monthly report is generated and reviewed at the State WIC office which provides information on participant demographic characteristics. This is shared with the local WIC sites on a yearly basis and upon request.

Plan: Continue with process outlined above.

FAIR HEARINGS
(Procedures 820, Operations - 8)

Objective: Assure all participants/caretakers are advised of the right to a Fair Hearing

Evaluation: Local agencies currently provide such information via standardized practices and forms.

Plan: Review the translation of fair hearing information to ensure accuracy. Continue to provide appropriate information to appellants of fair hearings such as:

- What to expect at the hearing.
- Planning needed by the appellant.
- Appellant's responsibility to present his/her case.
- What documents appellants are entitled to see.
- How to request such documents.

IX

Public Input / Notification

See WIC Operations Manual Section 9

PUBLIC INPUT
(Operations - 9)

In conjunction with the Division of Family Health, WIC and other Family Health units have taken a proactive approach to seek out input from consumers, providers and the public. The Division conducted a statewide series of community forums to receive comment on operations, services, future directions and unmet needs related to its programs, including WIC, and maternal, child and adolescent health. WIC managers and parent consultants played key roles; to assure the project met WIC's need for input. Several parents and community service organizations commented about WIC. These comments have been considered, and have affected the development of this Plan, as well as changes in operational policies.

In addition, to meet FNS review and State legal requirements, a Public Hearing will be scheduled within the quarter to receive comments on proposed revisions to the Goals, herein, in accordance with the conduct, attendance, comment, and recording procedures described in Section 9 of the State Operations Manual. Notices will be published in newspapers having aggregate statewide distribution.

Draft copies of the State Plan and Manuals will be available for public inspection thirty days prior to the public hearing at the Department of Health, Room 303. The mechanisms for comments on the State Plan include verbal and written statements given prior to, at and immediately following the public hearing. The WIC Program Administration then reviews these comments. All comments will be given full consideration in making corrections, additions, and changes to the State Plan and Manuals.

Following this comment period, proposed policy and procedure changes, as well as any modifications of these Goals, will be submitted as State Plan Amendments to Food and Nutrition Services.

PUBLIC HEARING NOTIFICATION
(Operations - 9)

A Public Hearing will be scheduled regarding the State Plan of Operation and Administration of the Special Supplemental Nutrition Program (WIC and Farmers Market Services) for fiscal year 2010, at the Rhode Island Department of Health in accordance with the conduct, attendance, comment, and recording procedures described in Section 9 of the State Operations Manual. Notices will be published in newspapers having aggregate statewide distribution.

Draft copies of the State Plan will be available for public inspection thirty days prior to the public hearing at the Department of Health, Room 303.

The mechanisms for comments on the State Plan include verbal and written statements given prior to, at and immediately following the public hearing. The WIC Program Administration then reviews these comments.

In addition, The Division of Family Health conducted a statewide series of community forums to receive comment on operations, future directions; services and unmet needs of its programs, including WIC. Several parents and community service organizations commented about WIC. These comments have been considered, and have affected the development of this Plan.

All comments will be given full consideration in making corrections, additions, and changes to the State Plan proposal.

RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

WIC AND FARMERS MARKET SERVICES

STATE PLAN OF OPERATION AND ADMINISTRATION

VOLUME II

PROCEDURES MANUAL

December 2009

Section 100

GENERAL INFORMATION

WIC PROCEDURE MANUAL

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. It is a federally funded program carried out according to provisions of the Child Nutrition Act passed by Congress in 1966 and amended in 1978.

WIC is funded through the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). It is administered in the State of Rhode Island by the Department of Health (HEALTH) through various local health centers and hospitals (or "locals") which determines eligibility, distribute the food funds and provide nutrition education to participants.

Many pregnant women, infants, and young children are in danger of having poor physical and mental health because they eat poorly and have inadequate health care. WIC is designed to help such pregnant women, infants, and young children by directly improving what they eat and the way they eat. The program provides special supplemental foods, including milk, eggs, juice, cereal, dried beans and peas, cheese, and infant formula, tuna fish and carrots (added for breast-feeding women) and nutrition counseling, to eligible participants who have certain income limitations and show evidence of special nutritional need.

The program provides this extra help during critical times of growth and development in order to prevent the occurrence of health problems and improve the health status of participants.

This WIC Procedure Manual is intended as a reference source for local agencies in the WIC Program. It contains the essential procedures mandated by federal and state authority that apply to local agency operations. It is designed to present the users, in an organized and sequential way, the necessary facts and agency obligations for each step or area of the WIC process. It also includes the various forms and reports required at each step. Additional information about WIC is available to local agencies in WIC regulations, the WIC State Plan, State Operations Manual, and in various informational materials and communications provided by the HEALTH to locals. In unusual circumstances where mandated procedures do not provide adequate guidance, local agencies should call the state agency for instructions.

RHODE ISLAND DEPARTMENT of HEALTH
WIC PROGRAM
LOCAL AGENCY ADMINISTRATION and LOCAL WIC CLINICS

Local WIC Agency Administration	**Local WIC Agency Clinics**
Mr. David Caprio, Executive Director Children's Friend and Service 153 Summer Street Providence, RI 02903-4011 (401)331-3285 Ms. Sonya Taly, WIC Coordinator/Nutritionist Progreso Latino 626 Broad Street Central Falls RI 02863 (401) 728-5920	Children's Friend and Service 500 Prospect Street Pawtucket, RI 02860 (401) 721-6416 Progreso Latino 626 Broad Street Central Falls RI 02863 (401) 728-5920
Ms. Gloria Rose, Executive Director Chad Brown Health Center 285A Chad Brown Street Providence, RI 02908 (401) 274-6339 Ms. Teresa Evora, WIC Coordinator/Nutritionist Chad Brown Health Center 285A Chad Brown Street Providence, RI 02908 (401) 831-0020	Chad Brown Health Center 285A Chad Brown Street Providence, RI 02908 (401) 831-0020 Chad Brown Satellite International Institute of RI 645 Elmwood Avenue Prov, RI 02907 (401) 784-8682

Ms. Joanne McGunagle, Executive Director Comprehensive Community Action Program, Inc. 311 Doric Avenue Cranston, RI 02920 (401) 467-9610 Ms. Kathy Cooper, WIC Coordinator/Nutritionist Comprehensive Community Action Program, Inc. 311 Doric Avenue Cranston, RI 02920 (401) 946-4650	Comprehensive Community Action Program , Inc. 311 Doric Avenue Cranston, RI 02920 (401) 946-4650 Cranston Satellite 191 MacArthur Blvd. Coventry, RI 02816 (401) 828-5335
Ms. Maria Montanaro, Chief Executive Officer Thundermist Health Center 450 Clinton St Woonsocket, RI 02895 (401) 782-0850 Ms. Jill Boyd, Coordinator/Nutritionist Thundermist Health Center of SC WIC Program One River Street Wakefield, RI 02879 (401) 783-0523 Ms. Lori Austin, Coordinator/Nutritionist Thundermist Health Center of Woonsocket WIC Program 191 Social Street - 9th Floor Woonsocket, RI 02895 (401) 767-4109	Thundermist Health Center of SC WIC Program One River Street Wakefield, RI 02879 (401) 783-0523 Thundermist Health Center of Woonsocket WIC Program 191 Social Street - 9th Floor Woonsocket, RI 02895 (401) 767-4109 Thundermist Health Center North Kingstown WIC 646 Camp Avenue North Kingstown, RI 02895 (401) 667-2915

Mr. Dennis Roy, Chief Executive Officer Eastbay Community Action Program 19 Broadway Newport, RI 02840 (401) 437-1000 Ms. Beth Nitkin, WIC Coordinator/Nutritionist Eastbay Community Action Program WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821	Eastbay Community Action Program Newport Community Health Center WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821 Eastbay Community Action Program WIC Program 1048 Stafford Road Tiverton, RI 02878 (401) 625-1364 Eastbay Community Action Program WIC Program 100 Bullocks Point Avenue Riverside, RI 02915 (401) 437-1007 Bristol WIC Program 115 Franklin Street Bristol, RI 02809 (401) 253-7577

Mr. Merrill Thomas, Executive Director Mr. Les Hubbard Coordinator/Nutritionist Providence Community Heath Centers, Inc. 375 Allens Avenue Providence, RI 02905 (401) 444-0411	Allen Berry Health Center WIC Program 202 Prairie Avenue Providence, RI 02907 (401) 444-0570 x 3745 Capitol Hill Health Center WIC Program 40 Candace Street Providence, RI 02908 (401) 444-0550 x 3541 Chafee Health Center WIC Program One Warren Way Providence, RI (401) 444-0530 x 3341 Olneyville Health Center WIC Program 100 Curtis Street Providence, RI 02909 (401) 444-0540 x 3445
Mr. John Fogarty, President St. Joseph Hospital 200 High Service Avenue North Providence, RI 02904 (401) 456-3080 Ms. Susan Vieira, LDN, WIC Coordinator/Nutritionist St. Joseph Health Center 21 Peace Street Providence, RI 02907 (401) 456-4069	St. Joseph Health Center 21 Peace Street Providence, RI 02907 (401) 456-4069

Mr. Joseph R. DeSantis, Executive Director Karen Schiltz, WIC Coordinator/Nutritionist Tri-Town Economic Opportunity Committee Tri-Town Health Center WIC Program 1126 Hartford Avenue Johnston, RI 02919 (401) 351-2750	Tri-Town Health Center WIC Program 1126 Hartford Avenue Johnston, RI 02919 (401) 351-2750 Burrillville WIC Satellite 185 Main Street Pascoag, RI 02859 (401) 567-0510
Ms. Jeanne Gattegno, Executive Director Westbay Community Action, Inc. 224 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660 Mr. Paul Salera, Coordinator WIC Program Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660 Ms. Cindy Singleton, Nutritionist Westbay Community Action, Inc WIC Program West Warwick Community Health Center 53 Providence St West Warwick, RI 02893 (401) 826-3230	Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660 West Warwick WIC 53 Providence Street West Warwick, RI 02893 (401) 826-3230
Mr.Elias Neujhar. MBA, MSHA Associate Vice President Clinical Resource Development Women and Infants 101 Dudley Street Providence, RI 02905 (401)453-7775 ext 143 Ms. Doreen Chin Pratt, MS, RD, Director of Nutrition Services/WIC Coordinator Women & Infants' Hospital WIC Program 2 Dudley Street WPCC Nutrition Services - Suite 565 Providence, RI 02905-2401 (401) 274-1122	Women and Infants' Hospital WIC Program 2 Dudley Street WPCC Nutrition Services – Suite 565 Providence, RI 02905-2401 (401) 274-1122 ext. 2768

Ms. Linda Cardillo Mr. Douglas Jones, WIC Coordinator/Nutritionist Wood River Health Services WIC Program 823 Main Street Hope Valley, RI 02832 (401) 539-2461	Wood River Health Services WIC Program 823 Main Street Hope Valley, RI 02832 (401) 539-2461 Westerly WIC Satellite 56 Spruce Street Westerly, RI 02891 (401) 596-0086

GLOSSARY OF TERMS

Agreement - the written document between the Rhode Island Department of Health WIC Program and a local agency which states the responsibilities and obligations of both parties in order to provide the WIC Program. The period covered by the WIC agreement is the Federal fiscal year.

Alternate Shopper - a person designated in writing by a payee and authorized by the Program to pick up Program food instruments for the payee and to redeem them for food at authorized Program vendors. Also known as Proxy.

Applicant- an individual who makes application for WIC Program benefits.

Breastfed Infants - persons under one year of age who are wholly or partially breastfed by a breastfeeding woman participant.

Breastfeeding Women - women up to one year postpartum who are breastfeeding their infants on the average of at least once a day.

Caretaker - one who has the responsibility for the care of the participant.

Categorical Ineligibility - persons who do not meet the definition of pregnant women, breastfeeding women, postpartum women, or infants or children.

Certification - the use of criteria and procedures to assess and document each applicant's eligibility for the Program.

Children - persons who have had their first birthday but have not yet attained their fifth birthday.

Clinic - a facility where applicants are certified.

Confidential Health Care Information - all information relating to a patient's health care, history, diagnosis, condition, treatment or evaluation.

Competent Professional Authority - an individual on the staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods. The professional qualifications required of competent professional authorities are set forth in Federal Regulations. A competent professional authority is herein considered to be a physician, a nutritionist, a dietician, a registered nurse, a physician's assistant or a state or local medically trained health professional approved by the state agency. Also applies to qualified persons not on the staff of the local agency who are qualified to provide medical/nutritional assessment data.

Days - calendar days except for those time standards which specify working days.

Disqualification - the act of ending Program participation of a participant, food vendor, or authorized state or local agency, whether as a punitive sanction or for administrative reasons.
Dual Participation - simultaneous participation in the Program in one or more than one WIC clinic,

or participation in the Program and in the Commodity Supplemental Food Program (CSFP) during the same period of time.

Family - a group of related or non-related individuals who are living together as one economic unit, except that residents of a homeless facility or an institution shall not all be considered as members of a single family.

FNS - the Food and Nutrition Service of the United States Department of Agriculture.

Fiscal Year - the period of 12 calendar months beginning 1 October of any calendar year and ending 30 September of the following calendar year.

Food Costs - the cost of supplemental foods, determined in accordance with Section 246.l2 (b) (l).

Food Delivery System - the method used by State and local agencies to provide supplemental foods to participants.

Food Package - supplemental foods selected for an individual WIC recipient based on that individual's nutritional need.

Health Services - ongoing, routine pediatric and obstetric care such as infant and child care, and prenatal and postpartum examination.

Homeless Facility - the following types of facilities which provide meal service. A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter or shelter for victims of domestic violence) designed to provide temporary living accommodations; a facility that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for or normally used as a regular sleeping accommodation for human beings.

Homeless Individual - one who lacks a fixed and regular nighttime residence or whose primary nighttime residence is one of the following (1) A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter or shelter for victims of domestic violence) designed to provide temporary living accommodations; (2) an institution that provides a temporary residence for individuals intended to be institutionalized; (3) a temporary accommodation in the residence of another individual; or (4) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

In-Kind Contributions - any money, supplies, advertising materials or equipment provided in support of the WIC Program from other sources.

In-Kind Services - any services provided in support of the WIC Program that involve a contribution of time or dollars from other sources in support of the services provided.

Income Poverty Guidelines - l85% of the USDA poverty guideline.

Infants - persons under one year of age.

Institution - any residential accommodation which provides meal service, except private residences and homeless facilities.

Local Agency- an agency under contract with the Rhode Island Department of Health to provide WIC Program services.

Management Evaluation - a system of program review used by the State agency and FNS to assess the local agency accomplishment of program objectives and provisions as provided under the Federal Regulations, State and FNS guidelines and instructions, the local agency Nutrition Education Plan, and the written agreement with the State agency.

Migrant Farm Worker - An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

Nutrition Education - individual or group educational sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

Nutrition Services and Administration Costs (NSA) - those direct and indirect costs, exclusive of food costs, which State and local agencies determine to be necessary to support Program operations. Such costs include, but are not limited to, the cost of Program administration, monitoring, auditing, nutrition education, startup, outreach, certification, and developing and printing food instruments.

Nutritional Risk - (l) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) Other documented nutritionally related medical conditions; (3) Dietary deficiencies that impair or endanger health or (4) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Participants - pregnant women, breastfeeding women, postpartum women, infants, and children who are receiving supplemental foods or food instruments under the Program and the breastfed infants of breastfeeding women who are receiving supplemental foods or food instruments under the Program.

Participation - the number of persons who have received supplemental foods or food instruments in the reporting period plus the number of breastfed infants of breastfeeding women who have received supplemental foods or food instruments in the reporting period.

Participant Number - the identification number assigned to a recipient by the WIC local agency.

Payee - the custodial parent or guardian or, if unavailable, the delegated caretaker for an infant or child. Authorized to pick up checks and redeem them for food at authorized Program vendors.

Postpartum Women - women up to six months after termination of pregnancy.

Pregnant Women - women determined to have one or more embryos or fetuses in utero.

Priority Group - one of six priority groupings of nutritional risk established by the Federal Regulations which are to be applied by the competent professional when vacancies occur after a local agency has reached its maximum participation level.

Resident - a person making one's home in a place, who can provide evidence of such residence or who is homeless and living in an authorized WIC homeless facility or institution or is homeless and can show evidence of living and sleeping in a place not designed for or normally used as a regular sleeping accommodation for human beings.

HEALTH - Rhode Island Department of Health.

Secretary - Secretary of Agriculture.

State agency - Rhode Island Department of Health.

WIC Check - check issued by the Rhode Island Department of Health WIC Program specifying certain WIC allowed foods which is used by a participant to obtain the specified foods.

WIC Coordinator - a local agency staff member who is responsible for coordinating the ongoing operation and management of the WIC Program; for maintaining an active liaison relationship between the state agency and other appropriate local agency officials and staff; and for communicating state agency directives, policies, procedures, guidance, and other information to all local agency persons who have a need for such information in order to perform their WIC responsibilities.

G-1 REVISIONS IN PROCEDURE AND STATE OPERATIONS MANUALS

Manuals

A. Procedure Manual

B. State Operations Manual

Procedure

A. Each proposed change to WIC procedures shall be reviewed for approval by the Chief, WIC Program.

B. When approved by the Chief and reviewed and approved by the USDA Regional Office, the policy shall be enumerated according to placement in the appropriate manual.

C. Policies - State and Local

(1) Policies concerning the internal management of the State agency shall become effective when approved by the Chief.

(2) Policies directly affecting local agencies shall, whenever possible, have a period for comment by local agencies. This period shall be stipulated when the policy is distributed.

(3) Minor revisions of policy necessary to the efficient operation of the Program and with little or no impact on other entities may be made without a period of comment for the public or local agencies, but with approval from USDA.

(4) Policies which have a significant impact on other entities shall be promulgated for comment and approval in accordance with FR 246.4 (b) and R.I.G.L. 42-35.

D. Policies which constituted State Plan Amendments shall be submitted to USDA for approval and shall become effective as stipulated by the Chief.

E. Once in effect, the new policy shall be considered an integral part of the manual and shall be filed therein.

F. Revisions to the Manuals shall be filed with the Rhode Island Secretary of State.

G – 2 USE OF WIC NAME AND LOGO PROHIBITED

The United States Department of Agriculture (USDA) and the Rhode Island Department of Health (HEALTH) WIC Program do not permit the use of the WIC name, acronym "WIC", or the national and Rhode Island WIC logos in connection with a business or a commercial product. Such use may be mistakenly taken as an endorsement of the business, or the product by the agencies. USDA's and HEALTH's policy is to avoid endorsements, directly or indirectly, of any commercial business or product. Also note, that the WIC acronym and logo are registered service marks of USDA.

Use of the WIC name and the WIC logos is reserved for official use by Program officials, only. Examples include Program issued identification, public notification and outreach purposes. . Attached are copies of FNS Instruction 800-2, and a recent All States Memo stemming from an unauthorized use by Ross Labs for PediaSure.

- Please inform this office of any commercial use of these identifiers.
- Local agencies should also obtain approval from the State WIC office before initiating any public use of these identifiers (see VII, B of the Instruction), or the RI WIC logo.

If you have any questions about the use of the WIC name or logo, contact the WIC Vendor Unit (222-4621) or Client Services Unit (222-4622).

SECTION 200

ELIGIBILITY AND ENROLLMENT

SECTION 200

ELIGIBILITY AND ENROLLMENT

(Goals - II, Operations - 2)

210 - Application and Eligibility Determination

211 GENERAL

The certification forms and the screening criteria used to determine eligibility for certification are uniform statewide. The procedures for certifying a WIC applicant may be found below. Criteria forms are used to determine an applicant's nutritional need for the Program. The USDA WIC Income Poverty Guidelines are used statewide for screening for income eligibility. Guidance in procedures for determining income are provided to local agencies.

Eligibility Requirements

To be eligible to receive available benefits of the WIC Program, a person must be:

A. A resident of the State of Rhode Island.

B. A pregnant, breastfeeding or postpartum woman, an infant, or a child up to his/her fifth birthday.

C. A member of a household with an income of less than l85 percent of the poverty level guideline except as noted under section 212 number 3 (see Income Guidelines - Appendix).

Rev 06/07

D. All participants meeting income guidelines will be assumed to be at nutritional risk if no other risk is identified.

Application to Local Agency

Application to the WIC Program is made at a local WIC health care service agency. The local agency is responsible for informing applicants of eligibility requirements, accepting applications, determining eligibility or ineligibility, and distributing WIC checks.

A. When a person calls or visits the local agency to apply, local agency personnel will inform the person of the eligibility requirements as stated above. Obviously ineligible applicants (not a resident of Rhode Island; not a pregnant, breastfeeding or postpartum woman, or infant, or child up to his/her fifth birthday; income clearly exceeding 185% of poverty level guideline and not eligible based on participation in another program) should be so informed.

B. Pregnant Women and Employed Individuals

The local agency must make every reasonable effort to see for certification assessment, any potentially eligible pregnant woman on an expedited basis. Breastfeeding women should be given next priority for appointments followed by infants, children, and non-breastfeeding postpartum women, in that order. The local agency must schedule appointments for each employed individual seeking to apply for participation in WIC so as to minimize the time the individual must be absent from the work place.

C. When there are no funds available for new participants, potentially qualified applicants' names are placed on the agency's waiting list for the appropriate priority group (see SEC. 2l3 Priority System and WIC Waiting List form) including date of contact, address, telephone number, date placed on waiting list and any priority related screening information. Applicants or their caretakers are to be told about being placed on the waiting list as soon as possible, and never more than 20 days after they apply for Program benefits.

D. Referral of Applicants to other Local Agencies

When a local agency is unable to enroll an applicant for an extended period of time, the local agency should offer the applicant the option of being referred to another local agency where a certification appointment might be more quickly available. Additional assistance should be given to applicants of priorities 1,2,3, and 4 in locating other local agencies, especially applicants with severe nutritional or financial needs. The state agency may be contacted for information regarding local agencies who may have shorter waiting lists or more readily available certification appointments.

The referring agency should confirm with the reviewing agency that space is available for the client. The participant ID number should be given to the receiving agency so that the client's certification data can be electronically requested. Local agencies must provide any waiting list information to the state agency, upon request, in order to foster referrals.

E. Initial Visit

When inquiries are made to the local WIC office, local agency staff are toenter appropriate intake information into the RI Webs for future applicant processing, scheduling purposes, and coordination with other services. The application process for a new applicant (when a funded opening is available), or for the next applicant on the highest priority Waiting List (when funds become newly available) begins when the applicant visits the local agency during clinic office hours. If the certification process is not completed, record the results of the initial visit, showing the reasons why any data was not obtained and the plan for completing the certification. Pregnant women who miss their 1st certification appointment need to be contacted to reschedule.

*F. Certification of Staff of A WIC Local Agency

The application, reapplication and check issuance procedures for a local agency staff member must be entirely handled by other WIC staff authorized to conduct each activity. The local agency staff member applicant, participant or payee may not conduct any of the application procedures such as demographic information completion, income eligibility, dietary assessment, anthropometric and blood screenings, nutrition risk assessment, nutrition education, or any part of check issuance on or for their own behalf.

To ensure such separation of functions, either of two procedures must be followed:

1. The WIC Coordinator of an agency's employee must perform all CPA functions for the employee and review demographics data and documentation or,

   In a large agency, with considerable separation between departments, the agency may request an exception if non WIC staff members do not share supervision and regular contact with the WIC unit staff.

2. An applicant staff member can apply to a different local agency from any agency the applicant is affiliated with in a work/volunteer capacity.

   The application for WIC benefits of any agency staff member to his/her own agency must be reported to the WIC coordinator for the agency receiving the application.

G. The application process continues as specified below under Eligibility Determination.

H. The following applicants shall be notified of their eligibility or ineligibility within 10 days of the date of application for available benefits.

1. Pregnant women meeting Priority 1 criteria

2. Breastfeeding women who are breastfeeding a Priority 1 infant

3. Infants under six months of age.

4. Members of migrant farm worker households who soon plan to leave the jurisdiction of the local agency.

   Others must be notified within 20 days of such application.

Eligibility Determination

A. Applicants who have been assessed by the local agency as meeting the income, residence and nutritional risk criteria should be issued checks. However, local agency WIC staff may not certify themselves for the Program. The staff person responsible for certification of any applicant may not also print checks for that same applicant.

B. Summary of Procedures

The local agency must determine that the applicant meets the categorical, income, residency, and nutritional need criteria. When an applicant does not meet one or more of these criteria, the applicant is deemed to be ineligible, and cannot be certified for WIC benefits. Applicants who do not have documented proof of pregnancy but have met all other eligibility criteria should be issued benefits. Documentation of pregnancy should then be required within 30 days to assure linkage with appropriate prenatal care services. Applicants may not be charged for pregnancy tests.

1. The local agency employee securing information for eligibility interviews the applicant or caretaker of the applicant for the household income and the number of persons in the household (See 212 Determination of Income). This information is entered into the computer (see Appendix). The intended payee should read or be read and sign the Eligibility Agreement. Income will be determined on the basis of the most accurate reflection of current income (weekly, bi-monthly, monthly, yearly). Full instructions for completing certification will follow in Sec. 220.

2. Verification of Address

    a. The employee verifies the address of the applicant as a standard part of the certification procedure. To foster accuracy, the preferred verification would be a utility bill or other business mail addressed to the participant. Less desirable sources include street directories, other mail, rent receipts, or other documents initiated by a third party showing the applicant's or parent's name and address. If the applicant is homeless or living in a homeless facility the address of the local agency may be used. A letter from an official of the facility or another disinterested party acceptable to the WIC Program who can verify homelessness should be in the file if it can be obtained with reasonable effort. The CPA's best judgment should be used before denying benefits to obviously destitute people.

    b. The state agency may use other means to verify applicant addresses.

        i. If a client's address is not documented properly, the State agency will notify the local agency of the deficiency. The local agency should review the participant's record and flag the record. The local agency will contact the participant regarding his/her address and document the contact in the record. The local agency will make a determination either correcting the documentation, documenting a new address or documenting that the address given by the participant is suspected of being fraudulent. The local agency will then notify the State agency within two weeks as to its findings.

        ii. If there is cause to suspect deliberate misrepresentation of an address or telephone number, the local agency shall consult with the state agency liaison

to consider possible disqualification from Program benefits. (Participant Violations Sec. 242)

3. Local staff person checks identification of the applicant and the potential payee (Payee identification must be verified and documented at each certification). The following are acceptable sources of identification for applicants and payees in order of preference:

Payee	Child/Infant
Picture ID such as current passport	Birth Certificate
Driver's license	Immunization Record
Work or School ID Card	Foster Care Placement letter
Alien care stub*	Doctor's Form*
Immunization Record*	Hospital Birth Card*
Voter Registration Card*	Verified Rite Care Card
Social Security Card*	
Birth Certificate*	
Verified Rite Care Card	

* not preferred, update following month

4. Information & Rules - the local staff person reviews Information & Rules information on the WIC-5 Eligibility form and the WIC ID folder. The information is explained to or read by the applicant.

5. The local agency employee then proceeds to conduct the nutritional/medical assessment to determine if the applicant is at nutritional risk.

6. When funds are available inform a person that he/she is being certified and issue checks to him/her.

7. Foster Children and Institutionalized Children

   a. For the purposes of the WIC Program the foster child shall be considered a one member household.

      i. The money the foster family receives for the maintenance of this child shall be considered the gross income of this child. Special payments to the foster family for special needs, such as medical-related expenses, may be disregarded with approval from the State Agency.

      ii. The foster parent shall then be named as the payee for the foster child.

      iii. The adopted foster child with state subsidy should be considered to retain his/her foster child status.

   b. If there is concern about retaining a child's whereabouts in confidence, the social

worker may be named as the payee with the foster parents named as the alternate shopper. This situation should be temporary since the children would not be receiving the benefit of nutrition education.

c. If a child is in the middle of a certification period when becoming a foster child, the benefits shall continue until the end of that certification period, at which time the above income standards will apply.

d. Institutionalized children shall not be considered eligible for WIC except as under Sec.226D.2.

8. An applicant with no proof of identity and/or residency, such as a victim of theft, loss or disaster, a homeless individual, a migrant, or a person holding a VOC card, must sign a statement attesting to his/her identity and residency (WIC - 88). In the situation where such a statement is used as the applicant's proof of identity and/or residency, the WIC staff must include the statement and a brief notation explaining why the applicant could not produce proof of identity and/or residence.

9. Partial Determinations

   The primary responsibility of securing and presenting information and documents needed to establish eligibility is the applicant's or their parent(s), or their guardian(s).

   Staff will assist in the obtaining, presenting, and evaluating of required data.

   WIC checks must not be issued until all determination procedures are completed, including:

   (a) Verification of identification (or statement of self-declaration)
   (b) Verification of address/residence (or statement of self-declaration)
   (c) Documentation of income (or statement of self-declaration)
   (d) Determination of nutritional risk
   (e) Preliminary determination of available benefits (caseload and any State directed adjustments).

When the applicant encounters difficulty in presenting required eligibility data, then additional assistance, interviews, and appointments should be offered to help them establish their eligibility.

*A verified Rite Care card can be used as proof of ID, residency and income when needed.

In cases of obvious need, a lack of the documentation or third party statement regarding income status should not be a barrier to providing WIC services. Consult the State Office to discuss alternative documentation or a waiver.

212 DETERMINATION OF INCOME PROCEDURES

1. Each WIC applicant is required to present to the local agency, at the time of eligibility determination, reasonable documentary evidence, or "best available substantiation," of the sources and amounts of income the applicant has declared.. Income worksheets from other departments and programs may be used for documentation of income provided it meets WIC income standards and standards for proof of income. (Contact the State WIC Office for guidance on programs and procedures which meet these requirements.) Applicants referred by these programs should be given a copy of the worksheet to present at the WIC office. If the worksheet is used as income documentation it should be kept with the Eligibility Agreement form and kept on file. The worksheet may be used up to 60 days after its completion date, subject to the WIC Coordinator's discretion. The form should reflect current earnings.

   (a) Applicants will be required to have, at the time of eligibility determination, those types of documentation most commonly available for a particular source of income.

* **Adjunctive Eligibility** - A verified Rite Care card serves as proof of income for WIC participants. No other income needs to be collected if they are receiving Rite Care.

   (b) The State agency may waive the documentation requirement above (a) for

      (I) an individual for whom the necessary documentation is not available (for example, farm worker or person who works for cash; or

      (ii) an individual, such as a homeless woman or child, for whom the agency determines the requirement above (a) would present an unreasonable barrier to participation.

   (c) If income documentation is waived (see i and ii above), the applicant must sign a statement attesting to the self-declared income (WIC-89), and the reason that documentation is unavailable. This should be accompanied by a written statement from a reliable third party that has knowledge of the applicant's income. Reliable parties might include staff of a social service agency, church or legal society, or employers.

2. Local agencies have latitude and judgmental prerogative in documenting an applicant's source and amount of income. Local agencies may utilize current existing documented income data secured from a participant's eligibility for the agency's health center or clinic, or may choose instead to require that current documentation be secured from the WIC participant at the time of eligibility determination for WIC specifically.

3. Definition of Income - Income means gross cash or other monetary income received, before deductions for taxes, employees' social security taxes, insurance premiums, bonds, savings, retirement etc. No expenses due to hardship, child support payments or other deductions are allowed.

The full amount and source (place of employment, child support, etc.) of any family income must be recorded, unless specifically excluded, below. Eligibility for certification as a WIC participant is defined as income that does not exceed l 85 percent of the current poverty guidelines as provided by the WIC Program to local agency staff (see Income Guidelines). The WIC Program will implement adjusted WIC income eligibility guidelines concurrently with Medicaid income eligibility guidelines. Exception must be made for individuals with RIte Care/Medicaid, Food Stamps, FIP or GPA documentation (see 7(a) below). Income should be recorded on the Eligibility Agreement.

4. Excluded Income - Do not count as income.

   (a) When determining eligibility for the WIC Program, income or benefits from the following programs are excluded from consideration:

      (i) Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Public Law 91-646, Section 216).

      (ii) Any payment to volunteers under Title II (RSVP, foster grandparents, and others) and of the Domestic Volunteer Service Act of l973 (Pub. Law 93-113, Section 404 (g)), as amended. Payments under Title I, Part A, (VISTA) to volunteers shall also be excluded.

      (iii) Payment to volunteers under the Small Business Act (SCORE AND ACE)

      (iv) Income derived from certain submarginal land of the United States which is held in trust for certain Indian tribes (Public Law 94-114, Section 6).

      (v) Payments received under the Job Training Partnership Act.

      (vi) Income derived from disposition of funds to the Grand River Band of Ottawa Indians (Public Law 94-540, Section 6).

      (vii) The value of assistance to children or their families under the National School Lunch Act, the Child Nutrition Act of l966 and the Food Stamp Act of l977.

      (viii) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation.

      (ix) Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980.

      (x) Payments or allowances received pursuant to the Home Energy Assistance Act of l980 (Public Law 96-223, Title III, Section 3l3 (c) (l)).

(xi) Payments received from the youth employment demonstration programs (Public Law 95-524, Title IV, Part A, Section 446).

(xii) Per capita payments of $2,000 or less to each Indian from judgment awards or trust funds under Public Law 97-458.

(xiii) Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989 (Pub. L. 100-707, sec. 105 (i), 42 U.S.C. sec. 5155 (d)).

(xiv) Payments under the Low-Income Home Energy Assistance Act, as amended (Pub. L. 99-125, sec. 504(C), 42 U.S.C. sec. 8624(f)).

(xv) Effective July 1, 1991,payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (Pub. L. 101-392, sec. 501, 20 U.S.C. sec. 2466d).

(xvi) Payments pursuant to the Agent Orange Compensation Exclusion Act (Pub. L. 101-201, sec. 1).

(xvii) Payments received through Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Pub. L. 989b-4 (f) (2)).

(xviii) Value of any child care payments made under section 402 (g) (1) (E) of the Social Security Act, as amended by the Family Support Act (Pub. L. 100-435, sec. 501, 42 U.S.C. sec. 602 (g) (1) (E)). Value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act Amendments of 1992 (42 U.S.C. 9858 a et seq.)

(xix) Benefits received through the Farmers Market Coupon Nutrition Project (FMNP) under section 17 (m) (7) (A) of the Child Nutrition Act of 1966, as amended (Pub. L. 100-435, sec. 501, 42 U.S.C. sec. 1786 (m) (7)((A)).

(xx) Payments received under the Veteran's Educational Act of 1984, as amended (Pub. L. 99-576, sec. 303 (a) (1), 38 U.S.C. sec. 1411 (b)).

(xxi) Value of assistance received under the Child Nutrition Act of 1966 (Pub. L. 89-642, sec. 11 (b), 42 U.S.C. sec. 1780 (b)).

(xxii) Payments received under the Old Age Assistance Claims Settlement Act, except for per capita shares in excess of $2,000 (Pub. L. 93-500, sec. 8, 25 U.S.C. sec. 2307).

(xxiii) Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the

median income of the area (Pub. L. 101-625, sec. 522 (i) (4), 42 U.S.C. sec. 1437f nt).

(xxiv) Payments received under the Housing and Community Development Act of 1987 unless the income of the family increases at any time to not less than 50 percent of the median income of the area (Pub. L. 100-242, sec. 126 (c) (5) (A), 25 U.S.C. sec. 2307).

(xxv) Payments received under the Sac and Fox Indian claims agreement (Pub. L. 94-189, sec. 6).

(xxvi) Payments received under the Judgement Award Authorization Act, as amended (Pub. L. 97-458, sec. 4, 25 U.S.C. sec. 1407 and Pub. L. 98-64, sec. 2 (b), 25 U.S.C. sec. 117b (b)).

(xxvii) Payments received under the Alaska Native Claims Settlement Act Amendments of 1987 (Pub. L. 100-241, sec. 15, 43 U.S.C. sec. 1626 (c)).

(xxviii) Payments for the relocation assistance of members of Navajo and Hopi Tribes (Pub. L. 93-531, sec. 22, 22 U.S.C. sec. 640d-21).

(xxix) Payments to the Turtle Mountain Band of Chippewas, Arizona (Pub. L. 97-403, sec. 9).

(xxx) Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) (Pub. L. 97408, sec. 8 (d)).

(xxxi) Payments to the Assiniboine Tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (Pub. L. 98-124, sec.5).

(xxxii) Payments to the Red Lake Band of Chippewas (Pub. L. 98-123, sec. 3).

(xxxiii) Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act (Pub. L. 99-346, sec. 6 (b) (2)).

(xxxiv) Payments to the Chippewas of Mississippi (Pub. L. 99-377, sec. 4 (b)).

(b) The value of inkind benefits and payments, such as meals, clothing, housing, or produce from a garden.

(c) TANF and WIN Classroom Incentive Allowances.

(d) CETA youth programs; training benefits paid to youths only; wages paid to adult staff are not excluded.

(e) Earned income of children under the age of eighteen who are students at least half time.

(f) United States Department of Education administered student grants or loans for undergraduate educational purposes.

(g) That portion of scholarship grants and work-study programs used for tuitions, books, fees, equipment, or transportation for school purposes.

5. Computation of Income

(a) Definition of Family - A household or an economic unit composed of a person or group of related or unrelated persons who usually (although not necessarily) live together, who are not residents of an institution, and whose production of income and consumption of goods or services are related. A child not living in the household but receiving child support is not considered a part of the economic unit. Separate economic unit status for the applicant within a household may only be accepted if a group or an individual meets all the following criteria:

(i) Must pay a minimum of $68.17 per month for room and board for an adult (Board $54, room $14.17) and,

$95.33 per month for a child under age 12 and, $117 per month for a child age 12 or over.

(ii) The applicant's production of income and consumption of goods or services are not related with respect to anyone else in the household.

(iii) The applicant is not a spouse of a member of the household; or is not a child under age 18 under the parental control of, or a financial dependent of, a member of this household. The applicant must also be dependent upon income which is separate from that of others residing in the household (see No.7 (6)).

(iv) Supplemental foods are purchased separate and apart from others in the household, and consumed only by the participant.

Effect on Family Size of Pregnancy

An applicant pregnant woman who does not meet income eligibility requirements on the basis of her current family size and income shall be reassessed for eligibility based on a family size increased by one, or by the number of expected multiple births.
Note: Proof of multiple births is required following standard procedure.

In situations where the family size has been increased for a pregnant woman, the same increase family size should also be used for any of the categorically eligible family members.

(b) The goal of the computation process is to determine the most accurate and most current reflection of family income. The local agency staff member should first inquire as to the fluctuations in the family income in the current month, in the past year, and the anticipated fluctuations during the forthcoming certification period.

(c) Depending on the pattern of the family's income, the staff member will then determine the family income and record it on the Eligibility Agreement. The source of income documentation would be reflected or determined by the period of income under consideration.

6. Resolving Questionable Income Cases

(a) Circumstances that local agencies should consider questionable-

(i) Income stated is inconsistent with other statements made on the application.

(ii) The income information is inconsistent with any other information given by the applicant to the agency.

(iii) The income information is inconsistent with other information actually received and documented by the agency.

(iv) Where the income declared would appear to be below minimal survival levels.

Where the applicant or family members appear to meet basic eligibility requirements for financial aid programs but no such income is declared.

(vi) Where an unemployed family member has worked in the past year and does not report receiving Employment Security Benefits (ESB).

(b) Steps to be taken to resolve questionable cases.

The applicant may withdraw his/her request, provide the documentation needed to resolve the question, or authorize the agency to obtain the documentation.

The primary responsibility of securing and presenting information and documents needed to establish income eligibility is the applicant's or his/her parent or guardian. If needed, however, the local agency should provide assistance in obtaining the required data. In some cases questions can be resolved quickly by the applicant and local agency jointly telephoning an employer or other collateral source. If it is necessary for the agency to contact the resource directly, it is the applicant's responsibility to provide authorization for the agency to do so.

The state agency has available information release forms for documenting a family's

income from the following sources:

(i) State Income Tax Division (These forms are given out on a case by case basis. Local agencies should inform the state agency when forms are sent into the Income Tax Division. Forms will be returned to the state agency by the Income Tax Division.)

(ii) Financial Assistance Agencies (Department of Employment Security, Welfare, etc.)

(iii) Generic forms are available for release of miscellaneous information to check sources determined appropriate by local agencies.

(iv) Consult with state agency staff about other possible available documentation.The CPA's best judgement should be used before denying benefits to obviously destitute people.

7. Types of Income/Documentation

Local agencies should consider the following usual sources of income and their most usually available means of documenting the source and amount of that income.

(a) Program eligibility (Adjunctive Eligibility) - Applicants who can document participation in the following programs are considered income eligible for WIC:

Food Stamps: An individual must be certified as fully eligible to receive Food Stamps,

FIP: An individual who currently receives FIP or is presumptively eligible (pending completion of the eligibility determination process),

A member of a family certified eligible to receive FIP

Medicaid (the federally funded portion of the RIte Care Program)**:** An individual certified eligible for Medicaid

A member of a family in which a pregnant woman or an infant is certified eligible for Medicaid

Participation in special programs, such as Title XIX (Medicaid, or Rite Care), FIP, GPA or Food Stamp Benefits are automatically considered to be income eligible for WIC. Identification of current beneficiary status must be provided as acceptable documentation of adjunctive eligibility.

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For RIte Care recipients, verification of current eligibility must be verified

using either the individual's Social Security Number or RIte Care card number. No additional proof of income is needed if they are actively participating in RIte Care.

Adjunctively income eligible WIC participants (and those income eligible under the State option) are afforded a full certification period (at the time of certification).

(b) Wages or Salary - The average weekly, bi-monthly, monthly, or annual wage should be determined. Usually this would mean substantiation of the previous four weeks, or the previous month's wages based on pay stubs. W-2 forms or tax returns may also be used if they reflect current earnings. The average wage might be adjusted then on the basis of anticipated changes (increases, bonuses, payless vacations), or seasonal fluctuations as established by the preceding year pattern. Year to date income figures should be reviewed to determine whether the income was continuous from the beginning of the year and adjusted for the portion of the year to get an annual or monthly figure.

(c) Self-employment - The difference between the amount of gross receipts and amount of operating expenses for producing the income. Either the reported income for the prior year, or the estimated income for the current year based on at least three months of operation may be used. Sources include tax returns and bookkeeping records.

(d) Fees, Tips, Commissions and Net Royalties - Such income may be in addition to either wages, salary, or self-employment income and should be declared. Employers usually provide some statement of the commissions and fees paid. Tax returns may also be used.

(e) Lodger/Boarder - Any income above the cost of maintaining a lodger or boarder is considered as income. Board payment for a foster child, however, is disregarded.

(f) Rental - Net amount after deduction of expenses is considered as income. If the applicant lives in the same dwelling, only the tenant's share of the property expenses would be deducted from the rental income. Total revenue and expenses must be explicitly stated.

Payments on principle or depreciation are not allowed as an expenses. Expenses for a given property can only be deducted up to the amount of revenue for that property.

(g) Employment Security benefits and Temporary Disability Insurance - Award letters or actual checks that show the amount of income received. Claim book will show if claim filed and status of claim.

i. Strikers - No ESB until after a 6 week penalty plus one week waiting period.

ii. Quit work (without good cause)-No ESB until the person has returned to the job market and worked 4 weeks at $20 or more per week.

iii. Fired for proven misconduct or refused suitable work- No ESB until returned to the job market and worked 4 weeks at $46 per week.

(h) CETA - Wage stubs would show the income received from CETA employment.

(i) Dividends and Interest - Dividends and interest received include those which are allowed to remain in the account, not just those that are withdrawn. If substantial, (affecting eligibility) a tax return, W-3, or other bank statement should be sought.

(j) Social Security - Survivors and Disability Insurance Benefits - Railroad Retirement Benefits - Determine which applicant or family members are the actual beneficiaries. Award letters or actual checks would show the amount being received.

(k) Estates and Trusts - Lawyers' letters or other court notices usually show the amount to be received from an estate, or a trust fund. Also, checks or a statement from the person authorized to disburse funds to the beneficiary.

(l) Veteran Benefits - Benefits may be paid to the veteran or to his/her dependents. In addition, veterans educational benefits may include an amount for living cost which would be counted as income. The educational related portion would not be. Benefit checks and award letters show the amount.

(m) Military Pay--regular or reserve--should also include an additional allotment or allowance for dependents. Checks or stubs show amounts. Cash payment for subsistence, special rations or other special duties should be included. Some payments are made only once a year (like clothing) and should prorated over the whole year. Cash payments for housing should not be included (listed as BAQ or VHA on stub). Gross income should be determined based on available data. For WIC purposes, military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit.

Military personnel who are temporarily absent from their home may have their pay or paystubs sent to their families or they may designate a spouse and/or child allotment, whereby the government sends the family member(s) a check in an amount authorized. The allotment(s) designated for family members may reflect only a portion of the military person's total pay. If the family members are sent a spouse and/or child allotment, the applicant for WIC may possess no documentation of the family's total gross income. If documentation is not available allow the applicant to self-declare the family's military income at the time of certification. Certify the applicant for two months. Income documentation must be produced in order to certify for the rest of the full certification period.

In cases where a military person receives a temporary increase in pay due to hazardous or combat duty consider the income of the family during the past 12

months as a more accurate indicator of the family's income status.

In cases where a child or children are in the temporary care of friends or relatives when parents are temporarily absent due to military service consider and choose one of the following three options in determining family composition and income.

One option is to count the absent parents and their children as the economic unit as would have been the case prior to the parents' deployment. Use of this option would be dependent on whether the local agency could reasonably determine, based on available data, the total gross income of that economic unit.

A second option, depending on the circumstances, is to count the children as a separate economic unit. To be considered a separate economic unit, the unit must have its own source of income, e.g., child allotment(s). The local agency must then decide whether the income is adequate to sustain the economic unit. If the child allotments are not considered adequate to consider the children as a separate economic unit, then procedures set forth in option three below would be used.

A third option, when option one or two are not applicable, is to consider the children to be part of the economic unit of the person(s) they are residing with; therefore, family composition and income would be determined on this basis.

These same options would apply if the children and one parent temporarily moved in with friends or relatives.

(n) Workmen's Compensation - Awards letters and checks would show the amount.

(o) Private Insurance - Income may be received from settlements, lump sums, or in the form of periodic payments or annuities. Amount used to pay for medical or correspondence from the insurance company should show amounts awarded. The applicant can request duplicates if the originals are not available.

(p) Pensions - Employment, military, and dependents' pensions or annuities, checks and award notices.

(q) Alimony and Child Support - The person receiving this benefit should have a copy of a court order showing the amount of the support.

Other regular contributions from persons not included in the economic unit.

(r) Scholarships and Work Studies - The amounts over and above the educational related expenses may be counted as income. Room and board is not education related. (See 4, Excluded Income)

(s) Cash Income Received or Withdrawn - Includes, but is not limited to, amounts received or withdrawn from banks, insurance companies, or any other accounts; to be

considered as income for the period of time for its frequency of withdrawal that is once a year, once a month, etc.

(t) Nonrecurring Lump Sum Received - Amounts received as reimbursements for lost assets or for injuries (such as amounts received from insurance companies for loss or damage of real or personal property or payments that are intended for a third party to pay for a specific expense) should not be counted as income for WIC eligibility purposes. Lump sum payments that represent new money intended as income (such as gifts, inheritances, lottery winnings, workman's compensation and severance pay should be considered as "other cash income". Lump sum payment should be treated so as to most accurately reflect the economic situation of the household. Lump sum payment should either be counted as an annual income or be divided by 12 to estimate a monthly income. All other income for the same twelve month period is then added to the lump sum amount to obtain the annual total family income. If this amount exceeds the guidelines, then the applicant would be ineligible until the end of the twelve month period.

8. Income Determination Worksheet (Refer to Items 1 through 9)

The Income Determination Worksheet (Appendix) may be completed by the WIC staff member using the information and documents supplied by the applicant, or obtained with the applicant's permission to help with determining total income. All sources of income should be included. Documents used to substantiate amount and frequency should be described. Report total family income on the Eligibility Agreement form.

9. Changes in Income

Applicants should be informed that any changes in income during the period of their certification which might affect their eligibility must be reported. If the application process indicates the probability of a change during the certification period, this should be noted by the agency and pursued at the appropriate time. If the change results in an excess of income for the balance of the certification period, termination procedures should be instituted.

10. Unemployment Income

When an adult member of the household is unemployed, the household income determination will be based on the rate of income during the period of unemployment, if the loss of income causes the income to be less than the limit for WIC eligibility.

11. Migrant Farm Workers

Migrant farm workers and family members who need to be recertified because their 226 VOC cards have expired will be considered to have met the state's income standard, provided that the income of those workers is determined at least once every 12 months.

This income procedure does not apply to non-migrant participants whose VOC cards have expired.

12. Difficult Cases

When difficulties in determining, computing, or documenting income are encountered, **the first source of help is to refer to the written procedure.** If the question cannot be resolved by local personnel, state WIC staff are available for consultation.

213 NUTRITION ASSESSMENT

A. Assessment Procedures

1. A Competent Professional Authority determines nutritional risk by performing a complete nutritional assessment on a one-on-one basis. Each individual seeking certification or recertification for participation in the program shall be physically present at the clinic site for determination of program eligibility. This applies to all new applicants for their initial certification as well as participants who are presently receiving benefits and who are applying for a subsequent certification. The only exceptions to this policy are:

(A competent Professional Authority determines nutritional risk by performing a complete nutritional assessment on a one-to-one basis. Each individual seeking certification or recertification for participation in the program shall be physically present (pp) at the clinic site for determination of program eligibility. This applies to all new applicants for their initial certification as well as participants who are presently receiving benefits and who are applying for a subsequent certification. The *only* exceptions to this policy are:

NB2 = For newborn infants certified as Priority II. Infant must be present at or before the mother's 6-week postpartum recertification.

OHC= An infant or child who was physically present at the initial certification visit and is receiving ongoing health care from a provider other than the local WIC agency (as shown by a completed and signed WIC Medical Form or documentation in a medical record).

FTE = An infant or child who has one or more parents who are full-time employees [as shown by proof of income $\geq$ 35 hours/week (see attached)].

MC = Medical condition (see below for allowable exceptions).

ND = Natural Disaster (see below for allowable exceptions).

Medical Condition (may be self-reported by the participant, parent, or caretaker)

- A medical condition that necessitates the use of medical equipment not easily transportable.
- A medical condition that requires confinement to bed rest.
- A serious illness or condition: A newly discharged premature infant or an individual with a severe medical condition that would make a trip to the WIC site hazardous or life threatening does not have to be seen.
- Infectious disease: An individual with an infectious disease (e.g. measles, tuberculosis, **flu**, chickenpox, etc.) should not be required to come to the WIC site under any circumstances.
- Recuperation from major illness or injury: An individual recuperating from surgery, cancer treatment, burns or another condition that would make a trip to the WIC site hazardous or life threatening does not have to be seen.

Natural Disaster

In the event of a flood, hurricane, blizzard or other condition that would make travel to the WIC site hazardous, an individual does not have to be seen at the time of certification.

Working Parents/Caretakers

The state agency may exempt from the PP requirement an infant or child who was present at his/her initial WIC certification *and* at a WIC certification or recertification within 1 year of the current date, *and* who has one or more full-time working primary caretaker(s) whose working status presents a barrier to bringing the infant or child to the WIC clinic.

Instructions for Documentation

All WIC participant categories "I" and "C" must have physical presence documented in their WIC chart to complete a certification. If the child is present, check the "Physically Present" box in the demographics tab. If the child is not present and a waiver code can be applied, still check the "Physically Present" box in the demographics tab and document the appropriate waiver code in the participant's SOAP note or general note section. If the child is not present and does not meet the above stated waiver criteria, the local WIC agency will decide whether or not to collect any additional information at that time. A "Best Practice" procedure would be to allow the payee to complete the WIC certification paperwork that the child's PP itself does not affect directly (proof of ID, address, income, and nutrition assessment). The participant should then be asked to return in a timely manner to verify PP, and complete any other required certification information.

2. Referral information from a Competent Professional Authority not on the staff of the local agency may be used in making the determination. If the applicant would incur a cost to obtain data from an outside health care provider, solely to obtain the data for WIC, the local agency should offer to conduct the assessment procedures free of charge. Infants and children cannot be certified on the basis of a medical referral form without being physically present unless a waiver code is deemed appropriate.

3. An exception to the assessment procedure can be made only for Priority II infants. When it is impossible to get anthropometric data or when the parent or guardian cannot bring the infant or medical records to the local agency promptly after birth, the infant may be certified on the basis of the mother's documented status during pregnancy. A follow-up weight check should be done in WIC at the 6 week follow-up appointment.

6. Anthropometric measurements may not be more than 60 days old prior to certification, **and age-appropriate/category-appropriate blood work results (hemoglobin/ hematocrit) must be entered within 90 days of the** WIC certification. Lead screening results may not be more than 180 days old. Collected data must be reflective of the category. Should the agency run out of anthropometric screening tools, the agency is still responsible for obtaining bloodwork results from the provider in the federally required timeframe. The agency must make contact with the provide either by phone or through the medical documentation form for WIC and place the participant on monthly check issuance until bloodwork results are obtained

7. The following assessment tools should be considered in determining the individual's nutritional status:

   - ✓ WIC Medical Information Form (WIC-2A or 2B)
   - ✓ Prenatal Weight Gain Grid
   - ✓ Infant or Child Growth Grids
   - ✓ Diet Survey tool for Infants, Children and Women (WIC 3B, 3C, 3D, 3E

B. The assessment includes all the following areas:

1. An individual history that includes:

   (a) A client Centered Survey:

      (i) Nutrition assessment
      (ii) Exploration of food preferences, family mealtime dynamics, nutritional supplements, fads, etc.

   (b) Medical history related to nutrition. The history may be obtained through a review of the applicant's medical record or referral information from a competent professional not on staff of the local agency. For example:

      (i) Obstetrical history.
      (ii) Condition of teeth.
      (iii) Use of drugs or medications.

   (c) Socioeconomic factors that affect nutrition.

      (i) Resources available for food purchase.
      (ii) Availability of food storage and cooking facilities.
      (iii) Educational level of the participant.

      Particular attention should be paid to determine whether nutritional patterns are subject to variation over time, such as when personal or family resources, situations, or functioning impact on nutritional patterns.

2. Anthropometric Measurements - The consistent and accurate use of pregnancy weight gain grids, or growth grids as a recording and evaluation tool for the following measurements is imperative:

   (a) For Women and Children 2 years of age or older, and at least 35 inches in height.

      (i) Height
      (ii) Weight

   (b) For Infants and Children up to 2 years of age and older children under 35 inches.

      (i) Recumbent length
      (ii) Weight

   Measurements shall be conducted not more than 60 days prior to certification for program participation. Note: pregnant and postpartum women's measurements must be taken during their pregnancy (pregnant women), or after the termination of their pregnancy (postpartum and breastfeeding women).

   (d) When taking measurements: coats, hats, shoes should be removed. Remove infants clothes (including jeans w/ belts, bibs w/ pacifiers etc); weigh infant with underclothes only.

   Note: All scales, including those that are digital must be calibrated based on manufacturer's schedule and procedures, but at least on a yearly basis. Zero-balance scales on a daily basis and document on form WIC-86. See Appendix for information on Municipal Sealers.

3. Laboratory Analyses:
   In an effort to ensure participants are receiving ongoing health care, every effort must be made on behalf of the local WIC agency to obtain medical information (anthropometric and hematologic test results, medical history, etc.) from the provider. This will ensure cost-savings to the WIC program by preventing unnecessary repeat bloodwork testing for participants. The local agency should utilize the WIC medical information form (WIC 2A/2B) which is available online through the DOH website or can be delivered to providers by the local agency.

   (a) Hematocrit/hemoglobin measurement must be done as follows:

   (i) Pregnant Women:
   - The data collected must be taken as early as possible during the current pregnancy.
   - Prenatal women may be certified without receipt of bloodwork for up to 90 days after the date of WIC certification, but only for patients with at least one nutrition risk factor at the time of their WIC appointment. The date, bloodwork is recorded in the record will be documented in the chart.
   - For pregnant women, use the bloodwork cutoff that corresponds to the woman's trimester when the bloodwork was taken.

   (ii) Breastfeeding and Postpartum Women:
   - The data collected must be taken once during the postpartum period, ideally 4-6 weeks after delivery.
   - Breastfeeding women 6-12 months postpartum, **no additional blood test is required** if a blood test (taken after delivery) was already obtained and documented by the WIC local agency.

   (iii) Infants:
   - The bloodwork must be collected between 9-12 months.
   - However, bloodwork may be collected early by the provider for infants 6 - 12 months old under certain circumstances (i.e. on low-iron formula, preterm and low birthweight infants, fully breastfed infant, and when deemed prudent based on a case-by-case basis). RI Webs will accept anemia screening results for infants starting at 6 months of age to meet this need. WIC is NOT responsible for conducting anemia screenings before the age of 9 months.
   - If no nutrition risk factor can be determined, and they are due for bloodwork but it has not yet been collected, a blood test must be performed on-site by WIC-or be obtained from a clinician-before the person can be determined to be eligible for WIC services.

(iv) Child:

- Children need bloodwork at their initial certification as a child at 12 months of age (bloodwork done between 9-12 months of age may be used for this certification).
- Bloodwork is again required between 15 and 18 months of age respectively
- Thereafter, if blood values were normal, bloodwork should be done every 12 months
- However, if blood values were low, blood work must be done again in 6 months
- Bloodwork results may be deferred for up to 90 days after the date of WIC certification, but only for patients with at least one nutrition risk factor at the time of their WIC appointment.
- If no nutrition risk factor can be determined, a blood test must be performed on-site by WIC, or be obtained from a clinician, before the person can be determined to be eligible for WIC services.

Example:

CHILD (9-12 months) CERTIFICATION:	Blood test is required.	Results are normal.
CHILD (15-18 months) RECERTIFICATION	New blood test is required.	Results are normal.
CHILD (21-24 months) RECERTIFICATION	New blood test is not required, because results were normal at last certification.	
CHILD (27 –30 months) RECERTIFICATION:	New blood test is required. Blood test was not done at last certification.	
	All children must be screened at least once per year.	

Follow up: Follow up monitoring of blood values of persons with low hemoglobin/ low hematocrit is largely the responsibility of health care providers and should be treated as a medical concern. Therefore, if low hemoglobin/low hematocrit is suspected, the following will occur:

a. Notations in the participant's file with respect to nutrition risk factors listed and priority as appropriate.
b. Document the date the nutrition risk data were taken if different from the date of certification.
c. Inform the woman or parent/guardian of the outcome and meaning of the blood test.
d. Provide follow-up nutrition education, if appropriate.
e. Make adjustments in the food package, as appropriate
f. Make referrals to health care or social services, as appropriate.

Note: The results of blood lead screenings may not entered into RI Webs more than 180 days after the certification visit.

A certification will be suspended if anemia screening results are not entered within 90 days of the certification visit.

(e) These tests may not otherwise be avoided unless:

The agency has received a signed statement by a recognized member of the clergy to the effect that the applicant is known to the clergy person as a member of that clergy person's religious body, and that the laws or rules of that religious body prohibit its members from having any test for blood iron performed on them.

4. Minimum Immunization Screening and Referral Protocol in WIC.

CDC and the American Academy of Pediatrics developed the following minimum screening protocol specifically for use in WIC Programs. It is not meant to fully assess a child's immunization status, but allows WIC to effectively fulfill its role as an adjunct to health care by ensuring that children who are at risk for under-immunization are referred for appropriate care.

Minimum Screening and Referral Protocol

a. When scheduling WIC certification appointments for children under the age of two, advise parents and caretakers of infant and child WIC applicants that immunization records are requested as part of the WIC certification and health screening process. Explain to the parent/caretaker the importance that WIC places on making sure that children are up to date on immunizations, but assure applicants that immunization records are not required to obtain WIC benefits.

b. At initial certification and subsequent certification visits for children under the age of two, screen the infant/child's immunization status using a documented record. A documented record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the provider), an immunization registry, an automated data system (KIDSNET), a client chart (paper copy), and the WIC Medical Information Sheet, signed by the health care provider.

c. At a minimum, screen the infant/child's immunization status by counting the number of doses of DtaP vaccine they have received in relation to their age, according to the following table:

Age:	**Minimum Number of DTaP**
3 months	1
5 months	2
7 months	3
19 months	4

d. If the infant/child is not fully immunized:
   i. Provide information on the recommended immunization schedule appropriate to the current age of the infant/child.
   ii. Provide referral for immunization services, ideally to the child's usual source of medical care.

e. If a documented immunization record is not provided by the parent/caretaker:
   i. Provide information on the recommended immunization schedule appropriate to the current age of the infant/child.
   ii. Provide referral for immunization services, ideally to the child's usual source of medical care.
   iii. Encourage the parent/caretaker to bring the immunization record to the next certification visit.

5. The Competent Professional Authority records the results of the assessment on the appropriate Nutritional Assessment Sheet.

6. The Competent Professional Authority determines the applicant's nutritional risk and determines that both the computer generated risks and CPA determined risks are appropriate in RI WEBS.

7. The Nutrition Assessment information collected during the appointment used to determine nutrition risk is recorded in the applicant's electronic file.

8. If the applicant meets all eligibility criteria, including nutritional risk, the local agency personnel will proceed to certification (or recertification) procedures.

C. Priority System for Nutritional Risk Criteria

1. The following priorities shall be applied by the Competent Professional Authority. When vacancies occur after a local agency has reached its maximum participation level, these priorities will assure that those persons at greatest nutritional risk receive Program benefits, in accordance with WIC Risk Criteria. In all cases, assess for and select the highest priority for which a person is qualified. The RI WEBS computer system will-assign all applicants a subpriority based on the following criteria:

Income

Eligible participants will be subprioritized first according to income.

- ✓ Those applicants with incomes <185% of the federal poverty guidelines will be subprioritized first in each of the priorities.
- ✓ Applicants whose income are >185% and <250% of the federal poverty guidelines will be prioritized second.

After applicants are subprioritized by income, they will be subprioritized as follows:

A: Applicants with risk factors that place them at high risk.
B: Children up to 24 months of age.
C: Applicants who are not at high risk.

The computer will automatically assign the highest priority and subpriority for each applicant.

2. A person, certified as an infant, whose certification period extends beyond 12 months of age, shall carry the infant priority if such priority is higher than any child priority he/she would otherwise be assigned.

214 NUTRITION EDUCATION - BREASTFEEDING

The WIC program is commited to promoting breastfeeding as the optimal choice for infant feeding. To ensure consistency in breastfeeding promotion across the state within WIC, the following protocols have been developed:

a. All prenatal applicants shall received breastfeeding education by either the WIC nutritionist or peer counselor, and ideally from both.
b. Fully breastfeeding infants should not receive infant formula during the first month of life to ensure milk supply and successful feeding has been developed. Up to one can of formula may be added during the first month of life at the discretion of the WIC nutritionist for an infant who is considered mostly breastfeeding.
c. Postpartum women must be seen by a nutritionist or peer counselor prior to adding formula to their WIC food package.
d. Formula that is issued to a breastfeeding participant must reflect the appropriate breastfeeding category as follows:

Fully Breastfeeding = no formula

Mostly Breastfeeding = less than half formula package requested (0-1 can formula in the first month).

***Some Breastfeeding** = greater than half formula package requested

*** Mom with breastfeeding status of "Some Breastfeeding" will remain an active participant after the infant turns 6 months old but will no longer receive a food package.**

A. Breastfeeding Peer Counselor (PC) Program Support

Local agency WIC Nutritionists and Support Staff will consistently:

1. Collaborate with the PC to support breastfeeding clients.
2. Advise breastfeeding clients to call the WIC office to report their deliveries.
3. Provide prenatal and postpartum clients with PC contact information in accordance with the state and local WIC agency Breastfeeding Peer Counselor Program Descriptions.
4. Use appropriate questions to ask whether clients are breastfeeding (e.g. "What are your plans for feeding your baby?" or "How are you feeding your baby?" instead of "Are you breastfeeding or bottle-feeding?").
5. Record and report new deliveries and problem referrals to the PC on the same day that they are reported to the WIC office.
6. Refer prenatal and postpartum women to the PC whether the PC is on-site or off-site according to state and local WIC agency protocol.
7. When possible, refer client requests to increase formula in a breastfeeding food package to the PC prior to changing the food package.
8. Make necessary follow-up appointments for the PC in RI WEBS.
9. Respond to client alerts entered by the PC in RI WEBS.
10. Follow any other guidelines outlined in the state or local WIC agency Breastfeeding Peer Counseling Program Descriptions to support the Breastfeeding Peer Counselor Program.

B. Criteria for Breastfeeding Referral

1. Referral to Medical Doctor
   - Breast infections (temperature above 101 degrees, possibly along with localized redness and heat and/or plugged duct symptoms of localized pain and firmness)
   - Slow weight gain of infant (as perceived by mother)
   - Jaundiced infant (yellowish tinge to skin as perceived by mother)
   - Fewer than 6 wet diapers in 24 hours for infants from 4 days to 4 months old
   - Fewer than 3 stools in 24 hours for infants from 4 days to 3 weeks of age

2. Referral to Lactation Consultant (through Warm-Lines)
   - Sore nipples
   - Plugged ducts (localized pain and firmness)
   - Premature infants
   - Sick or hospitalized mother or infant
   - Infants who refuse to nurse
   - Infants with special health care needs (i.e., developmental disorder)
   - Mothers on medications

C. Breastfeeding Nutrition Education Materials

1. Utilize WIC-approved brochures listed on the WIC Nutrition Education Materials Order Form posted at http://kidsnet.health.ri.gov/forms/divisions/family_health/form_wic_nutr.html

Timeframe Guidelines	Brochures Guidelines
Early to mid-prenatal (as appropriate for client readiness & knowledge)	– RI WIC: Breastfeeding is Good for Moms and Babies – Colostrum is Mother's First Breast Milk – Is Breastfeeding Right for Me?
Late prenatal (or earlier if relevant for concerns & planning)	– RI WIC: Breastfeeding Your Baby (for all mothers) – Tear sheets (as needed to address questions & concerns)
Postpartum (or earlier if relevant for concerns & planning)	– Breastfeeding Law Card Distribute only as needed for client concerns & planning: – Breastfeeding Record for Baby's First Week – Babies First #4—Common Problems – RI WIC: Breastfeeding and Going Back to Work or School

2. Utilize nutrition education materials as a teaching tool to complement counseling:
   a. Tailor distribution to client concerns and stage-specific information
   b. Highlight details in relevant materials to complement discussion
   c. Distribute only one or two relevant brochures at each visit

3. Only WIC Nutritionists should distribute and discuss WIC nutrition brochures.

4. WIC staff must receive approval from the State WIC Breastfeeding Coordinator to distribute breastfeeding brochures and materials not included on the WIC Nutrition Education Materials Order Form or on the following list of additional WIC-approved resources.

D. Additional WIC-Approved Breastfeeding Resources

1. All information posted for parents on the Rhode Island Department of Health breastfeeding web pages at www.health.ri.gov/family/breastfeeding (web address included on law card)

2. The following materials posted on or linked to the Massachusetts Breastfeeding Coalition website at www.massbfc.org/parents/index.html:

   a. Making Milk is Easy! (Portuguese, French or Italian only—use *RI WIC: Breastfeeding Your Baby* for English and Spanish clients)

b. Skin-to-Skin Contact (all languages)

3. WHO Growth Charts for Breastfed Children (WHO)
4. Sharing a Bed With Your Baby (UNICEF / UK Baby Friendly Initiative) http://www.babyfriendly.org.uk/pdfs/sharingbedleaflet.pdf
5. Resources listed on the RI WIC “Breastfeeding Your Baby” brochure
6. US Department of Health and Human Services “Easy Guide to Breastfeeding for…”
7. La Leche League pamphlets covering specific topics (only for high-literacy clients)
8. "The Breastfeeding Answer Book" by La Leche League International
9. Jack Newman website resources at www.drjacknewman.com
10. "A Medication Guide for Breastfeeding Moms" by Thomas Hale
    a. PCs may give moms photocopies for their own information or to share with providers.
    b. Information in Thomas Hale's clinical version of this book, "Medications and Mothers' Milk", can be sent directly to providers but is not appropriate to share with mothers.
    c. When photocopying information from either resource, please include copies of:
        i. Cover sheet (page that includes publishing information and date)
        ii. Lactation risk category definition page
        iii. Relevant drug information page

215 WIC BREASTFEEDING PEER COUNSELOR PROGRAM PROTOCOL (Additional details included in 214 Nutrition Education section)

A. Peer Counselor Responsibilities (also included in section 250 F)

The WIC Breastfeeding Peer Counselors will consistently:

1. Project a positive image about WIC and provide information and services consistent with WIC’s philosophy.
2. Provide culturally appropriate individualized and/or group peer counseling sessions for pregnant and breastfeeding WIC participants.
3. Comply with all personnel guidelines applicable to staff at the local WIC agency including reporting to work as scheduled, notifying local agency WIC Coordinator of absences and illnesses in a timely manner, following through with supervisor directives, etc.

4. Attend relevant meetings and trainings as requested by State WIC Breastfeeding Coordinator or local agency WIC Coordinator.
5. Work collaboratively with WIC staff to maximize breastfeeding initiation and duration at the WIC site.
6. Work autonomously, under the supervision of the local agency WIC Coordinator, in the clinic setting and at home to establish and maintain relationships with pregnant and breastfeeding clients and maintain documentation.
7. Develop and demonstrate basic organizational skills to effectively track participants.
8. Comply with guidelines outlined in the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.
9. Utilize client-centered counseling techniques learned through Peer Counselor and other relevant trainings.
10. Strive to achieve competency in the skill areas outlined in the Peer Counselor Competency Checklist.
11. Contact prenatal and postpartum clients and follow-up on referrals in accordance with the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.
12. Document all personal contacts with WIC participants according to program guidelines.
13. Comply with all other documentation requirements according to program guidelines.
14. May receive phone calls at home or by pager from either WIC staff (making referrals) or WIC clients (providing breastfeeding support) or both when not present at the WIC site.

B. Counseling Strategies

1. Maximize opportunities to contact women in-person rather than on the phone.
2. Utilize client-centered counseling techniques taught in Peer Counselor training.
   3-Step Counseling Strategy
   1. Ask open-ended questions
   2. Affirm clients concerns
   3. Educate to concerns

3. Utilize nutrition education materials as a teaching tool to complement counseling:
   a. Utilize only WIC-approved brochures and AV materials (see Paperwork section)
   b. Tailor distribution to client concerns and stage-specific information
   c. Highlight details in relevant materials to complement discussion
   d. Distribute only one or two relevant brochures at each visit

C. Client Contact Prioritization

Prioritize daily client contacts in the following order:

1. On-site participants
2. Problem referrals
3. New deliveries
4. New referrals
5. Routine follow-up calls
   a. Late prenatal
   b. Early postpartum
   c. Mid- to early prenatal
   d. Mid- to late postpartum

D. Telephone Contacts

1. Make sure your client has consented to receive phone calls at home, particularly teen moms. The telephone numbers of women who have not consented should not be entered into the database or should be entered with a dummy number.
2. Find out from the client whether it is okay for you to identify yourself when you call.
3. Ask for the client using only her first name when you call. Do not mention WIC.

E. Prenatal Referrals

Purpose	▪ Assess a woman's knowledge of breastfeeding and interest in choosing breastfeeding as infant feeding method ▪ Address concerns or barriers to breastfeeding and provide information on benefits of breastfeeding ▪ Help women make an informed choice about infant feeding method without being critical or making women feel defensive or inadequate
Protocol	▪ All prenatal women should be referred to the Breastfeeding Peer Counselor at intake according to state and local WIC agency program guidelines unless the woman is extremely resistant or breastfeeding is medically contraindicated ▪ Use computer reports or alternate system to routinely identify, track and contact prenatal participants at each site who were not referred

Paperwork	▪ Document all contacts within 1 week ▪ Document *inability* to contact participants if unsuccessful after 2 weeks
Timeframe	Initiate contact with referred prenatal women within 2 weeks of receiving referral **or** staff schedules a follow-up appointment for client with PC within a month
Method	Phone, mail, in-person

F. Prenatal Support

Purpose	Provide lactation information and support for women intending to breastfeed
Protocol	▪ A minimum of 2 contacts should be made with all referred prenatal participants who intend to breastfeed ▪ Contact prenatal participants who do not intend to breastfeeding in accordance with local WIC agency PC program guidelines ▪ Use WIC Breastfeeding Peer Counselor Prenatal & Postpartum Assessment Form (WIC #82) as guideline for discussion ▪ Use computer reports or alternate system to routinely identify, track and contact prenatal participants at each site who were not referred ▪ Make referrals to other health care professionals for breastfeeding contraindications (e.g., inverted nipples, previous breast surgery, etc.) ✓ Advise breastfeeding clients to call the WIC office to report their deliveries
Paperwork	▪ Document all contacts within 1 week ▪ Document *inability* to contact participants if unsuccessful after 2 weeks
Timeframe	Preferably 1 contact at each trimester (6-9 months, 3-6 months, 1-3 months) and again at 2-4 weeks before anticipated due date
Method	Phone, one-on-one counseling, group class, mail (if no phone number available)

G. Postpartum Support

Purpose	▪ Assess how breastfeeding is going and provide encouragement and support ▪ Identify common breastfeeding problems and provide problem-solving information and support ▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following “Criteria for Breastfeeding Referral”)
Protocol	▪ A minimum of 2 contacts should be made within the first two weeks postpartum and again after the first 2 weeks postpartum (4 contacts total) ▪ Contact breastfeeding participants as soon as possible after delivery ▪ Attempt to schedule an in-person appointment ASAP when necessary ▪ Use WIC Breastfeeding Peer Counselor Prenatal & Postpartum Assessment Form (WIC #82) as guideline for discussion ▪ Use computer reports or alternate system to routinely identify, track and contact postpartum participants at each site who were not referred ▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following “Criteria for Breastfeeding Referral”)

Paperwork	▪ Document all contacts within 1 week ▪ Document *inability* to contact participants if unsuccessful after 2 weeks
Timeframe	<u>During first 2 weeks postpartum</u>: ▪ Contact deliveries reported through WIC Infant Delivery Log and WIC Lactation Consultant Referrals by phone within 24 hours of receiving report ▪ Contact deliveries identified using "Due Date Follow-up Report" (Report 400B) or another tracking method 2-3 days after anticipated due date ▪ Follow-up on contacts within 2-3 days or as requested by participant ▪ Follow-up on problems within 24 hours (see Problem Referrals) <u>After first 2 weeks postpartum</u>: ▪ Preferably contact at 2-3 weeks, 4-8 weeks, and 3-4 months postpartum ▪ Maintain contact as needed or as requested for entire breastfeeding duration
Method	Phone, in-person, mail (only after first 2 weeks)

H. Problem Referrals

Purpose	▪ Provide problem-solving information and support
Protocol	▪ Contact client by phone within 24 hours of receiving referral ▪ Attempt to schedule an in-person appointment ASAP when necessary ▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following "Criteria for Breastfeeding Referral")
Paperwork	▪ Document successful contact within 1 week ▪ Document *inability* to contact participants in unsuccessful after 3 days. Place follow-up phone call to WIC staff person who made referral to PC and document in chart within 1 week of referral.
Timeframe	▪ Follow-up on referrals by WIC staff within 24 hours of receiving referral ▪ Follow-up contact with client within 24 hours of problem discussion
Method	In-person (preferred), phone

216 NUTRITION DOCUMENTATION

A. Documentation purpose

1. To ensure the quality of nutrition services by identifying risks and/or participant concerns, facilitating follow-up and continuity of care (enabling WIC staff to "pick-up" where the last visit ended by following-up on participant goals, reinforcing nutrition education messages, etc.)
2. To ensure the integrity of the WIC Program through documentation of nutrition services data used for eligibility determination and WIC Participant and Characteristics reporting.

B. Documentation procedures

1. Certifications, Recertifications, and High-Risk Follow-ups
   a. All certification, recertification, and high-risk follow-up contacts must be documented in the SOAP note section of RI Webs.
   b. SOAP note information should be documented in the appropriate section of the SOAP note (i.e. "S" should include subjective information only, "O" should include objective information only, "A" should include assessment information only, and "P" should include plan information only).

NOTE: The "P" section of the SOAP note should document a plan of action for the next follow-up visit. This section should NOT be used to document topics discussed – topics discussed should be documented in the "A" section. If there is no clear plan established for the participant, document a possible stage of change the participant may be in.

For example: "Parent will contemplate importance of increasing daily servings of vegetables in achieving a healthy weight for her child."

2. SNEC (Secondary Nutrition Education Contact)
   a. All SNEC's should be documented in RI Webs in either of the following ways:
      1. A brief note in the general note section that states any pertinent information about the participant that will be useful for follow-up or general reporting purposes.
      2. A selection of a nutrition education topic in the nutrition education contact tab of the participant folder.

3. SNEC (Secondary Nutrition Education Contact)
   a. All low-risk SNEC's should be documented in RI Webs in either of the following ways:

1. A brief note in the general note section that states any pertinent information about the participant that will be useful for follow-up or general reporting purposes.
2. A selection of a nutrition education topic in the nutrition education contact tab of the participant folder.
3. Other Nutrition Assessment Documentation Information

a. If a dietary risk factor is selected by the nutritionist, the rationale for its' selection must be documented in the note.

   For Example: Qualifying rationale for the selection of 425 risk factor – "inappropriate nutrition practices for infants" should be explained in the note (bottle use for juice, early introduction to solids, cereal in bottle, etc.).

b. Should a participant miss a nutrition education appointment, local agency staff, for purposes of monitoring and further education efforts, should document this fact in the general notes section of the participant file in RI Webs or choose "No show for Nutrition Education" in the Nutrition Education Contact tab.

c. State agency nutrition staff shall not provide nutrition assessment services (including food package assignments) remotely to local agency participants in the absence of local agency nutrition staff. In the event of planned and/or unplanned nutrition staff absences at local WIC agencies, staff must make their own accommodations to serve clients at the local agency level.

Food package 3 Documentation: Key points: WIC-23 A, icd-9 codes, MA payer first resort, additional foods if ok'd by md, whole milk for >2 year old w/ qualifying medical condition, milk substitutions form

4. Other Nutrition Assessment Documentation Information

a. If a dietary risk factor is selected by the nutritionist, the rationale for its' selection must be documented in the note.
   For Example: Qualifying rationale for the selection of 425 risk factor – "inappropriate nutrition practices for infants" should be explained in the note (bottle use for juice, early introduction to solids, cereal in bottle, etc.).

b. Should a participant miss a nutrition education appointment, local agency staff, for purposes of monitoring and further education efforts, should document this fact in the general notes section of the participant file in RI Webs.

c. State agency nutrition staff shall not provide nutrition assessment services remotely to local agency participants in the absence of local agency nutrition staff. In the event of planned and/or unplanned nutrition staff absences at local WIC agencies, staff must make accommodations to serve clients at the local agency level.

214 DENIAL OF ELIGIBILITY

1. If the applicant is determined ineligible for the Program, or there are insufficient Program funds to enroll the applicant, local agency personnel will complete duplicate copies of WIC-9A, Program Denial/Termination (Appendix).

2. Local agency personnel will explain to the applicant or caretaker of the applicant the reason(s) for denial of eligibility for program benefits and provide the person with a copy of the completed form in the appropriate language.

3. Local agency personnel will inform the applicant or caretaker of his/her right to appeal any decision made by the local agency regarding his/her eligibility for the program.

4. Local agency personnel will provide the applicant or caretaker with the WIC-14, Fair Hearing Information. A WIC-15, Request for Fair Hearing form, will be given if the applicant expresses a wish to appeal a denial. Information about available resources for legal counsel must be given.

5. Local agency personnel will ensure that a completed copy in English, of the Denial of Eligibility form and other eligibility determination documents are signed by a WIC staff person and are retained in the applicant/participant's file. If the copy of the WIC-9A provided to the applicant or caretaker is in a foreign language, that language should be indicated on the bottom of an English language version of the form.

6. A complete record should be made of dates of activity, assessment data and reasons for denial.

7. If the denial is due to insufficient Program funds, and the applicant meets all other eligibility criteria, place the person's name on the appropriate waiting list. Determine whether another agency may be able to serve the person and refer as appropriate. If waiting lists are long and low priority applicants may not be reached in a reasonable period of time, consult with the state agency to see if a portion of the waiting list may be discontinued.

8. If the denial is due to reasons other than insufficient Program funds, the applicant/participant may reapply whenever circumstances change.

9. Local agency personnel will provide information about other potential sources of food assistance in the local area to individuals who apply in person to participate in the WIC Program, but who cannot be served because the Program is operating at capacity in the local area.

Documentation Overview

1. Local WIC agencies must submit an agency-specific PC Job Classification and Breastfeeding Peer Counselor Program Description to the State WIC Office for review and approval when initiating or making changes to the PC Program (see Paperwork—Agency Coordinator).

2. WIC Breastfeeding Peer Counselors will consistently:

   a. Complete documentation requirements outlined under Paperwork—Peer Counselor below before and after each counseling/educational contact with participants.

   b. Document all client contacts and referrals in the Breastfeeding Notes section of the participant records of BOTH the mother and breastfeeding child in RI WEBS within one week of contact *and preferably before leaving the clinic at the end of each workday*. The Peer Counselor may copy and paste Breastfeeding Notes into both participant records **or** write a brief note in one participant record referring staff to the other participant record for complete information (e.g., write in mother's Breastfeeding Note "See Breastfeeding Notes in child chart # [insert State ID #]" or vice versa).

   c. Generate monthly computer "Due Date Follow-up Report" (Report 400B) to identify and contact prenatal and postpartum women who indicated that they planned to breastfeed **or**
   use an alternate system to routinely identify, track and contact prenatal and postpartum participants. The Peer Counselor will refer to the participant record as needed to verify client contact information and most recent contact.

   d. Enter alerts for staff to deliver to clients into RI WEBS as needed to ensure that clients receive breastfeeding materials when PC is not present.

   e. Ensure the security of client information carried between the WIC clinic and PC home by keeping it close at hand or securely locked in the trunk during stops between the clinic and home. WIC has confidentiality protocols apart from HIPPA guidelines so is not required to adhere to specific HIPPA procedures.

   f. Immediately alert Local Agency Coordinator if items containing client information are lost or stolen.

3. Local agency WIC nutritionists and support staff will consistently:

   a. Record new deliveries reported to the WIC office by phone or in person using the WIC Infant Delivery Log (WIC #84) and ensure that the Peer Counselor received all faxed WIC Lactation Consultant Referrals.

   b. Document prenatal, postpartum, and problem referrals for the PC whether the PC is on-site or off-site using the WIC Breastfeeding Peer Counselor Referral Log

(WIC #80) **and / or** a full-sheet WIC Breastfeeding Peer Counselor Referral Form developed by the local WIC agency.

c. Nutritionists will document referrals to the Breastfeeding Peer Counselor or another breastfeeding specialist in the participant records of BOTH the mother and breastfeeding child and will document client contacts regarding breastfeeding in the SOAP Notes of the participant records of BOTH the mother and breastfeeding child in RI WEBS.

d. All nutritionists shall document notes in both the infant and mother's chart, specific to the individuals needs. Breastfeeding notes shall generally be entered in the infant chart unless it has to do physically with the mom (sore nipples, breast infection, etc.).

B Paperwork—Local Agency Staff

1. Referrals

Sites must use **at least one** of the following systems to document prenatal, postpartum, and problem referrals for the WIC Breastfeeding Peer Counselor:

- WIC Breastfeeding Peer Counselor Referral Log (WIC #80) **or**
- WIC Breastfeeding Peer Counselor Referral Form developed by the local WIC agency

a. Local Agency WIC Nutritionists and Support Staff will consistently use either or both of these referral systems whether the Peer Counselor is on-site or off-site **and** nutritionists will document all referrals in the participant records of BOTH the mother and breastfeeding child in RI WEBS.

b. Breastfeeding Peer Counselors will consistently follow-up on client referrals received through either or both of these systems in accordance with the protocol outlined in the Procedure Manual and in the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.

2. Infant Deliveries

Local Agency WIC nutritionists and support staff will consistently:

- Document infant deliveries reported to the WIC office by phone or in person on the WIC Infant Delivery Log (WIC #84)
- Ensure that the Peer Counselor received all faxed WIC Lactation Consultant Referrals

a. Peer Counselors will consistently follow-up on infant deliveries reported through both of these systems in accordance with the protocol outlined in the Procedure Manual and in the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.

b. Peer Counselors will file all WIC Lactation Consultant Referrals in the client charts.

C Paperwork—Breastfeeding Peer Counselors

1. Progress Notes

   a. PCs must document all client correspondence* in the Breastfeeding Notes section of the participant records of BOTH the mother and breastfeeding child in RI WEBS within one week of contact using one of the following systems:

      - **When computer available:** Enter notes directly into Breastfeeding Notes section in RI WEBS at time of contact or before leaving the clinic at the end of each workday.
      - **When computer not available:** Record contact notes on WIC Breastfeeding Peer Counselor Prenatal & Postpartum Assessment Form (WIC #82) or alternate progress notes form designated by local WIC agency at time of contact and transcribe into the participant records of BOTH the mother and breastfeeding child in RI WEBS within one week of contact (see details in Documentation section above).

   *PCs need only record mass mailings of identical materials on Monthly Summary

2. Overview of Summaries

   a. The following two forms must be completed for each calendar month and submitted to the local agency Breastfeeding Coordinator for review and signature by the 10th day of the month following the report month:

      - WIC Breastfeeding Peer Counselor Monthly Summary (WIC #81) = 1 monthly copy for each agency (see details below)
      - WIC Breastfeeding Peer Counselor Monthly Contact Record (WIC #83) = 1 monthly set for each site (see details below)

   b. The local Agency Breastfeeding Coordinator and the PC will each retain copies of these forms.

   c. Copies of these two forms must be submitted to the State Breastfeeding Coordinator for the first six months of employment for any newly hired PC and on request by the State WIC Office to ensure appropriate record keeping and permit calculation of the monthly contact rate for each PC.

3. WIC Breastfeeding Peer Counselor Monthly Summary (WIC #81)

   a. Complete one copy for each local WIC agency for each calendar month following the instructions provided on the form.

   b. Document “Outreach Activities” and “Other Breastfeeding Activities” as they occur to ensure accurate record keeping.

4. WIC Breastfeeding Peer Counselor Monthly Contact Record (WIC #83)

    a. Phone = phone contact / Clinic = in-person at WIC clinic / Mail = mail contact / Home = in-person at client home (PC must receive approval from local WIC agency to conduct home visits).

    b. Complete one set of records for every local WIC agency site for each calendar month.

    c. Document even minimal client contact on Monthly Contact Record and in Breastfeeding Notes section in the participant record of BOTH the mother and breastfeeding child in RI WEBS (see details in Documentation section above).

    d. Document only successful contacts on the Monthly Contact Record.

    e. Document unsuccessful contacts only as needed to track number of attempted calls and in accordance with local agency WIC Breastfeeding Peer Counselor Program Description.

    f. Document client contacts when they occur to ensure accurate record keeping.

C. Paperwork—Agency Coordinator

1. Local Agency PC Job Description: Local WIC agencies must submit an agency-specific PC Job Description to the State WIC Office for review and approval before initiating or updating agency classifications. It must reflect the PC eligibility criteria described in this document and should integrate any other local agency requirements.

2. Local Agency PC Program Description: Local WIC agencies must submit an agency-specific Breastfeeding Peer Counseling Program Description to the State WIC Office for review and approval prior to implementing or making changes to the PC program. It must reflect program guidelines described in this document and should integrate any other local agency considerations. A brief description of each of the required content areas follows.

    Supervision >

    - Describe how the local WIC Agency Coordinator & Breastfeeding Coordinator supervise and advise PC activities and documentation.
    - Describe how the local agency monitors and evaluates PC performance.

    Agency Support >

    - Describe the resources available to the PC at the local agency (e.g., phone, desk, etc.).
    - Describe how the PC will be trained to provide external referrals to local resources.

- Describe how the PC will be included in local agency meetings and other local agency trainings.
- Describe how the local agency will maximize in-person contact opportunities for PCs.
- Describe local agency accommodation for the PC to work from home.
- Describe the local WIC agency policy and procedures on home visits.

Internal Referrals >

- Describe in detail which clients are referred to the PC.
- Describe in detail how the local agency staff refers clients when the PC is on-site or off-site.

Client Contacts >

- Describe the local agency protocol, timeline and methods (e.g., phone, clinic, etc.) for the PC to contact prenatal and postpartum clients only as they differ from these program guidelines.
- Describe how prenatal and postpartum client contacts are tracked and documented.

Other Activities >

- Describe additional breastfeeding promotion and support activities the PC is involved with through the local agency (e.g., classes, outreach, etc.).
- Describe non-breastfeeding activities the PC is involved with through the local agency (e.g., staff meetings, etc.).

218 DENIAL OF ELIGIBILITY

1. If the applicant is determined ineligible for the Program, or there are insufficient Program funds to enroll the applicant, local agency personnel will complete duplicate copies of WIC-9A, Program Denial/Termination (Appendix).

2. Local agency personnel will explain to the applicant or caretaker of the applicant the reason(s) for denial of eligibility for program benefits and provide the person with a copy of the completed form in the appropriate language.

3. Local agency personnel will inform the applicant or caretaker of his/her right to appeal any decision made by the local agency regarding his/her eligibility for the program.

4. Local agency personnel will provide the applicant or caretaker with the WIC-14, Fair Hearing Information. A WIC-15, Request for Fair Hearing form, will be given if the applicant expresses a wish to appeal a denial. Information about available resources for legal counsel must be given.

5. Local agency personnel will ensure that a completed copy in English, of the Denial of Eligibility form and other eligibility determination documents are signed by a WIC staff person and are retained in the applicant/participant's file. If the copy of the WIC-9A provided to the applicant or caretaker is in a foreign language, that language should be indicated on the bottom of an English language version of the form.

6. A complete record should be made of dates of activity, assessment data and reasons for denial.

7. If the denial is due to insufficient Program funds, and the applicant meets all other eligibility criteria, place the person's name on the appropriate waiting list. Determine whether another agency may be able to serve the person and refer as appropriate. If waiting lists are long and low priority applicants may not be reached in a reasonable period of time, consult with the state agency to see if a portion of the waiting list may be discontinued.

8. If the denial is due to reasons other than insufficient Program funds, the applicant/participant may reapply whenever circumstances change.

9. Local agency personnel will provide information about other potential sources of food assistance in the local area to individuals who apply in person to participate in the WIC Program, but who cannot be served because the Program is operating at capacity in the local area.

216 FOREIGN STUDENT ELIGIBILITY

First, U.S. citizenship is not a condition of WIC eligibility. Therefore, foreign students and other aliens cannot be denied participation in the WIC Program solely on this basis.

A person entering the country as a foreign student is allowed entry solely to pursue a full course of study at an established institution of learning or other recognized place of study in the U.S., particularly designated by the student and approved by the Attorney General after consultation with the Office of Education. The alien spouse and unmarried minor children of any such student if accompanying or following to join the student are classified by the Immigration and Naturalization Service (INS) as foreign students. However, participation in the WIC Program may jeopardize a foreign student's visa because it may be construed by INS as evidence that the participant has become a public charge. Any children born to foreign students during their stay in the United States may participate in WIC without jeopardizing their parents' visas.
Local agencies should implement the following procedures:

1. If the local agency believes or knows for a fact that the applicant is an alien, the local agency should tell the applicant that participation in the WIC Program could jeopardize retention of his or her visa, if the financial situation which makes them eligible for WIC existed before entering this country. Refer the alien to the local INS office for further information.

2. If, after the local agency cautions the alien applicant of the possible consequences of his or her participation in WIC, the applicant still wants to apply for benefits, the local agency should require documentation of income eligibility, since a prerequisite for a foreign student visa is economic self-sufficiency. The local agency can require that the alien submit the same financial information that was submitted to INS to obtain a visa or give written authorization for the agency to obtain any and all income information from INS.

3. If the student is self-supporting, he/she must document to INS that he/she has sufficient funds to cover all living costs for the planned years of study including living expenses.

4. If the student is dependent on financial support from his parents or other persons, the sponsoring persons may complete and sign an INS Form I-134 outlining their income and assets, and their ability to support the alien student. The student should have copies of this documentation or other documents such as an IAP-66 or I-20.

5. Eligibility should be denied if income documentation is incomplete. Fair Hearing rights must still be made available, however.

6. WIC regulations specifically restrict the use or disclosure of information obtained from program applicants or participants to persons directly connected with the administration or enforcement of the WIC Program. All information provided by applicants and participants, including their names and addresses, is covered by this restriction. Sharing such information with the Immigration and Naturalization Service (INS) would not be in accord with program regulations. In other words the WIC Program is not obligated to and is restricted from sharing any information on a participant with INS.

217 OTHER ALIENS

- U. S. Citizenship is not a condition of WIC eligibility.
- WIC does not need to have any information about an applicant's alien status.
- Benefits can not be denied on the basis of alien status.
- WIC regulations prohibit the sharing of any information with INS.
- Aliens must provide proof of identification, residence and income, just as any other applicant must.
- Eligibility should be denied if income documentation is incomplete.
- Illegal aliens already in a health center or clinic for health care can use that health center's existing documentation as a source of documentation for identification.
- If any applicant is receiving benefits from Medicaid, Food Stamps, AFDC or GPA, it can be used as income documentation for WIC.
- Written anecdotal documentation from a reliable, independent third party individual, can be accepted as documentation.
- Refugees must provide proof of income just as any other applicant must, whether employment or documentation of support by others.

220 - COMPLETING CERTIFICATION

221 CERTIFICATION PROCESS

A. Description

Certification is the total process by which an applicant is determined eligible, is processed to receive WIC benefits, is informed of acceptance (certification) to the Program and his/her rights therein and is then given checks with which to purchase supplemental foods. Most eligible participants will receive benefit checks at their initial certification appointment. Legally required time frames for completing this certification process for participants are as follows:

Within 10 days of the date of the first request for available (i.e. funded) Program benefits, for pregnant women eligible as Priority I participants, infants under 6 months of age, and members of migrant farmworker households who soon plan to leave the jurisdiction of the local agency.

Within 20 days of the date of the first request for available (i.e. funded) Program benefits, for all other applicants.

B. Steps

The entire certification process, therefore, is the completion of several steps:

Receiving application for available (i.e. funded) Program benefits, determining eligibility, completion of the Eligibility Form and processing the applicant to receive Program checks. This certification process is to be accomplished within the timeframes cited above. Completion of the Eligibility Form is outlined in Section 222.

Receiving application for Program benefits and determining eligibility have been outlined in Section 210.

C. Processing

Processing a certification requires documentation of the following steps:

- Completion of the Eligibility Form (WIC-5)
- Anthropometric and Hematological Screening
- Nutrition Assessment / Risk Determination
- Issuing WIC Checks

At a certification / recertification visit, the WIC checks must not be issued by the same person who completed the nutrition assessment. If such separation is not possible due to staffing issues, agencies must have a procedure (approved by the state-agency) to ensure no

one staff member may complete all the above steps in a standard WIC certification. There must be proof within the certification record that the certification steps were completed by more than one WIC employee.

WIC sites routinely staffed with one WIC employee must verify client presence by a state-agency approved alternate method.

D. Persons Who Cannot Sign Their Names

Persons who cannot write their names are permitted to make their mark (x) on the following documents:

1. Eligibility Agreement
2. I.D. Folder
3. WIC Checks

Print the person's name next to the mark. Marks must always be witnessed by a full WIC staff member signature and title. The vendor will witness the countersignature at the store (See Appendix - WIC Check).

222 ELIGIBILITY AGREEMENT

A. The Eligibility Agreement must be completed before checks are issued to the participant. This form documents in the file those items required for eligibility determination. All of the following items must be completed in RIWebs under the Guided Script which will then print out the form (WIC-5):

1. Household size - as defined in Section 210
2. Gross income - as defined in Section 210
3. Frequency of income - weekly, bi-monthly, monthly or yearly
4. Source of income-whether name of employer, social security, savings, public assistance case number or other (see Section 212)
5. Verification of address - as explained in Section 210
6. Proof of identification - for both the applicant and payee if different (see Section 210)

The applicant must sign the form to verify that information is correct and items are agreed to. A WIC staff member must sign and date the form and retain a copy in the

applicant's file. If explanation of the form is given in a foreign language, the language must be indicated on the bottom of the form.

B. As part of the certification process, local agency personnel must fully explain the WIC Program to the payee, including a description of the participant's rights. This is accomplished and verified through use of the Eligibility Agreement (WIC-5) form. This includes a summary of information about WIC and the participant's rights thereon.

1. The Eligibility Agreement should be signed and a copy issued to all payees at certification. The form should also be signed and issued at all recertifications.

2. The Rights and Obligations portion of the Eligibility Agreement shall be read by or to each applicant or caretaker of the applicant at the time of signing of the form. Where a significant proportion of the area served by a local agency is composed of limited or non-English speaking persons, the sentences shall be stated to them in a language they can understand.

3. Complete the Form and ensure that the payee signs and dates it. If needed, fill in the language used for the Rights and Obligations portion of the form. If the payee can not date his/her signature, the staff person can date and initial the form.

4. Place the signed form in the participant's file.

5. Give a copy of the Eligibility Agreement and the Information and Rules to the payee in the appropriate language.

6. Referrals shall be made to the Food Stamp Program, Medical Assistance (RIte Care) and the Family Independence Program as appropriate. Information shall be provided including pamphlets, telephone numbers, etc. (see Outreach Sec. 5)

C. Refer to Section 244 – D for use of the Third Party Release to Disclose WIC Information (WIC-101).

225 IDENTIFICATION FOLDER AND ALTERNATE SHOPPER

No one may pick up or cash WIC checks without a WIC Identification Folder, authorizing that person to do so. For the person picking up checks for the first time at a clinic: official photo identification must be presented.

A. Regular Identification Folders

1. The regular ID folder is issued at initial certification. Each WIC participant must have a WIC ID folder with payee name, payee signature, WIC number, and, if desired by the payee, an alternate shopper's signature.

2. Participant Who Wishes an Alternate Shopper

(a) When a participant has been certified, the local agency should ask the payee if they would desire an alternate shopper. If possible, the payee and the alternate shopper should both sign the proxy form (WIC-7C) and the Identification Folder at the same visit. Only the payee should be issued an ID folder. The alternate shopper does not receive his/her own ID folder.

(b) The alternate shopper must be either an adult or an emancipated minor (parenthood, marriage, court, self-sufficiency with relinquishment of parental rights and duties). In cases of emergency, local agencies should contact the state agency for permission to authorize a non-emancipated minor on a temporary basis.

(c) An individual may not act as an alternate shopper for more than five participants or three families at any one time. Where this policy poses a hardship (for example in a facility for the homeless), the state agency will consider the participants' access to full WIC services and the need for allowing an exception.

(d) One proxy form may be used for an entire family but must be cross referenced in each family member file.

(e) If the alternate shopper cannot come to the agency to sign the forms:

(i) Complete the proxy form (WIC-7C), write None in the line for Alternate Shopper.

(ii) Ask the payee to sign it, staff signs and dates it. File in participant’s file.

(iii) Give a second proxy form to the payee, with alternate Shopper’s name printed on it.

(iv) Write the Alternate Shopper’s name on WIC ID folder. Caution the payee to have only the named alternate sign the folder and to have it signed before shopping.

(v) Instruct payee to have Alternate Shopper sign the proxy form and the ID folder and bring both back the next time. Issue only one month of checks at this time.

(vi) Put a Alert in computer, so that the next time the payee comes in to the agency the message will inform staff that a “proxy is pending”.

(vii) When the payee or alternate returns for the next set of checks, verify the alternate's signature on the ID folder against that on the proxy.

(viii) Void the prior proxy and file the new one. If payee doesn't bring back the proxy, issue a new ID folder and cross out "Alternate Shopper" sections on ID folder.

(ix) Repeat this process if the participant wishes to change or add an alternate shopper.

4. Participant Who Does Not Wish an Alternate Shopper
Place a blank proxy form marked "None" in the record or "proxy file".

5. Update of Proxy Forms

(a) Proxy forms must be updated at every recertification appointment.

(b) Any additions / deletions made must be reflected in the proxies of other family members and include staff''s signatures and date when adding a new family member.

B. Temporary Identification Folder

1. A temporary ID folder may be issued to a payee alternate (other than the alternate on the regular ID or in the case of no alternate on the regular ID) if the alternate applies at a WIC agency with a signed Request for proxy form, WIC-7C, from the payee, along with the payee's regular I.D. folder.

The WIC worker, upon receipt of the regular ID and the signed Request for proxy form, will prepare a temporary ID. The worker will fill in payee name, WIC number, alternate name, date issued, expiration date (may not exceed 30 days), and authorizing agent signature. The WIC worker will require the alternate to sign under Alternate Signature before leaving the office. The Alternate will be instructed that he/she must obtain the payee's signature before the ID folder becomes valid.

226 CERTIFICATION PERIODS

A. Program benefits should generally be based upon certifications conducted in accordance with the following time frames:

1. The recertification date for pregnant women is up to six weeks after the expected delivery date. The delivery and recertification dates may be changed for suitable documented reasons. The women should be promptly reevaluated at the recertification date for certification as postpartum or breastfeeding. (Note, federal regulations allow for certification for up to six weeks postpartum but this should only be used in special situations). All postpartum women shall be recertified along with their infants so that their WIC category is reflective of their current infant feeding status. This will ensure

that breastfeeding rates are more accurately reported and will also ensure they receive the most appropriate food package.

2. Postpartum women may be certified for up to 6 months postpartum.

3. Breastfeeding women shall be certified for up to the child's first birthday.

4. Extended Certification: WIC Infants less than 6 months of age shall be certified until their first birthday. Their Extended Certification period will end on the month of their first birthday.

   Ensure these infants are provided with:

   Quarterly nutrition education contacts including follow-up Nutrition Assessment with anthropometrics. (See Section 430-Nutrition Education)

   Available and continuous health care services. (See Section 410-Health Care Support)

   After the initial Extended Certification Period, all repeat certifications will occur at 6 month intervals.

   Standard Certification: Infants 6 months of age or older shall have Standard Certification periods ending no later than 6 months from the certification date.

5. Children should be certified at intervals of approximately 6 months and ending on the child's fifth birthday.

B. If the certification period of a priority I, II, or IV infant extends beyond the change of WIC category, from infant to child, the priority will be continued until the next certification is performed. Priorities will only be changed at recertifications.

C. Anthropometric measurements required for certification may precede the date of certification by up to 60 days. Hematocrit/hemoglobin measurements must follow the CDC's periodicity table and must be received in the WIC office by up to 90 days from date of certification. Elevated blood lead data may be up to six months old.

Medical data on pregnant, breastfeeding, and postpartum women must <u>both</u> be taken within 90 days of certification <u>and</u> be reflective of their status at the time of certification. Pregnant women should be certified until the end of their pregnancy and up to six weeks after.

D. Variable Certification Periods and Benefits:

1. Eligible applicants living in a homeless facility or institution which is not listed as authorized or unauthorized by the State or in a facility because there is no other shelter alternative available in the local agency's service delivery area, should be certified for a full certification period. The State agency should be notified so that compliance with required conditions can be determined. If a homeless facility has been determined to be unauthorized, because of non-compliance with required conditions, certification should continue to the end of the certification period for residents of that facility. WIC certified residents of such a facility or one which ceases to be authorized by the State agency, during the course of the participant's initial certification period, may apply for continued benefits and can be certified again, but issuance of WIC foods, except infant formula, should be discontinued until the accommodation's compliance is achieved or alternative shelter arrangements are made. If certified under those conditions the participant should continue to receive all other WIC benefits, such as nutrition education and health care referral services. Provide such participants with information about any other overnight facilities in the area which are authorized by WIC (see Appendix Section 200 for list of WIC authorized facilities).

2. Applicants who may have a temporarily low income, such as strikers, may be given a shorter certification period based on an anticipated increase in income sooner than six months after the date of certification.

3. Persons transferring from other states authorizing longer infant certification periods and who present a valid VOC card must be certified for such longer certification periods.

227 REAPPLICATION

It is a goal of the WIC Program to reach all persons having the greatest nutritional risk and need for benefits. Since funds are not available to serve all of those in need who are otherwise eligible for the program, each person's need must be evaluated in light of the need of other persons who have applied at the agency for program benefits. The evaluation of nutritional risk at the time of the reapplication, then, must take into consideration the nutritional risk of other persons on the waiting list.

Advise all participants at the time of application and reapplication of the possibility of termination should other persons on a waiting list have a greater nutritional risk.

Each participant shall be notified at least 15 days prior to the expiration of each certification period that eligibility for the Program is about to expire.

For non-English speaking persons, translated notices are available for information purposes. The signed document, a copy of which is filed in the record, should be the translated version.

A. Persons Appropriate for Reapplication

1. The local agency will give or mail to the participant due for recertification a WIC-8 Reapplication form and WIC-2B or 2A Physician Referral for. A copy of the WIC-8 is kept in participant file or reapplication folder.

2. Participants appropriate for reassessment shall be given a reapplication appointment as stated in procedures for "Determination of Eligibility" (Section 210). Include the appointment date on the WIC-8.

3. Proceed with eligibility determination procedures for categorical, residential, and income eligibility requirements.

4. For participants still eligible according to these criteria, the condition(s) of nutritional risk must be re-evaluated. If Medical/Nutritional information from an outside health provider is needed, instruct the participant to have the health provider complete the WIC-2B or 2A form.

5. If a person does not appear for reapplication or does not provide required information, check to ensure a copy of the WIC-8 is in the record. The participant will be terminated automatically by the computer.

B. Persons Being Recertified:

1. Check identification folder and issue a new one if necessary.

2. Complete the Eligibility Agreement (1 copy to participant, 1 copy to record).

C. Persons Not Being Recertified

1. If the participant is not going to be recertified due to ineligibility based on category, income, residence, nutritional risk or lower priority classification than individuals on the waiting list, program termination procedures will be followed.

2. Complete WIC-9B Program Denial/Termination (1 copy to participant, 1 copy to record).

3. Computer will terminate automatically.

4. Give Fair Hearing information and place on Waiting List, if there is a nutritional risk.

   Note that the 15 day notification requirement is met if the person was issued Reapplication Notice (WIC-8) at least 15 days before end of Recertification Due Date.

420 - Supplemental Foods

Participant Education In Obtaining Supplemental Foods

A. Explain to the participant or the caretaker of the participant the selected food package, procedure for using WIC checks and procedure for obtaining WIC checks throughout the certification period.

B. Provide the participant or caretaker with an appointment to return for WIC checks and other appropriate activities (i.e. nutrition education, immunizations, health care visit, etc.).

C. WIC Information and Rules are on the WIC ID folder and Eligibility Form (WIC-5) at each cert./recert. Ensure that the participant understands the rules for how to use the checks at the store and the penalties for violating the rules. Topics to be reviewed include:

1. Shop only in a store authorized to accept WIC checks. The local agency will provide you with this information. Such stores must be only a retail grocer or food store, or registered pharmacy, located in Rhode Island. Checks may not be redeemed through a home delivery retailer.

2. Children cannot use WIC checks; only the authorized persons on the I.D. folder may.

3. At the store choose the allowed foods listed on the WIC check. Use your WIC Allowed Foods list to pick the correct products.

4. At the checkout counter separate WIC foods from the rest of your grocery items and tell the cashier you have WIC checks.

5. Present your WIC Identification Folder to the cashier before signing the check(s). (The alternate shopper must present the Identification Folder if he/she purchases the WIC foods.)

6. After the cashier has totaled the cost of the WIC foods and entered the cost in ink on the WIC check(s), sign the check. Participants must not sign checks without the cost entered in ink.

7. Date check was used must be written on the check at checkout.

8. There is no refund if all foods listed on the WIC check(s) are not purchased.

9. WIC checks or unused WIC foods may not be sold or exchanged for cash, or credit. WIC foods may only be exchanged for equivalent WIC allowed items (ex: cereal for

cereal). Report any unused WIC foods to the WIC nutritionist. Such sale or exchange is an abuse of the Program and may result in a suspension from the Program.

10. Use checks within the dates printed on the checks.

11. Return any checks not used to your local agency at your next check pickup time.

12. Serious or repeated violation of the rules is grounds for termination from the Program.

D. Because of the large amount of information given to participants at certification, Program complexity, and other factors, this information should be periodically reinforced at later appointments (nutrition, check pick up) and through other means.

Food Package Tailoring Guide

INTRODUCTION

The goal of this Rhode Island Department of Health WIC Program Food Package Tailoring Guide is to ensure that all participants receive the WIC food package which best meets their nutritional needs. An additional feature is that the Tailoring Guide will enable Local Agency nutritionists to prescribe food packages that directly correspond to the nutrition counseling given. It will now be possible to talk in exact terms when describing participants' individual needs, in relation to the food package they will receive.

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Infant Formula Intolerance Screening
Guidelines for Preparing Formula

General Guidelines

The following food package tailoring guidelines have been developed in conjunction with Section 246.10 of the WIC Federal Regulations which specify that:

246.10(b)(2)iii "...a competent professional authority to prescribe types of supplemental foods in quantities appropriate for each participant, taking into consideration the participant's age and dietary needs,... not to exceed the maximum quantities specified (in the regulations).."

246.10(b)(2)i "... this does not mean that a local agency must provide each participant with a food from each food group."

These guidelines shall be applied uniformly statewide. Local Agencies will be periodically monitored to ensure compliance with the following standards:

1. Food packages prescribed shall meet the individual nutrient needs of each participant.

2. Food packages are to be prescribed and changed only by the competent professional authority responsible for the participant's nutritional care. (No changes may be made without the nutritionist's or nurse's prescription.)

3. Reasons for all special (any nonstandard) food package changes or tailoring must be amply documented in the participant's record.

4. In the event that a person's special dietary needs cannot be met by the food packages listed, contact the State WIC Nutritionist for guidance.

5. Prescription of, and changes in, food packages shall reflect changing individual nutrient needs and food consumption patterns. Foods not needed may be tailored out of the package or quantities can be reduced to reflect need. Food packages may not be tailored for cost reasons.

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6. Ready-to-feed formula may be used only if the competent professional authority determines and documents that one of the following conditions exists:
   a. Little or no cold storage exists (in this case, powdered formula, prepared a bottle at a time, may be the package prescription of choice).
   b. The mother, or guardian, cannot understand how to properly mix the formula and may dilute it improperly.
   c. Contaminated or restricted water supply. Requires documentation.
   d. Only available form of product.
   e. **Sufficient medical documentation for an at risk participant.**

7. When tailoring the milk portion of the food package, please use the following guidelines in conjunction with maximum allowable quantities as stipulated on pages 6-8 of this guide:

   a. Milk and formula may not be mixed in the same package.

   b. Cheese may be substituted at a rate of one pound per three quarts fluid milk. One pound is the maximum amount which may be substituted for all categories except for fully Breastfeeding women, who may receive 2 pounds.

   c. Evaporated milk may be substituted at a rate of one can (12 oz.) per one quart fluid milk.

   d. Non-fat dry milk may be substituted at a rate of one pound per five quarts fluid milk.

   Example: A child 3 years of age may have a food package that contains a maximum of 16 quarts milk, or equivalent, and wants 2 pounds cheese, so the package would contain

13 quarts milk	13 qts
and	
1 lbs. cheese x 3 qts./# =	3 qts
	16 qts equivalent

8. Calcium fortified juice is available for use with women who do not consume milk and/or cheese. Custom food packages specifying "calcium fortified orange juice" should only be issued to women who receive no WIC cheese or milk. Calcium fortified juice is not available for infants or children.

9. Tailoring of the food package should occur at the following times:

   a. At certification and recertification for all participants.
   b. For infants, changes that should be made at 6 and 12 months of age will need to be adjusted by the nutritionist.
   c. When a woman is recertified as a nonbreastfeeding postpartum woman (changes include decreasing milk and juice allowances), or when a breastfeeding woman discontinues breastfeeding but is less than six months postpartum.
   e. At any time that a physician documents need for a change.
   f. At the request of a participant.
   g. At the nutritionist's discretion.

10. The number of checks (amounts of foods) given should generally reflect the period of use and be appropriate for each participant. If a participant is late in picking up checks, the local agency should evaluate the reason for the lateness and use discretion in determining when to prorate checks. In deciding the appropriateness of prorating, the agency should take into account such factors as the following:

a. The participant's age and dietary needs;

b. That there is evidence of abuse or misuse of checks or supplemental foods, related to late pickup;

c. That late pickup is habitual;

d. That there is not good cause for the lateness;

e. That the participant cannot reasonably utilize the full amount of WIC foods;

f. Whether prorating would create a hardship for the participant.

11. A participant who picks up late should be counseled about the importance of receiving WIC checks at the appointed time and warned that if late pickup of checks continues, a partial package will be issued. Counseling and warnings should be documented in the participant record.

    The local agency shall establish guidelines and procedures for warning and counseling and for referral of a participant to a Competent Professional Authority when there is a high risk that late pickup may be associated with abuse, misuse or misdirection of supplemental foods. The CPA shall evaluate the circumstances and only authorize the issuance of such checks as can be reasonably utilized by the participant. The CPA may, after notice to the participant, stipulate a prorating plan to take effect under specified condition(s) at a future recurrence, without again seeing the participant.

    The RI WEBS computer system will automatically prorate unless overridden by the system administrator.

12. The recommended food package options for children 1-2 years of age, and 2-3 years of age are based on average nutrient needs at these ages. Care should be taken to adjust these amounts accordingly with the individual growth needs of each child, while not exceeding the Maximum Quantities Authorized for Children (see next section).

13. Packages for Participants with Qualifying Medical Conditions (see Section VII) may contain formula and supplemental foods as long as documented on WIC-23A/B by Health Care Provider.

Maximum Quantities Authorized per Month

When tailoring food packages to meet individual needs, the maximum amounts of food, per category of participant, must be kept in mind. These maximum quantities may not be exceeded, although tailoring lesser quantities is allowable. Refer to Food Package Options Section of this guide.

I. Infants – Fully Formula fed

0 - 3 months

31 cans	Iron fortified infant formula concentrate or
8 lbs.	Iron fortified powdered infant formula or
25 cans	Iron fortified infant formula ready-to-feed

4 – 5 months

34 cans	Iron fortified infant formula concentrate or
lbs	Iron fortified powdered infant formula or
28 cans	Iron fortified infant formula ready-to-feed

6 - 12 Months

24 cans	Iron fortified infant formula concentrate
lbs	Iron fortified powdered infant formula
20 cans	Iron fortified ready-to-feed formula
	plus
24 oz.	Infant cereal
128 oz.	Baby food fruits & vegetables

II. Breastfed Infants

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For partially breastfeeding infants, formula may be issued to the participant in amounts up to one can less than the full package.

The State Agency will track the number of breastfeeding infants receiving a full formula package on a monthly basis. Infant checks found to be in violation of the policy will be prorated in future months as restitution for exceeding program benefits.

Note: Infants are eligible to receive infant cereal at age 6 months. It is recommended at this time for the breastfed infant to improve iron status. Up to 92 oz. fluid juice may be added if the infant can drink from a cup. Adult juice is used to encourage use of a cup in feeding to reduce possibility of nursing bottle syndrome.

24 oz.Infant cereal

92 oz.Fluid juice

III. Children: 1 - 5 years of age

16 qts.	Fluid milk, or its equivalent (See # 7 in Tailoring Guide)
1 doz.	Eggs
128 fl oz.	Juice
36 oz.	Cereal
1 lb./64 oz canned	Dried beans or peas
Or	
1-18 oz. jar	Peanut butter
$6 in cash value vouchers	Fruit & vegetable
2 lbs.	Whole wheat bread

IV. Pregnant and Partially Breastfeeding Women (up to 1 year postpartum)

22 qts.	Fluid milk or its equivalent
1 doz.	Eggs
144 fl. oz.	Juice
36 oz.	Cereal
1 lb./64 oz canned	Dried beans or peas
Or	
1-18 oz. jar	Peanut butter
1lb.	Whole wheat bread

V. Fully breastfeeding (up to 1 year postpartum)

24 qts.	Fluid milk or its equivalent
2 doz.	Eggs
144 fl. oz.	Juice
36 oz.	Cereal
1 lb.	Cheese
$10 in cash value vouchers	Fruit & vegetables
1 lb.	Whole wheat bread
30oz canned	Fish
1lb./64oz canned	Dried beans or peas AND
1-18oz jar	Peanut butter

VI. Postpartum Women

16 qts.	Fluid milk or its equivalent
1 doz.	Eggs
96 fl. oz.	Juice
36 oz.	Cereal
$8 in cash value vouchers	Fruit & vegetables
1#/64 oz canned	Dried beans or peas
Or	
1-18oz jar	Peanut butter

Note: Whole wheat bread is not permitted to be tailored into the food package for postpartum women. Also, the milk and juice amounts have been decreased to reflect changing nutrient needs.

VI. Infants with Special Needs

8 lbs.	Powdered special formula-specified or
25 cans (32 oz.)	infant formula R-T-F

plus, if need is indicated, a maximum of

92 oz.	Juice
24 oz.	Infant cereal

VII. Women and Children with Special Needs

31 cans	Iron fortified infant formula concentrate or
8 lbs.	Powdered special formula (specified) or
25 cans (32 oz.)	Iron fortified infant formula R-T-F

plus, if need is indicated, a maximum of

138 oz.	Juice
36 oz.	Cereal

Note: Additional formula may be issued on an individual basis provided the need is demonstrated and documented in the individual participant's file by the Competent Professional Authority.

Note: A WIC Prescription Formula Form documenting need for formula is necessary to prescribe this package, and should be present in the participant's chart.

Note: The Rhode Island WIC Program follows the American Academy of Pediatrics June 1988 recommendation that iron-fortified formula should be provided to non-breastfed infants in the WIC Program through the first year of life.

Contract Formulas

1. **Standard Contract Formulas**
   Nestle GOOD START Supreme DHA & ARA
   Nestle GOOD START Supreme Soy DHA & ARA

2. **Non-Standard Contract Formulas**
   Nestle GOOD START Supreme
   Ready to Feed Nestle GOOD START Supreme, Nestle GOOD START Supreme DHA & ARA, and Nestle GOOD START Supreme Soy

Non-Contract Formulas

1. **Non-Contract Formulas (milk and soy-based)**

   Milk-based formula produced by a company other than Nestle (Enfamil or Similac)
   Soy-based formula produced by a company other than Nestle (Prosobee or Isomil)

2. **Special Non-Contract Formulas**

   Nutramigen, Alimentum, Pregestimil, Ensure, Pediasure
   Other special metabolic formulas

CONTRACT FORMULAS

GOOD START Supreme DHA & ARA and GOOD START Supreme Soy DHA & ARA are the contract formulas issued by WIC in Rhode Island. This is because the WIC Program has a contract with Nestle to receive a rebate for each can of GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA. Formula-fed participants will be issued a contract milk-based or soy-based infant formula (GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA). The WIC Program receives a rebate for all forms of GOOD START Supreme, GOOD START Supreme DHA & ARA and GOOD START Supreme Soy DHA & ARA powder, concentrate, ready-to-feed); therefore, all forms are considered contract brands.

GOOD START Supreme DHA & ARA and GOOD START Supreme Soy DHA & ARA in 13 oz. concentrate cans are considered the standard contract formulas. Ready-to-feed cans are considered non-standard contract formulas since documentation is needed to justify the issuance of ready-to-feed formula even if it is the contract brand.

Procedures:

Level 1 Standard Contract Formulas

Formula fed participants shall be issued WIC checks for GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA in 13 oz. concentrate cans unless a documented reason exists for a non-standard contract formula or a formula not covered by the Nestle contract.

Level 2 Non-Standard Contract Formulas

A. Ready-to-feed GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA may be issued only if the competent professional authority (CPA) determines and documents that one of the following conditions exist:

1. Little or no cold storage exists (in this case, powdered formula prepared a bottle at a time may be the prescription of choice).

2. Contaminated or restricted water supply.

3. The mother or guardian cannot understand how to properly mix the formula and may dilute it improperly.

4. **Appropriate medical rationale is documented for an at-risk participant.**

   When authorizing ready-to-feed formula for any woman, infant, or child use the WIC Prescription Form. The WIC Prescription Form can be completed by the local agency CPA for ready-to-feed formula. One copy of the WIC Prescription Form should be kept in the participant's chart. One copy of the WIC Prescription Form should be sent to the State WIC Office.

B. GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA issued to Women or children is also considered non-standard since physician documentation is needed prior to issuance. As with other non-standard contract formulas, the participant's physician must complete a WIC Prescription Form prior to issuance. One copy of the Prescription Form should be kept in the participant's file and one copy should be sent to the Sate WIC Office.

NON-CONTRACT FORMULAS

Non-contract milk-based or soy-based brands of formula are available, but will only be issued if a physician documents that a trial of the contract brand of formula would put the infant at risk because of a medical condition or if intolerance has been established after the infant has been tried on both the contract milk-based and soy-based formula. The majority of participants with these medical conditions will require a special formula such as Nutramigen or Pregestimil rather than a non-contract milk-based or soy-based formula.

Any infants receiving a non-contract brand of formula will reduce the total amount of rebate funds, thereby reducing the number of additional WIC participants that can be served. All major brands of commercially-produced milk-based or soy-based formulas are nutritionally equivalent and because of the Infant Formula Act there are minimal differences among the brands. True intolerance to milk based or soy-based formulas are actually quite rare. Infants may have symptoms that are related to food intake but other factors such as improper formula preparation, storage techniques, and feeding techniques must be considered.

B. <u>If a parent or guardian reports that the infant is intolerant to both the contract milk-based and soy-based formula</u>, determine whether the symptoms are due to a true intolerance or other factors. The symptoms of formula intolerance are similar to symptoms caused by improper formula dilution, preparation, and storage or poor infant feeding techniques. Therefore, make sure the parents are following the guidelines discussed below before switching to another infant formula. Use the guidelines below to screen for formula intolerance. Documentation of the results of the screening, counseling, and referrals must be documented. This may be documented in the participant's progress notes.

1. If the infant has been sick or had a fever during the past week or longer, ask the parent/caretaker if the infant had the intolerance symptoms before becoming ill.

2. If the infant has been taking medication during the past week or longer, ask if the infant was experiencing the symptoms before he/she started taking the medication.

   Some medicines will make the infant experience symptoms similar to formula intolerance, but the symptoms will subside once the medication is discontinued.

3. Make sure the baby is not being overfed.

Review the signs of a full baby with the parent/caretaker. These include the following:

-the baby will close his/her mouth.
-the baby will stop sucking the bottle or breast.
-the baby will want to play instead of eat.

Stress the importance of not overfeeding the infant. Explain that this could cause symptoms similar to formula intolerance. Review appropriate amounts of formula to feed baby.

4. Make sure that the hole in the nipple is not too large.

   If the parent/caretaker has enlarged the nipple, then the formula may be flowing too readily and may cause the infant to spit up or choke. Also make sure that the nipple is appropriate for the age of the infant and for the liquid that is being fed. Different nipples are available for water, formula and juice.

5. Make sure the infant is being burped properly and at the correct intervals.

   Newborns (birth to 6 weeks) need to be burped after every ounce of formula. Infants older than six weeks old need to be burped after every 2 ounces of formula. The infant can be burped by holding him on the parent's shoulder, on the lap, or across the lap while gently patting his back. The baby should be well supported.

6. Make sure the infant is held during the feeding so his head is a little higher than the rest of his body.

   This makes the feeding easier and more comfortable for the baby, and he is less likely to spit up the formula later. Infants should not be fed in infant seats or swings and bottles should never be propped up. Propping the bottle could cause choking, earache, or nursing bottle mouth (tooth decay).

7. Make sure the formula is diluted properly.

   If not, counsel parent/caretaker about the correct method of mixing formula.

If symptoms are mild and a result of improper formula preparation or feeding techniques or other factors discovered during your screening for intolerance, provide appropriate counseling and continue to issue **GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA. Remember that both milk-based (GOOD START Supreme DHA & ARA) and soy-based formula (GOOD START Supreme Soy DHA & ARA) are available as contract brands.** Document the results of your evaluation, your counseling, and referral in a progress note. Continue to issue checks for the contract brand of formula.

If the infant is not gaining weight, if the symptoms are severe, or if the symptoms appear to be a true intolerance to the contracted formulas refer the parent or guardian to the infant's physician for a medical evaluation and for further guidance on issuing formula. Document the results of the formula intolerance evaluation and your referral in the participant's progress note.

C. **If the parent refuses the contract formula (GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA) and there is no documented medical reason to prescribe a special prescription formula explain as diplomatically as possible that GOOD START Supreme DHA & ARA and GOOD START Supreme Soy DHA & ARA are the standard formulas that WIC supplies. Point out how necessary it is to stretch WIC monies to serve as many WIC participants as possible. If the parent wants another brand, s/he will have to purchase it on her own. Offer the parent the complete set of checks and encourage trying the standard contract brand. If WIC formulas are still refused, issue checks for juice and cereal only (if appropriate for age) and tell the parent that WIC will be happy to provide GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA at any time that the parent changes her/his mind. Keep a log of those who refuse to use the contract brand of formula.** Continue to provide nutrition education and support. Refusal to accept this food item should be treated just like refusal to accept any other food item. It does not affect other Program benefits.

D. If the conditions above are met for the issuance of a non-contract formula, then use the WIC Prescription Form to document the need for the non-contract brand of formula.

1. Completed WIC Prescription Forms must be received from the participant's physician before issuing any non-contract brand of formula.

   The local agency may complete the form to document a telephone conversation with the participant's physician in order to expedite the formula issuance. However, a WIC Prescription Form must subsequently be obtained from the physician.

2. One copy of the WIC Prescription Form must be kept in the participant's WIC chart. The duplicate copy must be submitted to the State WIC Agency for review and tracking of non-contract formula usage.

   Physician requests containing sufficient justification and documentation will be approved by the State WIC Nutrition Coordinator. Requests containing insufficient reasons or lacking supporting documentation will be forwarded to Department of Health pediatricians for review.

3. Intolerances are usually transient and warrant only temporary use of a non-contract formula. Medical literature supports the view that rechallenging infants after 1-2 months is an acceptable procedure.

To prevent unnecessary issuance of non-contract formulas, infants should be retried on GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA in 1-2 months or when symptoms subside, whichever comes first. If symptoms of intolerance are so severe or a medical condition exists which would make a rechallenge inappropriate, continue issuing the non-contract formula for the length of time specified by the physician on the WIC Prescription Form. Under no circumstances should a prescription for a non-contract formula, even if for a diagnosed medical condition, be continued from one certification to the next without determining the need for continued issuance.

Parents/caretakers of infants who will be rechallenged within 1-2 months of issuance should be informed of the retrial when any non-contract formula is authorized. Prescription formula logs should be used to track the length of issuance appropriate for the infant and the date for retrial on **GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA should be noted.** This will help to ensure that non-contract formulas are continued no longer than the period of time prescribed by the physician and those infants appropriate for a retrial of the contract formula are retried within 1-2 months.

If there is sufficient reason not to retry an infant on GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA, then the reason must be written in the participant's progress note.

4. The State WIC Office will monitor rates of issuance for non-contract formulas. Tracking these rates will allow the State Agency to identify possible overuse of non-contract prescription formulas. The State WIC Office will provide technical assistance to local agencies and physicians with high issuance rates.

APPROVAL OF NON-CONTRACT STANDARD FORMULA PRESCRIPTIONS
(Enfamil/Prosobee, Similac/Isomil)

Please be sure to contact the participant’s physician regarding any questionable prescriptions for clarity. State nutrition staff may be contacted if further questions remain after speaking with the participant’s physician. The following list includes common examples of medical rationale being reported on prescription forms and the appropriate action to be taken by nutrition staff:

- **Vomiting** → Taste issues/over feeding/occasional vomiting →NOT APPROVED
  ↓
  GI disorder/frequent vomiting/weight loss → CALL DOCTOR FOR CLARIFICATION
  Note: Frequent vomiting can occur if formula is not gradually introduced. Confirm/encourage gradual introduction of Good Start for better outcome.

- **Diarrhea** →Softer stools can be expected →NOT APPROVED
  ↓
  Weight Loss/Dehydration/Blood →CALL DOCTOR FOR CLARIFICATION

- **Refusal of formula**→ Taste, cold turkey formula introduction →NOT APPROVED
  Note: Infant should attempt new formula for at least 1 week before alternate formula is issued. Assess for/encourage gradual introduction.

- **Fussy/Gassy/Colic** – NOT APPROVED
  Note: Determine age of infant, if infant has entered an age related colicky stage; a formula change may not have been the leading cause. The colic may have still presented itself on the previous formula. Assess for/encourage gradual introduction.

- **Intolerance** → CALL DOCTOR FOR CLARIFICATION

- **Only formula that works** →CALL DOCTOR FOR CLARIFICATION

If the prescription is clear in the validity of medical rationale, local agency nutrition staff does not HAVE to call the doctor or the State Office.

The State Office will be performing regular QA on the issuance of non-contract standard formulas through RI Webs. This will help reveal any trends in formula use for specific areas and for appropriateness of issuance.

<u>Level 4 and 5 Special Non-Contract Formulas</u>

Special formulas are formulas designed to meet the special nutritional needs of infants, children, and women. Special formulas require a written physician's prescription prior to issuance.

Special non-contract formulas include specialized nutritional formulations such as Nutramigen, Pediasure, Pregestimil, Ensure.

Procedures:

A. The name of the particular Level 4 formula prescribed will be printed on the participant's checks. A WIC Prescription Form must be completed by the patient's physician prior to issuance of the prescription formula. One copy of the WIC Prescription Form should be kept in the patient's chart.

B. Level 5 Special non-contract formulas or other speciality formulas require prior approval of the State WIC Nutrition Coordinator and will require the use of a WIC Prescription Form. (See information on WIC Prescription above.) Some Level 5 formulas are direct purchased from the manufacturer / distributor by the State WIC Office. A WIC Prescription Form must be completed by the patient's physician prior to issuance of the prescription formula. One copy of the WIC Prescription Form should be kept in the patient's chart and one copy should be sent to the State WIC Office. **The Nutritionist should then call the State WIC Nutrition Coordinator for an access code to issue the formula.**

Need for Prescription Formula Safeguards

It is important that those participants on prescription formulas receive the correct formula. The following procedures should be followed to ensure that each participant receives checks coded for the correct formula:

A. Each local agency should maintain an ongoing record (Prescription Formula Log) of all prescription formulas prescribed by the local agency competent professional authority based on physician documentation of need.

B. Prior to issuing checks, the Prescription Formula Log should be compared to the participants' checks.

C. The date(s) of verification should then be recorded on the Prescription Formula Log.

D. If the formula or food package codes are incorrect, change the food package accordingly.

E. Changes of formula or special food package codes should be noted on the log.

Guidelines for Preparing Formula

Ready To Use Formula - No mixing is required. Feed to baby as is.

Concentrate Formula - Mix equal amounts of formula and clean water.

Powdered Formula - Mix 1 level scoop of powder for every 2 ounces of clean water used to make the bottle. If you are making an 8 ounce bottle, you would mix 4 level scoops of formula with 8 ounces of water.

8. Make sure the formula is kept at the correct temperature.

   Recommend that the refrigerator temperature be checked to make sure it is between 35 and 40 degrees Fahrenheit. Caution against allowing the formula to remain unrefrigerated for more than 30 minutes before feeding to the infant. When away from refrigeration for a long period of time, recommend using powdered formula or keeping the formula on ice.

9. Make sure the formula is prepared in a sanitary manner as directed by physician or clinic staff.

   Review the following steps for preparing formula with the parent/caretaker.

Aseptic Method

a. Wash bottles, nipples, disc seals and caps with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
b. Place bottles, nipples, disc seals, caps and tongs in a large pan. Add approximately five inches of water and boil 5-10 minutes with the lid on. Remove bottle supplies from sterilizer with tongs and place on clean cloth or paper towel.
c. Boil the water to be used in mixing the powdered or concentrated formulas for 5 minutes. Cool.
d. Mix formula with the boiled and cooled water according to the label on the can.
e. Using tongs, place nipples (upside down) disc seals and caps on the filled bottles.

Terminal Method

a. Wash bottles, nipples, disc seals and caps with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
b. Mix the concentrated or powdered formula with water according to the label on the can.
c. Put nipples in bottle, upside down, with disc seals covering top. Screw top on loosely.
d. Put bottles in a rack or on a towel in a big pot. Add 2-3 inches of water.

e. Boil 25 minutes with top on the pot.

Single Bottle Method (recommended if bottle supply is limited)

a. Wash a one-quart jar or container with lid in hot, soapy water. Rinse well with boiling water.
b. Boil the water to be used in mixing powdered or concentrated formula for 5 minutes (boil enough to make a day's supply of formula). Cool.
c. In the clean container, mix the formula with the boiled and cooled water according to the label on the can.
d. For each feeding, wash bottle, nipple, cap and tongs with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
e. Place bottles, nipple, cap and tongs in large pan. Add five inches of water and boil 5-10 minutes with the lid on. Remove the bottle supplies with the tongs and place on a clean cloth or paper towel.
f. Fill the bottle for one feeding from the mixed formula stored in the refrigerator.

10. The sterilization of water and bottles should be continued until the infant is 4-6 months of age. After that time, preparation using safe tap water and proper washing techniques should be adequate.

11. Formula should be stored in the refrigerator and used within 24 hours. Formula that is left after 24 hours should be thrown away.

12. Caution the parent/caretaker to always throw away formula left in the infant's bottle after a feeding. It should not be used later. Formula that has come in contact with baby's mouth should not be resterilized.

13. Make sure the parent/caretaker is following these guidelines when introducing new foods into the infant's diet.

    - Introduce one new food at a time.
    - Try each new food for 5-7 days before trying another food.
    - Check for reactions such as diarrhea, skin rashes, wheezing, and colic (some of the same symptoms are caused by milk intolerance).
    - If the infant dislikes a food, try it again a few weeks later.

14. If there is a family history of cow's milk allergy, refer to physician for evaluation of need for a soy-based formula. If the baby develops intolerance symptoms with the soy-based formula, a referral to physician for medical evaluation should be made.

15. If there has been recent emotional upset in the family, explain to the parent/caretaker that this might cause symptoms similar to cow's milk intolerance.

430 - Nutrition Education

A. Nutrition education shall be considered a benefit of the Program and shall be provided at no cost to the participant. Nutrition education shall be client-centered per VENA guidelines, which includes using the stages of change to better tailor nutrition education goals. Nutritionists will utilize critical thinking and reflective listening to ensure they are meeting the clients' needs with respect to nutrition education. Nutrition education will be designed to be easily understood by individual participants, emotion-based, and it shall bear a practical relationship to their nutrition needs, household situations, and cultural preferences, including information on how to select food for themselves and their families. At the time of certification, the participant shall be encouraged to participate in nutrition education activities and the positive, long-term benefits of nutrition education shall be stressed.

B. Nutrition Education Goals:

revised 08/07

1. WIC participants will receive a positive encounter with nutrition staff that provides them with information and services related to their individual needs and concerns. The participant will feel involved in goal setting to improve their own health. As appropriate, staff will *emphasize the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants and children under five years of age and raise awareness about the dangers of HIV infection and AIDS and using harmful substances such as tobacco, alcohol, some over the counter and prescription medications and illegal drugs, during pregnancy and while breastfeeding*.

2. Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status for the long term.

C. Local Agency Responsibilities:

1. To provide nutrition education at no cost to each participant or guardian.

2. To integrate nutrition education thoroughly into participant health care plans, the delivery of supplemental foods, and other Program operations.

3. To develop and implement an annual Nutrition Education Plan that is consistent with the nutrition education portion of the State Plan, federal regulations, and FNS and state guidelines.

D. Frequency of Nutrition Education Contacts:

For Participants Certified for 6 Months or During Pregnancy

1. To offer participants or caretakers two separate nutrition contacts, preferably at three month intervals, not to be provided on the same day, during each six month certification period.

Revised 10/06

(a) First nutrition education visit:

This visit should be made available through individual consultation.

This visit should include an explanation of at least one or more of the following topics if the participant has no other outstanding personal/nutrition-related issues that need assistance/resolution):

Reasons why participant qualifies for WIC Program.

Ways to correct or decrease nutritional risk if applicable/appropriate for the participant's current counseling needs.

WIC foods to be consumed by participant only.

Supplemental nature of program.

Nutritional value of WIC foods.

Importance of health care.

Importance of women knowing HIV status

Encouragement to breastfeed for pregnant woman unless contraindicated for health reasons.

Ways to meet infant's and child's dietary needs in ways appropriate to infant or child development.

Substances harmful especially in pregnancy (tobacco, alcohol, prescriptions drugs, illegal drugs, over the counter medications).

Referral to local resources for smoking cessation, HIV counseling and testing, drug and other harmful substance abuse counseling, treatment and education, if appropriate.

SNECs Provided by CPA's only

(b) Second nutrition education contact (SNEC):

(1) Routine nutrition education contact:

This visit is to be made available through client-centered individual or group contacts which are appropriate to the individual's or group's nutritional needs. Topic should be chosen at the discretion of the local agency nutritionist and ideally should reflect back on the plan of the last nutrition counseling session ,or should address the participant's current nutritional/personal needs.

OR

(2) High risk nutrition education contact:

All participants designated as high risk according to local agency criteria will receive a high risk care plan outlined in the SOAP notes section of RI Webs. It will include a plan for follow-up designed by the local agency nutritionist. Each high risk participant will receive a minimum of one follow-up visit.

An individualized care plan will be provided to any non-high risk participant at his/her request.

For Infants and Breastfeeding Women Certified for "Extended Certification"

1. Provide nutrition education contacts quarterly for infants and Breastfeeding Women with "Extended Certification" periods. Base the number of nutrition education contacts on the length of the certification period. Give all infants and breastfeeding women one nutrition education contact at the time of their initial certification and follow-up contacts as every 2 to 3 months, the total minimum visits in one year is four. A note must be documented in both the infant and mothers chart that reflects their individual counseling sessions which is specific to their categorical needs.

This is the minimum number of nutrition education contacts you must provide, although you may provide more if you wish.

For infants and women on extended certifications, at least one follow-up contact must be an individual appointment which includes a length/weight measurement, assessment and blood work (as indicated).

For a mother who is providing "some breastfeeding", she will no longer receive a food package after the infant turns 6 months of age, but she will still be considered active on the program and is eligible to receive nutrition education and referrals as needed. For this mother, nutritionists should document nutrition education contacts in the mothers chart at 9 months and 12 months postpartum, respectively. Additional nutrition education visits may be conducted/documented at the nutritionists' discretion.

Refer to Section 213-Nutritional Assessment for guidance on hematological screening requirements during Extended Certification.

D. *HIV and AIDS Information and Referral*

1. *WIC local agency staff will routinely discuss the advantages of breastfeeding with women participants during all possible opportunities including certification, nutrition education sessions, etc.*

2. *During the first nutrition education contact, advise all women participants of the risk of HIV transmission to their infants during pregnancy and breastfeeding if they are themselves infected. Advise all women participants to know their HIV status.*

3. *Encourage voluntary HIV counseling and testing as early as possible prior to or during pregnancy. Refer participants requesting assistance to local HIV counseling and testing sites.*

4. *Women known to WIC to be HIV infected must be counseled against breastfeeding and referred to appropriate health care and supportive services (if needed).*

5. *Local agencies must have:*
   a) HIV educational brochures for participants and,
   b) reference information for WIC staff.

E. General Points

1. Individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. Documentation of nutrition education contacts must be included in a participant's record, indicating receipt or refusal of the nutrition education.

2. The type and content of the nutrition education visit shall be documented in each participant's record.

3. Time spent on nutrition education provided by local agency staff will be documented according to procedures in Section 610, Reports.

4. Contacts shall be designed to meet different cultural and language needs of Program participants.

Added 12/04

5. *If Farmer's Market Checks are distributed to a WIC participant, nutrition education regarding fresh produce shall be provided.*

RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

WIC AND FARMERS MARKET SERVICES

STATE PLAN OF OPERATION AND ADMINISTRATION

VOLUME III

PROCEDURES MANUAL

December 2009

SECTION 1

GENERAL INFORMATION

STATEMENT ON A DRUG FREE WORKPLACE

The Rhode Island Department of Health WIC Program has taken measures to maintain a drug free workplace as part of an effort to maintain a drug free workplace in all state offices. Employees have attended meetings informing them of their rights and responsibilities and of consequences of drug abuse. Employees have also been asked to voluntarily sign and submit to the Office of Personnel a statement that they would not use illegal drugs. See State of Rhode Island Drug Free Workplace Policy.

PREAPPLICATION PACKAGE

1.Pre-application letter

2.WIC Program Information Sheet, FNS-131

3.Application Form

4.Current WIC Program Federal Regulations (deleted for State Plan)

5.Rhode Island WIC Policies For Program Initiation, Expansion and Selection.

Dear

Thank you for expressing an interest to have your agency operate a WIC Program in the State of Rhode Island. A Rhode Island Department of Health WIC Program application package is enclosed. This package consists of the following information:

1.FNS-131, Special Supplemental Nutrition Program For Women, Infants and Children Information Sheet provides a description of criteria for local agencies.

2.Application Form; Information needed to determine if an applicant agency is eligible to operate a WIC Program

3.Current WIC Program Federal RegulationsRegulations pursuant to Public Law 95-627 under which the WIC Program operates. Note: Section 246.6, Agreements with Local Agencies, which delineates the responsibilities of a local agency that operates a WIC Program.

4.Rhode Island policies for program initiation, expansion, and selection.

The Rhode Island Department of Health (HEALTH) requires of each agency which desires approval as a local agency to submit a written application which contains sufficient information to enable the HEALTH to make a determination as to the eligibility of the local agency. Within fifteen (15) days after receipt of an incomplete application the HEALTH shall provide written notification to the applicant agency of the additional information needed.

The HEALTH shall notify the applicant agency, in writing, of the approval or denial of its application within thirty (30) days of a receipt of a completed application. When an application is disapproved, HEALTH will advise the applicant agency of the reasons for disapproval and of the right to appeal as set forth in WIC Program Federal Regulations.

The HEALTH shall deny application from local agencies if funds are not available for program initiation or expansion. Such agencies shall be notified when funds become available.

Please contact the HEALTH WIC Program with any questions you have

concerning the information in this package or in completing the application form.

Sincerely,

Ann M. Barone, Chief
WIC Program

(401) 222-4604

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR
WOMEN, INFANTS & CHILDREN

US DEPARTMENT OF AGRICULTURE/FOOD AND NUTRITION SERVICE/WASHINGTON, DC
Revised December 1997 FNS-131

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides specified nutritious supplemental foods to pregnant, postpartum, and breastfeeding women and to infants and children up to their fifth birthday who are determined by competent professionals (physicians, nutritionists, nurses, and other health officials) to be at "nutritional risk" because of inadequate nutrition and inadequate income. Funds are made available to participating State health departments or comparable State agencies: to Indian tribes, bands or groups recognized by the Department of the Interior or their authorized representative or to the Indian Health Service of the Department of Health, Education, and Welfare. These agencies distribute funds to the participating local agencies. These funds are used to provide specified supplemental foods to WIC participants and to pay specified administrative costs, including those for nutrition education.

WHAT ARE THE ELIGIBILITY CRITERIA FOR INDIVIDUAL PARTICIPANTS?

Infants, children, and pregnant, postpartum or breastfeeding women are eligible for the WIC Program if they: (1) reside in an approved project area or are a member of a special population; (2) meet the income eligibility standards of the local agency; and (3) are individually determined by a competent professional to be in nutritional need of the supplemental foods provided by the WIC Program. A person is determined in nutritional need for such reasons as anemia, abnormal growth, high risk pregnancy, and inadequate diet. When a local agency no longer has funds to serve additional participants, applicants are placed in one of six nutritional need priority levels in order to assure that those persons in greatest need are placed on the WIC Program as soon as space is available.

WHAT SUPPLEMENTAL FOODS DO THE PARTICIPANTS RECEIVE?

Under the WIC Program, infants up to one year old receive iron-fortified formula, cereal which is high in iron, and fruit juice which is high in vitamin C. Participating women and children receive fortified milk and/or cheese, eggs, hot or cold cereal which is high in iron, and fruit or vegetable juice which is high in vitamin C and peanut butter or dried beans or peas. Women and children with special dietary problems may receive special formula by request of the physician. Breastfeeding women may receive carrots and canned tuna fish.

HOW DO PARTICIPANTS RECEIVE SUPPLEMENTAL FOODS?

WIC participants receive foods from a food delivery system operated by their State Agency, which is responsible for the accountability of the system and its effectiveness in meeting their needs. Systems the State agencies use are: (1) retail purchase systems in which participants obtain supplemental foods through local retail stores; (2) home delivery systems in which food is delivered to the participant's home; and (3) direct distribution system sin which participants pick up food from a storage facility. RI WIC provides food through the retail purchase system.

HOW ARE LOCAL AGENCIES SELECTED?

Each State agency may rank areas and special populations under its jurisdiction in order of greatest need based on economic and health statistics and may or may not approve new programs in this rank order. When funds are available to open a WIC Program in an area, the State agency selects a local agency in the following order; (1) a health agency which can provide both health and administrative services; (2) a health or welfare agency which must contract with another agency for health or administrative services; (3)a health agency which must contract with a private physician in order to provide health services to a particular category of participant (women, infants, or children); (4) a welfare agency which must contract with a private physician in order to provide health services; and (5) agencies that will provide routine pediatric and obstetric care through referral to a health provider. Such local agencies must have a plan for continued efforts to make health services available to participant at the clinic or through written agreements with health care providers.

WHAT RECOURSE DOES A PERSON HAVE FOR ANY ADVERSE DECISION WITHIN THE WIC PROGRAM?

Each State agency is require to have a fair hearing procedure under which pregnant, postpartum and breastfeeding women parents, or guardians can appeal any decision made by the local agency regarding program participation.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability.

To file a complaint of discrimination, write USDA, Director of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. For sex or handicap complaints, contact the State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908.

STATE OF RHODE ISLAND
RHODE ISLAND DEPARTMENT OF HEALTH

AGENCY APPLICATION TO OPERATE WOMEN, INFANTS AND CHILDREN
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM (WIC)

FISCAL YEAR 2010

1. Name of Applicant Agency _____

   Address _____

   City/Town _____

   State, Zip Code _____

   Telephone _____

   Officials to be responsible for WIC Program

   Chief Executive Officer Name _____

   Title _____

   Medical Director or
   Physician on call Name _____

   Title _____

   Application Contact Person Name _____

   Title _____

   Agency Tax ID Number _____

2. Name and address of organization sponsoring applicant agency, if any.

3. Sources of funding for local agency, (Private nonprofit organizations must attach documentation of tax-exempt status).

USDA ____	HUD ____	RIDEA ____	Private Nonprofit
USDHHS ____	RI Health Dept. ___	RIDHS ____	Other (specify)
USDOE ___	Local Gov't. ____		

4. Congressional district: _____

5. Will any of the WIC Program health and administrative services be provided through a contractual relationship with another agency(ies), or individual(s)? If yes, please specify.

6. Identify by type and number health professionals who will determine eligibility for WIC Program and authorize supplemental food.

Physician	_____	Number	_____
Registered Nurse	_____	Number	_____
Nutritionist	_____	Number	_____
Health Aides	_____	Number	_____
Pediatric Nurse	_____	Number	_____
Practitioners	_____	Number	_____
Other	_____	Number	_____

7. Health services offered to: (Please check all that apply).

	Women	Infants	Children

Physician	_____	_____	_____
On-Call Physician	_____	_____	_____
Nursing	_____	_____	_____
Home Health	_____	_____	_____
Nutrition	_____	_____	_____
Dental	_____	_____	_____
X-Ray	_____	_____	_____
Occupational Therapy	_____	_____	_____
Physical Therapy	_____	_____	_____
Pharmacy	_____	_____	_____
Other (Specify)	_____	_____	_____

8. Brief description of financial, residential or other socioeconomic criteria applied to determine the eligibility of such individuals for health care including treatment, free or at less than the customary full charge.

9. Medical record data maintained. (Check)

Type	Women	Infants	Children
Height			
Weight			
BMI			
Hemoglobin			
Hematocrit			
Lead			
Immunizations			

10. Proposed geographic areas for WIC Project (attach map to clarify, if needed).

11. Population estimates (WIC Affirmative Action Plan data may be used)

Project Area	WIC Eligible	Total Population	% Unserved by WIC

*Identify criteria used _____

List all subdivisions within the proposed project area which will be participating in WIC.

12. Data indicating Rates/1,000 of Nutritional Risk Within Program area. (WIC Affirmative Action Plan data may be used as well as RI Kids Count Factbook, and the most recent Vital Statistics Annual Report).

(If data is unavailable, place n/a in space provided).

a) _____ Adult Pregnancies = Pregnancies (ages 20-40 yrs.) x 1,000

b) _____ Teenage Pregnancies = Pregnancies (ages 10-19 yrs.) x 1,000

c) _____ Fetal Mortality = Fetal deaths at gestation (20 wks. Or over) / Live births x 1,000

d) _____ Low birth weight infants = Birth weight less than 5.5 lbs. / Live births x 1,000

e) _____ Infant Morbidity = Sickness under one year of age / Live birth x 1,000

f) _____ Infant Mortality = Death under one year of age / Live birth x 1,000

g)_____ Neonatal mortality = Live births dying under 28 days of age x 1,000

h) _____ Premature rate = Birth between 20 & 36 wks gestation x 1,000

i) _____ Low income persons = Low income persons within program area x 1,000

j) Nutritional Anemia
Pregnant or lactating Women
Infants
Children

1)_____ % of Pregnant/lactating women with WIC risk of low hemoglobin / hematocrit levels

2)_____ % of Infants with WIC risk of low hemoglobin / hematocrit levels

3) _____ % of Children with WIC risk of low hemoglobin / hematocrit levels

13. Estimated growth to maximum caseload

Year _____	Women	Infants	Children	TOTAL
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____
Year _____	_____	_____	_____	_____
January	_____	_____	_____	_____
February	_____	_____	_____	_____
March	_____	_____	_____	_____
April	_____	_____	_____	_____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____

14. Estimated number average monthly participation of pregnant or lactating women, infants and children by racial/ethnic group in program area.

Participation by Group	**Number of Participants**			**Race /Ethnicity Makeup of Total Population**
	Women	**Infants**	**Children**	
a) Hispanic or Latino				
b) White				
c) Black or African American				
d) American Indian and Alaska Native				
e) Asian				
f) Native Hawaiian and other Pacific Islander				
g) Some other race				
h) Two or more races				
TOTAL				

15. Describe any past substantiated civil rights problems or noncompliance situations and corrective actions taken.

16. Describe your agency's procedures for handling civil rights complaints.

17. Do any clinic sites or agency offices deny access to any person because of his or her race, color, national origin, age, sex, or handicap?

18. What languages are spoken by residents in the area you will serve? What staff, volunteer or other translation resources are available (specify by language)?

19. Describe your agency's procedures for handling customer service, mistreatment or inadequate/inappropriate treatment/service complaints or grievances.

.

20. A brief description of method of making supplemental foods available to expected participants.

21. A brief description of any non-WIC supplemental type feeding program for the benefit of pregnant or lactating women, infants or children which is already in operation in the project area. Include an estimate in the number of participants in project target group served, type of food provided, and an explanation of the expected relationship between any such program and the WIC program.

22. Please describe method of providing Nutrition Education, including staffing.

23. Please describe method and source of obtaining dietary assessments, anthropometric and hematological measurement, and eligibility related medical data for each category of applicant.

24. Please describe MIS equipment, software and support to be provided.

25. Please describe measuring equipment, furnishings, space and clerical support to be provided.

26. Identify each location where WIC related services will be rendered and specify services offered at each.

The applicant proposes to implement the described grant program within the proposed budget in accordance with the guidelines established by the Department of Health. The applicant recognizes that any departure from the stated program objectives of this grant or of the budget, as approved, is not authorized and that procedures for modification of this grant, if they become necessary, are provisions of this grant application, or its modifications will be the liability of the applicant. The information furnished in this application is true and accurate to the knowledge of the signer.

Applicant:

(Name of Applying Agency)_____

(Address) _____

Signature:

(Authorized Agency Official)_____

(Title)_____

Date _____

The signature of the official in the local agency who shall be responsible for supervising local WIC Program operation.

S-1 SELECTION OF LOCAL AGENCIES

GOAL

To ensure that local agencies are selected and funded in accordance with the need for Program benefits in an area and with the efficient and effective utilization of administrative and program services funds.

GENERAL

In addition to this policy, the State Agency will employ the provisions of 7 CFR Part 246.5.

This section sets forth the procedures for the selection of local agencies and the expansion, reduction and disqualification of local agencies already in operation. In making decisions to initiate, continue and discontinue the participation of local agencies, the State agency shall give consideration to the need for Program benefits as delineated in the Affirmative Action Plan.

STATEWIDE SOLICITATION OF PROVIDERS - See Goals I, Selection of Local Agencies

INDIVIDUAL AGENCY SELECTION

Application Of Local Agencies

Each agency, which desires approval as a local agency, must submit a written local agency application. Within 15 days after receipt of an incomplete application, the State shall provide written notification to the applicant agency of the additional information needed. Within 30 days after receipt of a complete application, the State agency shall notify the applicant agency in writing of the approval or disapproval of its application.

When an application is disapproved, the State agency shall advise the applicant agency of the reasons for disapproval and of the right to appeal as set forth in paragraph 246.18. An agency whose application is disapproved may not re-apply for a period of one year after the date of a notice of disapproval, unless specifically requested to do so by the HEALTH.

When an agency submits an application and there are no funds to serve the area, the applicant agency shall be notified within 30 days of receipt of the application that there are currently no funds available for Program initiation or expansion. The applicant agency shall be notified by the State agency when funds become available.

Program Initiation And Expansion

A. The State agency may fund local agencies serving those areas or special populations most in need first,

in accordance with their order of priority as listed in the Affirmative Action Plan and in relation to the local agency priority system. The State may also consider the number of participants in each priority level being served by existing local agencies in determining when it is appropriate to move into additional areas in the Affirmative Action Plan or to expand existing operations in an area. The State agency may also give consideration to the extent of unmet need in areas considered to have high levels of risk factors and poor health factors, such as those identified in the needs assessment study conducted by the WIC and Data Evaluation Divisions.

B. The State agency may fund more than one agency to serve the same area or special population as long as more than one local agency is necessary to serve the full extent of need in that area or special population.

C. Local agency priority system. The selection of new local agencies shall consider the local agency priority system, which is based on the relative availability of health and administrative services, in the selection of local agencies. Unless warranted by extraordinary circumstances, an agency may not be selected unless it will provide ongoing, routine pediatric and prenatal care and administrative services:

1. First consideration shall be given to a public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.

2. Second consideration shall be given to a public or a private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.

3. Third consideration shall be given to a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants or children).

4. Fourth consideration shall be given to a public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.

5. Fifth consideration shall be given to a public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

D. Other standards to be considered in the selection of local agencies include, but are not limited to:

1. The effective and efficient administration of the program.

2. Satisfactory compliance with a Civil Rights Pre-Review.

3. A new agency, if selected, shall not duplicate services to a significant portion of an existing WIC local agency's service area, unless the State agency deems selection will further the standard in 1., above.

4. The applicant agency must demonstrate short and long range viability as to staff, location, facility, equipment, management, corporate situation, finances, and so forth.

5. Whether the agency is convenient for participants as to location, hours and accessibility.

6. Whether the agency has the potential need and capacity to serve a caseload of at least 500 participants, as determined by the HEALTH.

7. Demonstrates, in conjunction with a comprehensive review by State agency staff, the capability, if selected, of complying with applicable standards of the WIC Local Agency Review.

8. The agency must provide all information and documentation requested by the State agency needed to make judgments as to the agency's fitness and readiness to comply with all of the herein listed standards.

9. Whether another agency can operate the Program more effectively and efficiently for a particular geographic area.

10. Whether the State's program funds are sufficient to support an additional agency(s).

11. No local agency may be selected if it is debarred or suspended from entering into contracts or agreements with grantees and subgrantees of federal funds under the terms of 7 CFR Part 3017.

* SOLICITATION FOR NEW AGENCIES

Solicitation of Local Agency Providers

In the event the state agency determines it is in the best interests of the Program and its actual or potential clients to contract with additional provider(s) to serve as WIC Local Agency(ies), the Department will issue a Request For Proposals for Agreements for WIC Local Agency services. The RFP will include the following:

1. Performance objectives.

2. Description of service areas and relative need.

3. Proposals to address underserved areas.

4. By reference, the current State Plan and Procedure Manuals and require bidder acceptance of USDA approved revisions to those core documents.

Local Agency Proposals

The local agency proposals should address the information requested in the above areas and acceptance of the requirements set out in the core documents. The proposals should also include:

1. A description of WIC service provider experience.

2. Experience with providing allied programs such as maternal and child health care, immunization, anti-hunger and similar programs.

3. Demonstrate the quality of performance of any WIC services or similar services to date.

Evaluation of proposals

The HEALTH will evaluate local proposals in determining which agencies are qualified to be WIC providers. Such evaluation will include review of the following:

1. The local agency's proposal.

2. Prior WIC Management Evaluation results.

3. Corrective actions taken for WIC exceptions or deficiencies cited.

4. Communications from the public, applicants or participants in the Department's files.

5. Evaluation reports by allied programs.

6. Unmet need in the service area.

7. Size and population of the high risk population.

8. The bidder's financial and managerial stability.

9. The bidder's experience in providing similar health, nutrition, education or financial assistance services.

10. The quality of the bidder's similar services and service and fiscal record-keeping.

11. Compliance with business and professional law, regulations and accepted standards of practice.

Agreement to provide WIC services

The Department will enter into Agreements with those agencies selected to be WIC providers. The following elements will comprise the entire Agreement:

1. The terms and conditions of the Request For Proposal.

2. The contents of the provider's Proposal.

3. Any agreed to additions or modifications to the Proposal.

4. Any Department of Health and/or Administration award document.

Term of Agreement

The Agreement shall be for an initial period and additional renewal periods. The initial period shall be for either two full fiscal years or one fiscal year plus the balance remaining in the year of implementation. For example, if implemented in March, the Agreement would be effective from March to September of that fiscal year and then for the full following fiscal year. The initial period will be followed by three, one year renewal periods. Renewal will be based upon:

1. Review of local agency qualifications (7 CFR 246, Operations Manual Sec. 1, S-2, S-3)

2. Mutual Agreement between the Department and the Provider.

3. Acceptance by the Provider of any change in terms and conditions the State may need to stipulate as a result of changed federal or state rules or changes in the State Plan.

Extension of Existing Agreements

Until completion of any RFP Proposal, evaluation and contracting process, the HEALTH may extend existing Agreements. The extension period will be until notification of each current WIC local agency provider whether it has been accepted for a new Agreement or whether it has not been selected as a provider. In the event that a current local agency is not selected as a provider for the new Agreement, the State and the agency will develop a plan for phasing out of services and transfer of participants to active agencies.

Response to Unacceptable Local Agency Proposals

In the event that a current WIC local agency submits a Proposal which in the judgement of the HEALTH fails to meet the requirements of the RFP or is evaluated as an unacceptable Proposal or if there appears to be a likelihood that the agency will not be accepted as a WIC provider after the evaluation process, the State

agency will advise the local agency as to the deficiencies in its Proposal. The HEALTH may offer suggestions to the local agency regarding how it may revise its Proposal to be acceptable and satisfactory and provide the local agency with a reasonable opportunity to modify its Proposal. The State will set what it determines to be a reasonable deadline by which time the local agency must submit a modified and acceptable Proposal or have its Proposal rejected.

Advertisement of Request For Proposal

The State Agency shall advertise the issuance of the Request For Proposal in a general newspaper of statewide circulation. The advertisement will outline the basic qualifications imposed by the State to be a WIC local agency and inform as to how potential respondents may obtain a copy of the RFP.

The State Agency will also hold a Respondent's Conference at which potential responding agencies may seek additional information and clarification from State representatives to assist them in preparing their Proposal.

S-2 DISQUALIFICATION OF LOCAL AGENCIES

A. The State agency may disqualify a local agency:

1. When the State agency determines serious noncompliance with Program regulations and the Local Agency Agreement which the local agency has been unable to correct, given reasonable opportunity to do so.

2. When the State's Program funds are insufficient to support the continued operation of all its existing local agencies;

3. When the State agency determines, following a review of local agency credentials, that another local agency can operate the Program more effectively and efficiently;

4. When a local agency fails to meet such standards used in the selection of local agencies described above as are appropriate and applicable; or

5. When a local agency is debarred and/or suspended from participating in any transactions involving federal funds or other assistance under the terms of 7 CFR Part 3017.

B. The State agency shall notify the local agency of any additional State-established criteria. In addition to any State established criteria, the State agency shall consider, at a minimum:

1. The availability of other community resources to participants and the cost efficiency and cost effectiveness of the local agency in terms of both food and administrative and program services costs;

2. The percentages of participants in each priority level being served by the local agency and the percentage of need being met in each participant category;

3. The relative position of the area or special population served by the local agency in the Affirmative Action Plan;

4. The local agency's place in the local agency priority system; and

5. The capability of another local agency or agencies to accept the local agency's participants.

C. When disqualifying a local agency from the Program, the State agency shall:

1. Make every effort to transfer affected participants to other local agencies without benefit disruption;

2. Provide the affected local agency with written notice not less than 60 days in advance of the pending action which includes an explanation of the reasons for disqualification, the date of expiration of a local agency's agreement, the local agency's right to appeal; and

3. Ensure that the action is not in conflict with any existing written agreements between the State and the local agency.

S-3 PERIODIC REVIEW OF LOCAL AGENCY QUALIFICATION

The State agency will conduct periodic reviews of the qualifications of authorized local agencies, through local agency reviews and periodic and special monitoring as warranted. Based upon the results of such reviews the State agency may make appropriate adjustments among the participating local agencies, including the adjustment of caseload and administrative and program services allocations or funding, disqualification of a local agency or non renewal of an agency's local agency agreement, when the State agency determines that another local agency can operate the Program more effectively and efficiently. In conducting such reviews, the State agency shall consider the factors listed in S-2, above, in addition to whatever criteria it may develop. The State agency shall implement the above procedures when disqualifying a local agency.

S-4 PRESENT SITUATION

Currently, there is no area of the state which is unserved.

Without significant additional funding for this state's WIC Program, there are no funds available for administrative funding of additional local agencies. Previous studies have shown that higher administrative costs are associated with increased numbers of small caseload local agencies. It is in the interests of Program efficiency, effectiveness, and stability to maintain the current number of local agencies.

In the event of additional funding, the State Agency may make an assessment and determination as to whether additional agencies are in the interests of the effective and efficient administration of the Program.

LIMITATION OF LOCAL AGENCIES

It is the general policy not to fund local agencies in addition to the number currently operating. This policy is subject to review in the event that funding is increased to an extent which can not be utilized by the current agencies, if actual or potential participants can be more efficiently and effectively served by additional agencies or if it is determined to be advisable to procure specified WIC services or operations from additional providers.

All WIC local agencies must be public or private non profit health agencies or providers, unless an emergency exists, such as the permanent closing of the only WIC agency(s) serving a town or group of census tracts, as determined by HEALTH, with limited transportation to other clinics.

OPERATION OF ADDITIONAL CLINICS

The Rhode Island WIC Program encourages existing local agencies to establish additional WIC sites, as long as they are associated with on-site non profit health care, in areas with demonstrated unmet need.

Establishment of any additional site must be with the prior review and approval of the state agency.

Costs of operation of any such site must be met through the local agency's WIC administrative allocation, or from Non WIC sources.

C-1 CASELOAD ALLOCATION AND ADJUSTMENT

GOAL

To ensure service to the maximum number of women and children allowed by available funds, while protecting the Program from overspending.

PROCEDURE

1. Each year when funding becomes known, the most current monthly figures, from the preceding period of up to twelve months, shall be used as measures for determining levels of caseload allocation. The period to be reviewed shall be that which in the judgment of the State agency, best reflects current and projected caseload capability.

2. The factors utilized by the federal government in deciding on funding shall be given consideration in determining caseload adjustments as well as such factors as:

   a. The local agency's demonstrated capacity, and its feasible plan, for implementation of expanded caseload.

   b. Geographical unmet need.

   c. Number and/or ratio of participants in each priority level being served by existing local agencies and indications of unserved high risk persons.

3. If necessary to ensure full utilization of funds, any caseload below the assigned range or figure at a local agency can be reassigned to other agencies.

*4. If statewide caseload is at less than 98% of allocated level or a local agency is at less than 95% of its allocated level or if funds exist to expand the allocated level, caseload and administrative and program services allocations may be allocated at a partial level plus additional allocation based on actual enrollment or participation.

   The state agency may also make such interim adjustments to caseload and/or administrative allocations as needed to carry out the Goal stated above.

5. If an agency fails to carry out all requirements of federal and state law, regulations, policies and procedures or terms of the Local Agency Agreement or to provide all required services to any part of its caseload, the State agency may make such adjustment to caseload and local agency funding allocations as it deems necessary to maintain Program services which meet established requirements and criteria to clients or potential applicants and required administrative activities. Such adjustments may include changing the allocation(s) or reassigning any portion or all of such allocation(s) to another agency(ies).

6. Caseload being reassigned will be given to agencies which are within the assigned range or at the assigned figure, giving consideration to the factors described in 2, above.

7. Each quarter, after a caseload adjustment in accordance with the above, the state will reevaluate the need for additional adjustment. If over or under utilization or spending or other circumstances necessitate a caseload adjustment, current or averaged caseload figures should be used as the basis for adjusting a local agency's caseload.

C-2 SPENDING CONTROLS

GOAL

To respond effectively and efficiently to situations where available funds will not support existing or projected levels of spending; to prevent overspending. In recent years, considerable debate has taken place within government about the future of WIC and the final funding level. The normal process for allocating funds has been at times severely altered for WIC and for many other federally funded programs. States have not always had a clear picture of future funding and have had to operate WIC in a very uncertain climate in which the prospects of suddenly reduced funding have been very real.

Because of this, and other factors which affect funding or expenditures, such as food price fluctuations, it is necessary to have a strategy for dealing effectively with situations where overspending is occurring or projected. This may require a reduction in caseload, at all or selected local agencies, or other measures to reduce expenditures. As it deems necessary because of actual or potential overspending, the Rhode Island WIC Program reserves its prerogative to take the following measures:

CONTROL OF FOOD COSTS

*A. Curtailing Enrollment

While redetermining food dollar, caseload, and administrative allocations for local agencies, a cessation of certifications/recertifications of participants to the Program or delay of benefit issuance may be instituted if necessary to protect the fiscal integrity of the Program and to minimize the need for terminating participants during certification periods.

Enrollment curtailment should be in accordance with the Priority System to such extent as needed to reduce enrollment of participation, statewide, to achieve the level needed to bring spending to within that afforded by available resources. Available resources may take into account funds for the current fiscal year and such funds reliably anticipated and as can be utilized under carry forward and backspending rules. Prudent management should allow for balancing current and projected participation levels to achieve a reasonable level of stability.

B. Reduction of Costs

When funds are insufficient or there is a danger of overspending, the state agency may reduce food costs by such measures as restricting authorized purchase of more costly food types/brands, containers or forms, if nutritionally adequate less costly alternatives are available, and/or by lowering the prices allowed to be charged by vendors. Federal approval will be sought as required.

C. Termination or Suspension of Benefits

If necessary, mid certification delay, withholding, suspension, or termination of benefits will be implemented in proportion to funding limitations.

D. Reduction and Reallocation of Caseload

Caseloads may be reduced and/or reallocated in accordance with relative need. Such caseload changes will be determined through a multi-factor analysis and procedure:

(1) Reduction of local agency caseload in relation to unutilized assigned caseload, (Measures ability to maintain caseload).

(2) Reduction of local agency caseload in reverse order of priorities served. If data is incomplete or unavailable, other measures of higher risk service may be used. (Measures service to high risk)

(3) Consideration of the Affirmative Action Plan in reverse to determine percent of unmet need and most needy areas and "market share" of each local and then determining the reductions by which locals may reach the new state mean (Measures geographic need). The reverse AAP may be updated by utilizing whatever most current economic or health data or state and local caseload data are available.

(4) An agency which did not expand with previous expansions cannot be held immune from receiving its share of reductions.

E. Administrative and Program Services Funding-Local Agencies

Funding will be recomputed based on the changed level of funding for the total program and based on each local agency's revised caseload.

G – 1 REVISIONS IN PROCEDURE MANUALS

Manuals

A. Procedure Manual

B. State Operations Manual

* Procedure

A. Each new proposed change to WIC procedures shall be reviewed for approval by the Chief, WIC Program.

B. When approved by the Chief, the policy shall be enumerated according to placement in the appropriate manual.

C. Policies - State and Local

(1) Policies concerning the internal management of the State agency shall become effective when approved by the Chief.

* (2) Policies affecting the participation, benefits, requirements and standards for the public, participants, local agencies or vendors whenever possible, will have a period for comment, in accordance with federal regulations and the State Administrative Procedures Act. This period shall be stipulated when the policy is distributed.

*D. Policies which revise either Manual or the State Plan, except for technical language changes and error corrections, shall be submitted to USDA/FNS Regional Office for review.

* E. Once internal, Division, Department and FCS approval is received, the policy should be transmitted to Division of Health Services Regulation for filing with the Secretary of State. Appropriate cover form or memo, shall accompany.

* F. The submission shall stipulate an effective date, not less than twenty days after filing.

* G. When printing copies to implement and promulgate, check Yes on the State Publication query on the Printing Requisition.

H. Once in effect, the new policy shall be considered an integral part of the manual and shall be filed therein.

G – 2 USE OF WIC NAME AND LOGO PROHIBITED

The United States Department of Agriculture (USDA) and the Rhode Island Department of Health (HEALTH) WIC Program do not permit the use of the WIC name, acronym "WIC", or the national and Rhode Island WIC logos in connection with a business or a commercial product. Such use may be mistakenly taken as an endorsement of the business, or the product by the agencies. USDA's and HEALTH's policy is to avoid endorsements, directly or indirectly, of any commercial business or product. Also note, that the WIC acronym and logo are registered service marks of USDA.

Use of the WIC name and the WIC logos is reserved for official use by Program officials, only. Examples include Program issued identification, public notification and outreach purposes. . Attached are copies of FNS Instruction 800-2, and a recent All States Memo stemming from an unauthorized use by Ross Labs for PediaSure.

- Please inform this office of any commercial use of these identifiers.
- Local agencies should also obtain approval from the State WIC office before initiating any public use of these identifiers (see VII, B of the Instruction), or the RI WIC logo.

If you have any questions about the use of the WIC name or logo, contact the WIC Vendor Unit (222-4642 or 4621) or Client Services Unit (222-4622).

Section 2

Eligibility and Enrollment

E-1 VERIFICATION OF PARTICIPANT ADDRESSES

Rev. 3/95

Goal

To maintain a methodical check on the accuracy of participants' addresses, at both local and state level.

Procedure

A. New Participants

1. Community liaison staff will stress the importance of accuracy with local agencies, having local agencies verify addresses (maps, personal checks, objective verification, letters received, rent receipts, utility bills, reliable collateral contacts (must obtain applicant/parent's authorization). Post Office Box alone is not sufficient.

2. Address verification will be regarded as a standard part of the certification procedure. Primary responsibility for providing evidence is the applicant's.

3. Any mailing to a WIC participant returned undelivered will be subject to further review by State staff for the existence of an address for each participant.

4. At the State WIC office, addresses of new WIC participants may be verified:

   (a) If address is nonexistent or invalid, State office will contact the local agency in writing listing those addresses found to be unverifiable. The local agency will be instructed to flag the participant's chart, review the address in person with the participant, and either verify the address or make the proper changes to verify the address. The State WIC office will be notified within two weeks of this notification as to the findings of the local agency.

   (b) If suspension is warranted, the local agency shall send a termination notice to the participant.

B. Existing Participants

1. The State WIC office will produce periodic general mailings of information and support to participants by:

   (a) Securing addresses by local agencies.

   (b) Preparing message.

   (c) Securing and addressing envelopes.

2. The State WIC office will specify "Do Not Forward; Return to Sender" on envelope, and

   (a) When returned, alert local agency of incorrect address.

   (b) Have local agency reach participant (telephone, clinic contact) re: address, and document the contact in person's file.

   (c) Make a determination for each return: error, new address, "fraudulent address" given by participant.

   (d) If fraudulent or misrepresentation by participant, have the local agency interview the participant and pursue suspension or removal from the Program, following proper Fair Hearing and Civil Rights procedure.

   (e) In three months, the local agency shall review the eligibility of the participant as a new applicant. suspension shall be reviewed if a serious health risk may result from Program disqualification.

E-3: FUNDING SHORTAGES - DISCONTINUANCE OF PROGRAM BENEFITS

If the State agency experiences funding shortages, it may be necessary to discontinue Program benefits to a number of certified participants. Such action may be taken only after the State agency has explored alternative actions. If taken, the action should affect the least possible number of participants and should affect participants whose nutritional and health status would be least impaired by withdrawal of Program benefits. The State may discontinue benefits by:

A. Disqualifying a group of participants; and/or

B. Withholding benefits of a group with the expectation of providing benefits again when funds are available.

When the State agency elects to discontinue benefits to a number of certified participants due to insufficient funds for a period of time, it shall not enroll new participants during that period.

E-4: THE HOMELESS AND HOMELESS FACILITIES AND INSTITUTIONS

Goal

To assure that WIC participants residing in homeless facilities and institutions derive full benefits from the Program and that such facilities and institutions do not accrue financial or in-kind benefits from any person's participation in WIC.

Procedure

In order to secure WIC benefits and participation privileges for residents of institutions and homeless facilities, directors of such facilities must sign a Statements and Assurances document (see Exhibit A) ensuring that the facility will meet the following three conditions:

A. The homeless facility or institution must not accrue financial or in-kind benefit from a person's participation in WIC,

B. Food items purchased with WIC food instruments must not be used in communal feeding, and

C. No homeless facility/institutional constraints may be placed on the ability of the WIC participant to partake of supplemental foods and all associated WIC services made available to participants by the local WIC agency.

The State agency will periodically provide all local WIC agencies with a complete and up-to-date list of homeless facilities in their vicinity which comply with the three conditions described above and which have signed a Statements and Assurances document on file with the State agency.

The State agency will publish a notice annually in a statewide newspaper that includes information on program availability and eligibility criteria, the location of local agencies operating the program, and the three conditions described above. Such notice will also be distributed annually to organizations and agencies serving homeless individuals.

E-5 CONFIDENTIALITY AND DISCLOSURE OF WIC DATA

Goal

To ensure and maintain confidentiality of data collected from and during the WIC certification process from WIC applicants and participants.

Procedure

Disclosure of WIC Data with KIDSNET

A. KIDSNET has several roles within the RI Department of Health.

1. KIDSNET is the RI Department of Health's pediatric preventive health services information system. It is the centralized repository for select data from the following public health programs administered through the RI Department of Health:

    a. Immunization Registry
    b. Lead Poisoning Prevention Program
    c. Early Intervention Program
    d. RIHAP (Newborn Hearing Screening Program)
    e. Family Outreach Program (Home Visiting)
    f. Newborn Metabolic Screening
    g. Newborn Level 1 Developmental and Psycho-Social Screening
    h. WIC Program

2. The programs disclosing data to KIDSNET (as listed above) are RI Department of Health's public health programs.

3. KIDSNET tracks the provision of pediatric public health services and assesses the unmeet heath needs of children in RI.

4. KIDSNET acts as a reminder system to health care providers and parents, keeping them abreast of upcoming services and offering reminders of missed services.

5, With parental / guardian consent, KIDSNET may also disclose information to third party entities. Example of third party entities would include:

a. Health Care Provider
b. Head Start Health Care Coordinator
c. Lead Center Care Coordinator
d. School Nurse Teacher

B. WIC Linkage with KIDSNET

WIC Federal Regulations allow the disclosure of information provided by participants / applicants to representatives of public health and welfare programs that serve persons categorically eligible for WIC services. This information may be provided to designated health or welfare program representatives for purposes of:

1. Determining eligibility for programs administered by the recipient organizations,

2. Conducting outreach for such programs.

Select demographic, nutritional and medical information collected in the certification process of WIC infants and children is transmitted to KIDSNET. Public health programs use this information to determine eligibility and provide outreach to eligible WIC families.

C. Authorization for Data Disclosure to KIDSNET

See Appendix 2 for the following documents delineating the chain of confidentiality from WIC to KIDSNET.

1. RI Law *Confidentiality of Health Care Communications and Information Act*, PL 5-37.3-4 (Appendix 2-1)

2. RI KIDSNET Policy Handbook

3. RI KIDSNET Provider Agreement (Appendix 2-3)

    a. This Agreement documents a Health Care Providers access to, use and protection of, patient related data obtained from KIDSNET.

4. RI Department of Health Agreement to Share Information with a Third Party (Appendix 2-4)

    a. This Agreement documents a Third Party's access to, use and protection of, patient related data obtained from KIDSNET.

5. RI WIC Program's WIC Participant Eligibility Agreement (WIC – 5) (Appendix 2-6)

    a. The Agreement documents the parent / guardian's permission to disclose demographic, nutritional and medial information to KIDSNET (public health programs), the health care provider and public welfare programs.

    Parent / Guardian signs allowing release of medical, nutrition and /or demographic information to child's health care provider for coordination of care.

    Also allows release of medical, nutritional and/or demographic information to RI Dept of Human Services, (FS, Medicaid, FIP), Dept of Health (Immunization, Early Intervention, Family Outreach Program, Newborn Screening, and Lead Poisoning Prevention Programs), URI (Co-op Extension) for outreach and eligibility determination / coordination of care. For those programs listed under the Dept of Health, the WIC data would be transmitted into the KIDSNET system and access restricted to those limited programs.

6. RI WIC Program's Request for Release of WIC Information to KIDSNET Program (WIC – 101) (Appendix 2-6)

    a. This Release documents the parent / guardian's permission to disclose demographic, nutritional and medical information to select third parties.

    Separate from WIC eligibility determination, the parent / guardian may permit or deny sharing of WIC data with the KIDSNET Program which would permit or deny third parties from accessing WIC data. Third parties would be Head Start nurse coordinators and Lead Center caseworkers.

    If parental permission is denied, the WIC data in KIDSNET is blocked from all programs except those listed in the WIC – 5 Eligibility Agreement.

7. RI WIC Confidentiality Matrix (WIC – 103) (Appendix 2-7) outlines the public health and public welfare programs, providers and third parties who have access to defined WIC data.

SECTION 3

Food Delivery System

FOOD DELIVERY SYSTEM

(Goals - III, Procedures - 300)

Description of System

Department of HEALTH WIC Program

The State of Rhode Island Department of HEALTH WIC Program (HEALTH WIC PROGRAM) operates a statewide, computerized food delivery/management system. This system has four main components: the banking community, vendors, the state agency, and WIC local agencies. The Rhode Island food delivery system consists only of contracted retail grocery or food stores, or pharmacies, located in Rhode Island. Participants receive the Program's supplemental foods free of charge.

In June, 2006 the Rhode Island WIC Program converted to a Web Enabled computer system (RIWEBS) Food Instruments are tailored more to meet the nutritional needs of each individual client. Data is inputted into the system at the clinic and one, two or three months worth of benefits are printed for each qualifying household member. September 26, 2009 the new interim food package was deployed into the RI WEBS system.

The system now consists of a PC central computer at the state WIC office linked by modem to PCs at each clinic. Clinic configurations range from Novel LAN systems of 2 to 8 PCs, stand alone PC clinics and a few clinics using portable PCs. The state agency computer telephonically polls local agencies on a nightly unattended basis to send and receive data. The central state computer also dials into the bank system to nightly upload and download information pertaining to check issuance, bank payment and rejection activity and a vendor information file consisting of authorized vendor by type. Each check issued is designated as to food package and check type and each check type has the capability of five different maximum allowed prices depending upon the vendor classification system related to size.

The starting point for the system is with the order and delivery of blank WIC check stock to the State WIC Agency and ultimately to the local WIC sites (See WIC Procedure Manual (Section 320 – Check Accountability). The local agencies begin participant certification. Staff members assign to the applicant a caseload slot, issue an identification (ID) folder, checks, and enter enrollment and nutrition information in the computer such as participant's name, address, food prescription, certification date, , as well as other data. The computer assigns the individual's ID number and household numbers.

The computer maintains the participant's record as active for the duration of the certification period (in most cases, six months). During that time, the computer produces a monthly set of two or three months of checks for the participant as prescribed by the nutritionist. A participant's input data passes through an edit to locate errors. For example, if a participant is coded as a child, the computer checks to see that the transition from date of birth to action date is under five years.

At the retail store, the participant selects the WIC foods authorized. If an alternate shopper is shopping for the participant, the alternate's signature on the check should match the alternate's signature on the ID card. The grocer enters the cost of the food items on the face of the check in the presence of the participant, in the designated space, and the participant countersigns the check. The grocer verifies that the participant's ID card matches the number on the check, and that the two signatures on the check match.

Retail grocers must enter into a written agreement with the HEALTH WIC PROGRAM prior to their accepting any WIC food checks. Once an Agreement is signed, grocers receive a special WIC stamp bearing the store's name and an identifying number. The HEALTH WIC PROGRAM is responsible for supplying the retailers with the special store stamp. Grocers can redeem WIC checks at their banks only if they stamp them with the designated stamp.

After a retailer deposits a WIC check at the bank, the check moves through the banking system in much the same manner as a personal check. After passing through a clearinghouse bank, the check is deposited at the contracted service bank, where the state has set up a WIC account.

The process for paying participating food vendors is in conjunction with participating banks throughout the state. When the retailer delivers a redeemed WIC check to a bank, the bank will post a ledger credit to said vendor's account. At this time, the participating bank sends the deposited WIC checks to the Rhode Island WIC bank. The bank encodes the vendor number from the check on the issue file for that check and then runs a series of prepayment edits upon receipt of said checks. If the check clears all edits, the bank remits the funds to the vendor's bank.

At this point the WIC contract bank charges the established Rhode Island Department of HEALTH WIC Program WIC account for monies paid out for redeemed checks. The bank is under contract with the HEALTH WIC PROGRAM to:
(ACH?)

1. Reject payment of all checks over sixty days old.
2. Stop payment on checks at HEALTH WIC PROGRAM request.
3. Provide web based records of all WIC transactions.
4. Perform the prepayment edits including, but not limited to:

    NO WIC STAMP
    NO SIGNATURE
    EXPIRED
    FUTURE DATED
    EXCESSIVE DOLLAR AMOUNT
    IMPROPERLY COMPLETED
    ALTERED OR MISSING DATA
    STOP PAYMENT
    VOIDED
    NOT ON ISSUE FILE
        PREVIOUSLY REJECTED

The HEALTH WIC PROGRAM will be charged for these and other services as outlined in the State of Rhode Island and bank agreement.

The HEALTH WIC PROGRAM maintains funds in the bank to cover the obligation estimated for the next three days. Using recent redemption data, the WIC staff determines these estimates, in accordance with amounts spent and current CMIA guidelines in concert with the Controller's Office and the Treasurer's Office.

Food Instrument Reconciliation

Using reports generated by both the bank and the WIC state automated system, state staff will collect questionable redeemed checks and other related information with a method of collection as follows:

A. Bank Reconciliation

After the close of each day, the bank submits to the HEALTH WIC PROGRAM a transaction file of paid and rejected checks. This information is matched against the state file sent each night to the bank of checks issued and voided. The files are merged, and the HEALTH WIC PROGRAM learns the difference between the amount obligated for food costs, and the amount that WIC participants actually expended. This difference is added to or subtracted from the next drawdown of federal monies.

B. Check Reconciliation (monthly from the bank in file format and on fiche)

An automated check reconciliation.

This report provides an analysis of each check the bank has processed. The computer has an average price index that fluctuates according to price changes. Checks that exceed the average price for the items specified are identified and the amounts of overage are provided. The state monitors will use this report to locate vendors with overcharges and take the appropriate action.

The amount of overcharges is forwarded to the retailer, who in turn must submit payment to the Rhode Island Department of HEALTH WIC Program for the amount of overcharge. Checks received by the Rhode Island Department of HEALTH WIC Program will be credited back into the WIC account established at the state level. Stores that overcharge will receive notice in writing. Warnings, sanctions and other steps are taken to correct the problem.

Checks that do not match during this reconciliation process are listed and investigated by the HEALTH WIC PROGRAM staff. These unmatched checks fall into the categories in the table listed above.

Monthly, the computer system and the Vendor Unit perform a detailed vendor specific analysis. It is then matched with participant and vendor information and vendor for volume, average price, and any irregularities analyzes checks.

As staff resources allow, the state takes a sample of checks to investigate overcharges, the presence or absence of an authorized WIC vendor stamp, and any other discrepancies. Investigation follows significant abnormalities noted, and appropriate measures are taken.

FD-1 Lost or Stolen Check Procedures
(Procedure Manual Sec.320)

Goal

To protect the WIC Program from financial obligations resulting from the redemption of stolen WIC checks.

Procedure

The following procedures will be adhered to by Rhode Island Department of HEALTH WIC Program and local agency personnel in cases involving theft, and/or loss of checks:

A. The local agency will phone, within a reasonable time, with relevant information. The call should be directed to the staff member who maintains the computer "Bad Check" Register and Check Alert Log Book or, if absent, to the alternate. If both are absent, the staff person who takes the call will record the information in the Log.

B. A log number will be issued to the Local Agency for each lost or stolen check. These numbers will be consecutive and entered into the Register along with date of alert, check number, local agency number, description of loss and void instructions.

   1.
   2..

C. If replacement checks are requested and authorized by the State Agency, reissued check numbers must be entered into the computer Register. The replacement food package must be prorated to reflect the remaining days of the check month period minus one week to notify vendors and the bank and/or minus any redeemed checks for the period. Local agencies will call those reissued numbers in to the State agency or send them on a WIC-10 form.

D. If a "stop payment" order is to be placed on checks , the responsible staff person will coordinate with Vendor Staff to alert stores. The Program Chief will be notified. A "Stop Payment" WIC Checks Notice will be prepared and mailed to all WIC Vendors.

E. Local agency will notify the police department of any theft from the agency.

F. Liaison will verify that the appropriate police department has been notified of any possible theft.

G. When a completed WIC-10 (WIC CHECK ALERT ORDER) is received from a Local Agency, the responsible person will file it in the Check Alert Log Book. If a form is not returned within a week, that person will follow up with the Local Agency.

H. Replacement of Checks

1. Checks that have been received by the participant or alternate shopper, may not be replaced except as set forth below (I.2).
2. Local agency will notify the participant that if lost or stolen checks are found they cannot be used. The checks should be returned to the local agency. If dates are still valid, checks may be reissued based on number of checks returned.

I. Assistance to Participants

1. When a local agency requests State Agency assistance due to Inadequate Participant Access, the liaison will help the local agency to identify available food resources (ex: formula supplies, food closets.)
2. No replacement checks may be issued unless the Program Chief or his/her designee authorizes such issuance under exceptional circumstances. Evaluating exceptional circumstances shall include, but not be limited to, consideration of the following factors:
   a. There is local agency documented undue hardship to the participant. Undue hardship is considered:
      * loss of formula checks which is a direct threat to the nutritional status of the participant
      * high risk status of participant
      * chronic illness or medical condition
      * difficult guardian situation
      * others determined by the Program Chief
      * family income below 185 percent of poverty level
   b. There is corroborative evidence that the loss was the result of unavoidable catastrophe or crime, and evidence that the receiver(s) of the checks took reasonable steps to safeguard the checks.
   c. Bank records have been reviewed to see if originals were redeemed.
   d. Liaison and Local Agency have investigated whether participant (or agent) redeemed originals.
   e. Any possible theft was reported to police.
   f. The payee's history of check loss. Consider whether the payee is responsible enough to provide the WIC food to the infant or child. Consider if another payee should be assigned. Replacement checks should not be issued to a payee more than once in any twenty-four month period.
   g. The payee signs a witnessed statement giving details of loss, and stating the payee:

Did not authorize anyone to receive or redeem the checks.
Did not receive any benefit therefrom.
Is willing to appear in court to give evidence regarding the loss.
Is making the statement for the purpose of obtaining replacement check(s).

J. Reimbursement To Vendors

Any voided or reported lost, stolen or damaged checks submitted for reimbursement and rejected by the bank will be evaluated by the Program Chief or his/her designee, to determine whether reimbursement will be made. There is no obligation to reimburse vendors for any voided or stop payment check. Such a decision will be based on consideration of relevant factors including, but not limited to:

1. Whether all proper redemption procedures had been followed.
2. The vendor's efforts to validate each of the redemptions at the time of the redemption.
3. The vendor's justification for having participated in the redemption.
4. The vendor's witness credibility and willingness to cooperate in any subsequent investigation and prosecutions.
5. Whether a notice of stop payment had been sent to vendors.

   Any such exceptions, furthermore, must be in the interests of the Program's accountability and protection of funds to serve the optimal number of eligible persons.

K. Follow-up - Questionable Redemptions

The State Agency data, liaison and vendor staff will continue to monitor for redemptions of original or replacement checks. If the original checks are redeemed the state and local agency will confer on an appropriate course of action:

1. Determine which checks were redeemed and by whom.
2. Determine whether all proper redemption procedures were followed.
3. Determine how to prevent any improper redemptions from reoccurring, either by the particular participant/family or payee, or at the local agency in general.
4. Determine appropriate participant or vendor education and/or warning notice, or agency corrective steps.
5. Determine sanctions as appropriate (see Procedures Sec. 242 and Operations Sec. 3, Vendor Monitoring).
6. Place payee on monthly check pickup schedule for at least the next six consecutive certified months (term doubled for a second occurrence for a payee).

OPERATION OF THE RETAIL VENDOR MANAGEMENT SYSTEM

The objective of the state's retail vendor management system is to prevent, detect and correct or sanction possible or actual fraud, waste and error; to efficiently and effectively deliver food benefits to insure participant convenience and access; to select, authorize and maintain the authorization of only those vendors who demonstrate that they are, will be and continue to be a benefit to the Program and to train vendors so that they may better comply with WIC Program requirements in order that each vendor will be a benefit to the Program. In this way, the fiscal and nutritional integrity of the Program is protected.

8/99Definition of Vendor

The word, vendor, means and includes the ***grocery or pharmacy*** vendor specified in a Vendor Participation Agreement, a business in process of applying to be a participating WIC ***grocery or pharmacy*** vendor; the business and any person, firm, corporation officer, owner or manager or entity who/which has, has had or having a controlling or partnership (***>45***%) interest in, or managerial control of, such a ***grocery or pharmacy*** vendor or business, or any individual who participates in the transaction of a WIC check other than the WIC payee or alternate shopper authorized to transact the check, or bank or WIC staff in the performance of their duties.

No grocery or pharmacy vendor will be accepted or continued on the Program that would be a detriment to the effective and efficient administration of the Program.

10/18/01Vendor Authorization

Only properly authorized vendors are allowed to participate in the Rhode Island Program. The state uses a uniform vendor application form for all vendors applying for Program participation. The locations of Rhode Island WIC vendors have been census tracted for the purpose of assuring that food vendors or pharmacies are located in areas accessible to participants and that the number of food vendors or pharmacies servicing the area is sufficient. All applicants are reviewed for ability to stock and provide Program food benefits; willingness and ability to operate in accord with Program regulations, guidelines, and procedures; business integrity; potential for risk; and benefit to the Program. ***Changes in ownership/control, etc. are grounds for authorization review.*** The agency's ability to effectively monitor and educate vendors is also considered in approving additional vendors (see Vendor Applicant Selection, V-1) ***(see Change of vendor ownership, V-12.)***

Vendor Agreement

No party may accept (authorized participants and proxies excepted) or deposit WIC checks or otherwise attempt to conduct WIC vendor activities without first entering into a written Vendor Participation Agreement with the State Agency. Agreements are in effect for up to eighteen

months subject to termination, disqualification, suspension and extension provisions. A standard vendor agreement form is in effect statewide. This agreement provides for compliance with all regulatory requirements (see Vendor Participation Agreement.)

Vendor Evaluation, Monitoring and Sanctions

8/99 The State agency assumes responsibility for vendor monitoring and sanctioning. State agency staff make site visits to authorized vendors. Vendors are selected for site visits on the ***basis of potential for risk*** and/or representative sample selection. In the event that violations of Program regulations and rules are discovered in the course of vendor monitoring or review of records or reports from other parties, Program procedures provide for appropriate corrective measures. These measures include sanctions, warnings, and education. Sanctions may include claims for repayment, probation, disqualification, termination or other appropriate action.

The State agency also conducts compliance investigations and inventory audits in order to determine possible violations. Violations uncovered through this method are also dealt with through vendor education, warning and/or sanction, as appropriate.

Rhode Island WIC Program
Retail Vendor Policies

Revisions are italicized

Policy V-1: APPLICANT VENDOR SELECTION AND AUTHORIZATION
(Revised 12/05)

GOAL

To ensure that only vendors which will be a benefit to the RI WIC Program are accepted and maintain their authorization.

PROCEDURE

A. *Retail grocers, food stores (know as grocers), and registered pharmacies (known as pharmacies) located in the State of Rhode Island may request initial participation as authorized vendors in the WIC Program throughout the year*. An application will only be issued to a grocery or pharmacy owner, partner or corporate officer acceptable to WIC. Mobile stores and home food delivery companies are not eligible to be WIC vendors. Persons or entities may also apply up to thirty days before commencing operations of a grocery or pharmacy.

B. A Vendor Application Package, consisting of
   a. Letter of Introduction,
   b. Vendor Application Form (WIC-31),
   c. WIC Price List,
   d. Redemption Procedures,
   e. Sample WIC check,
   f. WIC-Approved Foods list,
   g. Vendor Minimum Inventory, and
   h. WIC's Guide to Retailers
   i. Proof of Ownership
   j. WIC Bulletins
   k. Vendor Policy
   is sent to the vendor, only.

   The applicant vendor returns the:
   a. Vendor Application,
   b. Price List,
   c. Proof of ownership,
   d. Copy of a recent driver's license or other positive photo identification, and
   e. List names of stores, owner, partnership, manager, spouse, clerk to WIC for review after completion by the vendor.

The establishment owner, partner or a corporate official (provided they have the authority to sign on behalf of the company) must sign the Vendor Application and WIC Price List. The applicant must provide evidence of ownership and/or control, satisfactory to the HEALTH WIC Program, of the operations of the grocery or pharmacy at the location for which the application is being submitted.

C. For the purposes of the HEALTH WIC Program the terms vendor, applicant or applicant vendor, except as described above, shall refer to the business and any person, firm, corporation, officer, owner or manager or any entity who/which has or has had a controlling or partnership interest in, or managerial

control of the business with respect to the business' WIC vendor application or re-application for participation in the Program and in compliance with any Food And Nutrition Service (FNS) Program's rules, regulations or procedures.

D. If the vendor has withheld, misrepresented or falsified any information required by the application process, the application will be denied and/or any subsequent Vendor Agreement relating thereto will be immediately rendered null and void, upon discovery.

If the vendor has participated in any actions which are violations of Program rules or accepted WIC checks prior to authorization, (in accordance with Vendor Compliance, V-4) the application will be denied and/or any subsequent Vendor Agreement relating thereto will be immediately rendered null and void, upon discovery.

The vendor may not be accepted if it has been debarred or suspended from participating in any transactions involving federal funds or other assistance with grantees and sub grantees of federal funds under the terms of 7 CFR Part 3017.

E. A vendor will not be accepted if it shows potential for risk (see Policy V-2).

F. FNS and WIC Compliance (Applies to Programs' Compliance in RI or in other states)

1. Unless needed to serve an area (Section S, below), a grocery vendor will not be approved unless the vendor is authorized by the Food Stamp Program under the current ownership. If the Vendor is disqualified from the Food Stamp Program as a result of disqualification from the WIC Program, the Vendor may not reapply until FSP authorization is reinstated

2. (a) A vendor will not be approved if a vendor as a vendor owner, officer, partner, manager or individual:

(i) Has not paid in full any fiscal claim, penalty, or fine owed to any USDA or other Federal or State Program or if the Vendor has not corrected any previous violation.

(ii) Has committed or been convicted of any violation of or been found in violation of any of the laws and/or regulations, or rules of any USDA or other Federal or State Program, or the terms of any previous Vendor Participation Agreement.

The vendor will not be accepted for from one to six years from the time of the last violation committed, or from the time it was determined the violation had been committed, or prior to the end of any disqualification, sentence, or sanction imposed with respect to that violation; whichever last occurs.

If the sanction was a civil money penalty, or fine or other monetary settlement imposed in lieu of a disqualification or agreed to as part of resolution of a charge of violation of USDA rules, the vendor may not be accepted during the period of time the monetary penalty or settlement is in lieu of, beginning with the date the sanction was imposed.

Re-applicant(s) must serve this time under the WIC Program before they can be re-approved as a WIC Vendor or such term as consistent with the nature of the act and penalties for a similar act as set forth in Policy V - 4. The HEALTH WIC PROGRAM may accept such a vendor if it deems vendor would be a special benefit to the Program and acceptance to be in the best interests of the Program, and impose an alternative penalty and/or special conditions of participation in lieu of denial of participation.

(iii) Is owned, in whole or in part, or is managed by any person who has committed or been convicted of any violation of or found in violation of the laws, regulations, or rules, of any above USDA Program in accordance with the above.

(iv) Employs any person who has committed or been convicted of any violation of, or found in violation of, any of the laws, regulations, or rules of any USDA Program in accordance with the above, whether such violations occurred in relation to that applicant store while the store was under previous ownership, or any other store where such person committed such violations unless such person is under on-site supervision of a superior during all hours of WIC related activity and is not allowed to take part in any WIC check transactions.

(v) Has committed any violation of the laws, rules, or regulations of any USDA Program while under disqualification or other sanction by any USDA Program, or when not participating in such Program; in accordance with Policy V-4, Vendor Compliance.

(vi) Where there is evidence of an attempt to circumvent, or assist in a circumvention of, a period of disqualification from any USDA Program or a civil money penalty imposed for violations of the rules or regulations of any USDA Program in accordance with Policy V-4 or Program vendor selection and authorization rules and requirements.

(vii) Where there is a likelihood that a former owner, who would not him/herself qualify, still retains direct or indirect ownership in, control over or interest in the business or its operations.

(b) Re-application/Re- approval of Vendor Agreement - When reliable evidence or likelihood exists of violations of the regulations, rules, or procedures of any USDA Program in accordance with (a), above or Policies V-2 or V-4, such evidence shall be grounds for denial of the WIC Vendor Agreement. The Rhode Island Department of HEALTH WIC Program may deny vendor participation in the Program for a period in accordance with (a), above, or until such time as the vendor is no longer subject to, or under judicial, administrative penalties, sanctions and/or sanction reviews, or other punishment, whichever last occurs. Any of the conditions of (a) above, shall constitute a violation for purposes of re-approval of a vendor even when it has been served under any USDA Program but not under the WIC Program. Applicant(s) or re-applicant(s) must serve this time under the WIC Program before he/she can be re-approved as a WIC Vendor.

3. The HEALTH WIC PROGRAM may, at its option, enter into a conditional Vendor Participation Agreement when a vendor is pending judicial or administrative finding, decision, or applicant sanction for an alleged violation, or being readmitted following an allegation of violation, or for special authorization needs as provided for in O, below,.

4. Each applicant vendor, including re-applications, will be reviewed for compliance with any current or previous WIC Agreement for the past three years from the date of application or from the termination of the most recent Agreement.

   A vendor will not be accepted or renewed if it meets any of the following criteria:

   (a) Is currently suspended or disqualified from any USDA Program for non-compliance, or is under threat of disqualification related to pending charges. This shall not be subject to administrative or judicial review under the WIC Program.

   (b) Committed three violations of WIC Program rules such as would be grounds for a 90 day or less disqualification under the provisions of Policy V-4: Vendor Compliance.

   (c) Committed two violations, and/or was issued two notices of violation, of a type described in Policy V-4: Vendor Compliance, as Violations and Sanction Types A, B, C, D, E, F; or committed serious, deliberate, or widespread violations described under I or J of that policy.

   (d) Received two suspensions or disqualifications during the preceding three years. Such vendors shall not be renewed or approved for participation for from one to three years from the date of termination of their current or most recent Agreement, in accordance with Policy V-4.

   (e) Has been determined to be charging excessive prices, in accordance with Policy V-10.

   (f) If federal regulations for the WIC Program are adopted which change the maximum disqualification or suspension term or standards for vendor authorization the HEALTH WIC Program may modify the terms of disqualification or non-approval for participation in accordance with the standards set forth in the new federal regulations.

   If the WIC Program has reason to believe a change of ownership or control may have occurred and the vendor fails to furnish sufficient proof that a change has not occurred.

G

If new WIC Vendor is determined to be an " Above 50% Vendor", they will not be authorized by WIC.

The "potentially Above-50% Vendor" (PA50%V) peer group will be assigned to applicants who have the potential for total WIC sales to comprise more than 50% of their total food sales.

The "Above 50% Vendor" (A50%V) Peer group will be applied to those Vendors whose total WIC sales comprise of 50% or more of their total food sales.

The redemption histories of all new WIC authorized grocery (ie non-pharmacy, non-farmers market) vendors will be reviewed during the application process. To identify a potential Above 50% Vendor (A50%V) the following information will be considered:

(a) It the applicant is a new business with no redemption history
***(b)** Recent Food Stamp Program redemption data for the applicant*
(c) Self reported total gross food sales for the prior year
(d) Recent State of RI Monthly Sales & Use Tax Return (Form T-204M)
(e) Recent State of RI Quarterly Reconciling for Monthly Filers Form (Form T- 204M-R)
(f) Projected WIC food sales, based on WIC's analysis of peer group food redemption profiles.

A new vendor with no food sales history or Food Stamp Program sales history will be considered a potential A50%V for the first 6 months of WIC authorization. A new branch of a national chain grocery store will not be considered as a potential A50%V.

During this 6- month period of time, the potential A50%V's redemptions will be monitored to ensure their reimbursements are no greater than the statewide average price of their peer group, or the maximum allowed price for their peer group (whichever is the lower amount).

If individual food package redemptions are identified at a higher cost than the statewide average, A50%V stores will be required to lower their prices if they want to maintain their WIC authorization. Concurrently, WIC will review its competitive and its maximum allowed price and make adjustments as needed.

In addition, newly authorized stores identified as potential A50%V, will be given a 6- month probationary period. During this time, monthly redemption data will be reviewed to identify if, in fact, the probationary WIC vendor is an A50%V. If this is confirmed, they will be terminated from the WIC Program.

H. Vendors must be in good standing with all other HEALTH units, such as Food Protection and Sanitation and Board of Medical Licensure & Discipline, as applicable.

I.

Applicants must document and provide proof upon request that infant formula available in their store has been purchased from the RI WIC Authorized List of Infant Formula Providers. In addition, they must agree to only purchase infant formula from sources on this WIC authorized list.

J. Prior to a site visit, the following items will be reviewed for completeness and acceptability in conformance with applicant selection standards and criteria:

1. Application form WIC-31completed, WIC Price Sheet, proof of ownership, photo identification

2. USDA active authorization (required for grocery applicants)
3. No debarment or suspension
3. Prior USDA and prior WIC compliance
4. Food Protection/Board of Medical Licensure & Discipline status
5. Acceptable prices

No potential for risk

K. If the vendor is acceptable according to the above criteria and if openings exist in accordance with Q, below, an on site visit is conducted at the location of the applicant store using the Vendor Application Site Visit Form (WIC-32) including WIC food availability, check handling and redemption, willingness to cooperate in vendor monitoring, willingness to fulfill obligations of the Vendor Participation Agreement and prices.

L. The Vendor applicant must demonstrate that inclusion of the store or pharmacy would prove to be a benefit to the program. The vendor must demonstrate cooperation with Program staff, participants and procedures as well as comprehension and acceptance of Program goals and objectives.
A Vendor deemed to be a potential for risk (in accordance with Policy V-2) is not considered to be a benefit to the Program.

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M. The grocer applicant must stock *a variety of staple foods for sale including fresh, frozen and/or canned fruits and vegetables, fresh, frozen and/or canned meats, daisy products, and grain products such as bread, rice and pasta*. and a minimum inventory and supply of WIC-Approved Foods at competitive prices.

1. A minimum inventory shall be defined as the WIC Vendor Minimum Inventory Requirements in effect at the time:

   (a) For a grocery or food store, the WIC-Approved Food Groups are milk, cereal, cheese, juice, eggs, infant formula, beans, peanut butter, and infant cereal. For the categories of milk, eggs, and infant cereal, two types are preferred but not required.

   Stores authorized to accept checks for Special Infant Formula must maintain the minimum inventory for such products.

   (b) *For a registered pharmacy, the WIC-Approved Food groups are exempt formulas and medical foods.* ***The pharmacy is not allowed to accept WIC checks for standard infant formulas, nor food items.***

   (c) *The registered pharmacy shall obtain and make available within two working days any exempt formula or medical foods requested by a WIC shopper and specified on a WIC check in the amount, form, size and type specified on at least two WIC checks, as presented, provided the product is available to retail pharmacies, at less than or equal to the maximum allowed price for the product.*

The WIC Office, will make every effort to match checks to packing, but where this is not possible Vendor must break package/case to complete the amount specified on the check.

2. An applicant will not be approved if its shelf price(s) for any WIC-Approved food(s) is excessive as defined in policy V-10. An exception to this policy may be made when a clinic area has fewer than four full line WIC-Approved food vendors, or a city or town less than two, or if the vendor is, or would be, the lowest WIC price store in the area. A clinic area is defined as those census tracts in which a clinic has at least 25% of the participants or in which 10% of its participants reside.

3. *Acceptance or denial of grocers will be predicated on a full consideration of the variety of staple foods, minimum inventory of foods, overall needs of the Program, FNS and WIC compliance, prices of WIC foods, need for additional vendors, application data, site visit, benefit to the Program, business integrity, other applicant vendor criteria and the impact of that store's acceptance on the Program's ability to effectively monitor or assess all applicant or authorized vendors.*

   Acceptance or denial of pharmacies will be predicated on a full consideration of the minimum inventory of foods, overall needs of the Program, FNS and WIC compliance, prices of WIC foods, need for additional vendors, application data, site visit, benefit to the Program, business integrity, other applicant vendor criteria and the impact of that store's acceptance on the Program's ability to effectively monitor or assess all applicant or authorized vendors

   A vendor cannot be accepted or renewed if its potential or likelihood to violate the Program's rules would require special, burdensome or disproportionate monitoring efforts by the Program.

O. Combined Grocery/Liquor Establishments

A grocer vendor will not be accepted if the vendor also sells alcoholic beverages at the same location. In order to be considered as a separate location, any alcoholic beverages must be displayed and sold in a separate physical unit, with no direct in building access between the grocery and liquor sales units. Said units must have separate entrances, no shared entrance, a physical barrier between which prevents access, and registers for each unit and within each unit.

P. The WIC Program will review applicant vendors on a regular basis. Vendor monitors will plan part of each month, up to 20% of each month's total visits, to schedule applicant vendor site visits so that any applicant can expect an answer within a reasonable period of time.

Applicant site visits may be curtailed *from August to October* at the discretion of the Program Chief to concentrate resources on the Agreement re-application process.

Q. The WIC Program will review the records of existing vendors each year prior to Agreement re-application. The review will be based upon criteria used for applicant vendors, and information submitted by vendor on re-application forms or otherwise required by HEALTH WIC Program, other information received or acquired by HEALTH WIC Program and other re-application criteria, including all criteria mentioned above. Only vendors who meet all criteria will be re-approved.

1. Re-applications will also be denied if a vendor:

   a. *Redeems fewer than 25 WIC checks in any one-month period on two or more occasions during the consecutive 12-month period preceding the re-application review.*

   b. *If the vendor's prices are or have been in excess of the maximum price standard (Policy V-10) twice during the consecutive 15-month period preceding the re-application review.*

   c. If the vendor's completed application and its requirements are not received within the allowed time period and/or due date.

2. Neither the FSP decision to impose a Civil Money Penalty (CMP) nor the HEALTH WIC Program's participant access determination shall be subject to administrative review under the WIC Program.

3. At the sole discretion of HEALTH WIC PROGRAM, approximately one half (1/2) of vendors not designated as potential for risk may have their Agreements extended for the Federal Fiscal Year. The other half of those not designated as potential for risk may be granted a two year Agreement.

4. Vendors classified as potential for risk and Vendors whose current authorization has been in effect for less than twenty-four (24) consecutive months prior to July 1, in a given year, will be granted only up to a one year contract. At HEALTH WIC Program's sole discretion, new Vendors may upon review have their contracts extended for an additional year.

R. Applicant Training

1. Prior to approval/re-approval, all applicant vendors must undergo Vendor Training under the auspices of HEALTH WIC PROGRAM WIC Staff. Such training shall consist of at least an orientation to the purposes and goals of the WIC Program, its capped funding and impact on the number of people served, WIC-Approved Foods, Minimum Inventory requirements, WIC Check redemption procedures, excessive price policies, and other Program vendor policies and procedures as are normally a part of formal vendor training sessions. HEALTH WIC PROGRAM may add such other topics it deems necessary.

2. In general, these training sessions will take place at the HEALTH WIC PROGRAM, although HEALTH WIC PROGRAM has the prerogative to designate other locations where it deems training would be more efficient or effective

S. Maximum Number of Authorized Vendors

1. As a rule, the number of authorized retail grocer vendors may not exceed 200 and of pharmacies may not exceed 40. Pharmacy counters in WIC approved stores shall be counted as a pharmacy for the purpose of determining the maximum number of authorized vendors and pharmacy vendors, and whether an opening exists for an applicant.

2. When it is in the interests of the effective and efficient administration of the Program, an exception may be allowed for a temporary period of time at the discretion of the HEALTH WIC PROGRAM. Such circumstances may include such conditions as the following:

    a. The vendor would be the only grocer or pharmacy in a clinic area, or a city or town.

    b. The vendor's prices are significantly below the state average for WIC-Approved foods and the vendor carries at least 75% of the allowed types or brands and usually has in stock sufficient quantities of foods to redeem more than two infant and two non-infant maximum food packages, in addition to the minimum inventory requirements.

    c. In the case of pharmacies, the HEALTH WIC Program shall consider the following priority system, which is based on the relative price, ability to meet minimum inventory requirements, and participant shopping convenience in authorizing a pharmacy in excess of the maximum number:

        (i) No store is authorized in an area and the store's prices are more than 10% below the statewide WIC average for special formulas and other WIC foods, the store meets the minimum inventory for all WIC food categories and types and the store stocks four or more special formulas.

        (ii) No store such as in (i) is authorized in an area and the pharmacy carries four or more special formulas and its prices for special formulas and contract brand infant formulas are more than 10% below the statewide averages.

3. As needed, the applicant vendors will be reviewed to bring the number authorized up to the maximum allowed level.

    a. Except as provided for in 2, above, and b, below, and vendors being considered for contract re-approval or extension, the appropriate number of applicants will then be selected for authorization in order of lowest composite food prices for WIC foods, provided fully and correctly completed application and related items have been received by the state WIC office. Price information may be updated as needed, such as more recent redemption reports and vendor price lists.

4. The WIC Program reserves the right to further limit vendor participation, application and/or application review in order to ensure that effective vendor monitoring and education is maintained.

T. A decision is then sent to the applicant vendor in writing. If acceptance is denied, the decision notice shall contain the causes for denial and an opportunity to appeal the action by requesting an appeal within 15 days of the date of the notice. Vendors who are denied may be reconsidered according to the following criteria:

1. Vendors denied solely on the basis of sufficient vendors in the state or the local area shall be reconsidered when openings become available.

2. Vendors denied on the basis of violations, sentence, or other sanctions imposed or pending may reapply after the stipulated period.
3. Vendors denied on the basis of previous disqualification or other noncompliance with rules of any FNS Program, or WIC vendor agreement may reapply when the noncompliance sanction period is completed.
4. A Vendor served notice that it does not meet criteria will be considered as a withdrawn application if it does not contact the State WIC office within 15 days of the date of the notice to claim conformance with the criterion. Such a vendor may not reapply for at least 90 days.
5. A Vendor given a final decision of denial on its application may not reapply for at least six months from the date of the decision letter, or for such longer period of time commensurate with sanctions as set forth in policy V-4.

U. Special Authorization

1. The HEALTH WIC Program may solicit vendors to provide such services as are needed and review those who express an interest in authorization and may make a selection based upon the vendors' ability to provide needed services, lowest price, largest selection of foods, and such other indicators of benefit to the Program as are appropriate.
2. Such selections may be made to provide service in a defined area where there is no authorized WIC grocer and/or pharmacy, where particular WIC foods are unavailable, and for other needs.
3. If the number of participants in need of service in an area is twenty or less, the HEALTH WIC Program may limit the number of vendors selected to provide such service in such area to one. This selection may be reviewed at the time of re-application of the vendor agreement and revised selection(s) made, as benefit to the Program indicates.
4. To meet special participant needs vendors may be authorized to provide all services or foods or only certain services or foods, as appropriate, when the need for special services is determined.
5. For foods which are unavailable through retail vendors or which have an average retail price more than 15% above the average price for the food type (e.g., formula), the Program may make such arrangements for the participant to obtain such foods through specialized providers (e.g., low priced retailers, hospital clinics or pharmacies, HEALTH WIC Program center clinics, HEALTH WIC PROGRAM, manufacturers, wholesalers/resellers etc.), based on price and accessibility.
6. The HEALTH WIC Program may offer temporary provisional authorization to prevent disruption of service to participants when an applicant is replacing a store which has recently been a high WIC volume vendor, the ownership and/or management is/are authorized at other locations and the agency determines that the vendor is likely to be and remain in conformance with the preponderance of vendor selection and performance criteria and that the vendor's prices for WIC foods are less than 95% of the statewide average according to HEALTH WIC PROGRAM analysis.

7. The HEALTH WIC PROGRAM may authorize a retail grocer to redeem checks for a special formula product designated by the HEALTH WIC PROGRAM. If a WIC authorized store has a pharmacy counter (owned by the same company), it may be authorized to offer any approved WIC special formula and be issued a separate stamp for tracking purposes (If so designated, the pharmacy counter must meet all requirements for WIC pharmacy vendors.). The decision to authorize shall include consideration of whether the store's price for the product is less than that charged by other vendors, using the statewide average or other price measures selected by the HEALTH WIC PROGRAM.
8. The HEALTH WIC PROGRAM may authorize such arrangements for the participant or go out to bid so that the Program may make available such foods through specialized providers (e.g., low priced retailers, hospital clinics or pharmacies, HEALTH WIC Program center clinics, HEALTH WIC PROGRAM, manufacturers etc.), based on price and accessibility. The foods would include, but not be limited to, specialty low volume formula.

Policy V-2: IDENTIFICATION OF POTENTIAL FOR RISK VENDORS

Goal

To focus vendor monitoring efforts on those vendors with the greater potential or likelihood to abuse or err in complying with WIC Program requirements:

I. Indicators

A. Potential for risk vendors are those applicants or participating vendors who demonstrate or indicate the potential or likelihood to violate the Program's regulations, policies, or the terms of the vendor agreement in any manner. The Program will employ such procedures as may be helpful in identifying potential for risk vendors. Indicators of potential for risk or likelihood may include, but are not limited to, the following identifiable quantitative criteria:

- *high or disproportionate volume,*
- *questionable pricing patterns,*
- *high cost of redeemed food instruments,*
- *sanction points assigned to vendor for violations of WIC rules.*

B. A history of errors, violations, warnings, notices or sanctions related to any USDA Program, including imposition of a Food Stamp Program Civil Money Penalty or bond requirement for approval to accept Food Stamp Benefits. Vendor, court and administrative records of the WIC Program and the Food and Nutrition Service (FNS) will be reviewed to determine this potential.

C. Violations of any state, federal or local business or food delivery or government ethics law, or regulation; or violation of any law where the unlawful conduct of the vendor relates to:

a. the business, the operation thereof or the use of the business premises (including violations of laws or rules pertaining to food, HEALTH WIC Program and sanitation requirements, weights and measures, pricing, packaging, consumer protection, lottery and the like); or to
b. criminal behavior related to violence, weapons or illicit drugs or to threat of or committing physical violence; or
c. violation of government business conduct rules, or attempts to induce agents of state, local or federal agencies to violate ethics rules or to improperly influence the actions of such an agent; or
d. where evidence exists of a likelihood of such behavior, actions or violations.

D. High or other questionable prices or charges.

E. Errors in check redemption practices.

G. Low inventory, especially in relation to level of redemptions.

H. Complaints received from participants, local agencies, other vendors, or the public.

I. Reports of vendor errors or violations received during participant surveys of vendor services, or interviews.

J. Actual violations, or circumstances leading to the likelihood of violations.

K. Ineffective supervision of vendor employees.

L. Lack of cooperation with vendor monitoring or vendor education.

M. Lack of understanding or support of the purposes, goals or needs for the Program.

N. Lack of knowledge or comprehension about program procedures or WIC-Approved foods.

O. Lack of cooperation with Program participants, the HEALTH WIC Program, or the US Department of Agriculture.

P. The business integrity and reputation of the vendor.

Q. Vendor withdrawal from participation, or of an application, following written notification of violation, regardless of any settlement language between the vendor and HEALTH WIC PROGRAM, unless all HEALTH WIC PROGRAM charges are adjudicated as unjustified, unsubstantiated, unwarranted or improper.

R. Failure to report involvement of any owner or management personnel of a store, or their immediate relatives, in the operating of any other WIC vendor.

S. Failure to respond to the re-application offer by the designated due date for filing of all information.

T. Non- return of a previously issued WIC Vendor Stamp.

U. Such other relevant factors as may reasonably indicate the likelihood of vendor violations.

II. Review of Potential for Risk Vendors

When a vendor is identified as a potential for risk, priority is given to use of program resources for case review, monitoring, site visits, review of food instruments redeemed, investigation and other methods.

A. If review of redeemed food instruments (as defined in Policy V-4,IA1a) reveals actual or suspected errors, overcharges, or other pricing violations or patterns associated with potential violations then appropriate investigative, sanction, claim or penalty procedures will be followed.

B. Additional site visits may focus not only on all vendor procedures but also on specific actual or potential violation(s).

C. Additional information may be sought from local agency staff, participants, or others and FNS may be contacted regarding any Food Stamp Program concerns.

D. Review of vendor records related to inventory, redemption and fiscal operations with regard to the WIC Program.

E. Available resources for special investigative activities including compliance purchases may be utilized (see items following this Policy).

III. Follow-up Activities

The Potential for Risk vendor will be intensively monitored until such time as compliance with all program regulations and procedures is assured and/or sanctions are implemented. Steps to assure compliance or take sanctions may include but are not limited to the following:

A. Special education and training at the HEALTH WIC Program, the vendor's location or any other location, given by vendor monitoring or program administrative staff, or other appropriate parties.

B. Appropriate letters of notice describing the vendor's responsibilities and the penalties for noncompliance.

C. A written compliance agreement may be required from the vendor for the purpose of the vendor's giving written assurance of future compliance, understanding of his responsibilities and understanding of the penalties for future violations.

D. Sanction procedures may be instituted as set forth in the Vendor Compliance Policy V-4.

Policy V-3: VENDOR EDUCATION AND TRAINING

Goal

To delineate education and training, both initial and ongoing, of vendors.

Procedure

A. When a store applies for the WIC Program, a copy of the Allowed Foods List, Redemption Terms, Applicant Minimum Inventory and the "WIC's Guide to Retailers" pamphlet is distributed. This provides basic orientation to the rules and operations of the Program.

B. Before a vendor is accepted, the vendor owner, or management official acceptable to HEALTH WIC Program, shall attend a vendor training at a time and place designated by HEALTH WIC Program. Such training shall usually be at the HEALTH WIC Program, although another location may be designated.

C. A vendor monitoring staff person will also visit the store to further explain the Program. This includes check redemption procedures, allowed foods, provisions of the Vendor Participation Agreement, and minimum inventory requirements.

D. As the allowed foods list changes, or any other vendor related aspect of the Program changes, vendors shall be advised both in writing and during vendor monitoring visits.

E. As determined by HEALTH WIC Program, vendors shall be required to attend training sessions at the HEALTH WIC Program Department. A vendor may request to be rescheduled up to two times for a particular session. Such request must be received during normal working hours on at least the day preceding a session. The Office of Supplemental Nutrition has the sole prerogative to grant or deny the request.

F. Failure to attend a complete training session is grounds for termination, disqualification and/or other sanctions in accordance with the Vendor Agreement and Policy V-4.

G. In their regular contacts with vendors, the monitors will provide additional training.

H. While investigating complaints or inquiries, or potential for risk, the monitors will educate vendors on an as needed basis.

I. Written notices to vendors will be distributed as needed. These may include information about Program changes, procedural reminders, vendor sanctions, and education about WIC foods, nutrition, and HEALTH WIC Program. Vendors are required to maintain a file, book, or other readily accessible compilation of such notices.

Policy V-4: VENDOR COMPLIANCE, Violations and Sanctions

GOAL

To ensure vendor compliance through a policy which provides the HEALTH WIC Program with administrative actions for dealing with WIC vendors (including applicants) or other persons or entities found to be in violation of contract requirements or Program regulations, rules, or procedures.

PROCEDURE

I GENERAL CONDITIONS

Potential high-risk vendors will be identified according to Policy 3. Based on that Policy's outlined criteria, authorized high-risk vendors will be ranked. Based on this prioritization, those ranked at highest risk will be investigated prior to those with a lower risk ranking. At a minimum, Compliance Investigations will be conducted at 10% of WIC authorized vendors on an annual basis, based on this prioritization.

When during the course of a single investigation, the HEALTH WIC Program determines that the vendor has committed multiple violations (which may include violations subject to HEALTH WIC Program sanctions), the HEALTH WIC Program shall disqualify the vendor for the period corresponding to the *most serious violation or the total acquired sanction points*. However, the HEALTH WIC Program shall include all violations in the notice of sanction. If a mandatory Federal sanction is not upheld on appeal, then the HEALTH WIC Program may impose a HEALTH WIC Program -established sanction.

The HEALTH WIC Program shall not accept voluntary withdrawal or use non re-approval of the vendor contract instead of disqualification, but shall enter the disqualification on the record.

Prior to imposing a disqualification, the HEALTH WIC Program shall determine, in its sole discretion, and document in the vendor file, whether the disqualification would result in inadequate participant access for all mandatory sanctions (except for conviction for trafficking / illegal sales). This determination will be based on the unavailability of other authorized vendors in the same area as the vendor under review and any geographic barriers to using such other vendors.

If the HEALTH WIC Program determines that a disqualification would result in inadequate participant access, then the HEALTH WIC Program shall impose a civil money penalty in lieu of disqualification, except for the third or subsequent violation [and conviction for trafficking / illegal sales]. The amount of a civil money penalty shall equal the average monthly WIC redemptions for the [six] month period [Explanation - The number of months must be at least six months, but may be more than six months] ending with the month immediately preceding the month during which the notice of sanction is dated, multiplied times 10 percent (.10), and then multiplied times the number of months for which the vendor would have been disqualified, provided that the civil money penalty shall not exceed $10,000 for each violation, and provided further that the civil money penalty in lieu of permanent disqualification shall be $10,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed $40,000.

If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty within 30 days of the notice of sanction or for the periods provided in an installment plan, subject to revision for good cause, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty was assessed (for a period corresponding to the most serious violation in cases where a mandatory sanction included the imposition of multiple civil money penalties as a result of a single investigation).

When a vendor, who had previously been assessed a mandatory sanction [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the second violation. Civil money penalties may only be doubled up to the previously noted $10,000 / $40,000 limits.

The State will notify vendors of initial violation, for violations that require a pattern of occurrences in order to impose a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation

II Violations and Sanctions

A point system to record vendor abuses has been developed. Each instance of a violation of Program rules has a set point value and a specific time period during which the points will remain on a vendor's record.

A one (1) year disqualification will be imposed if a vendor accumulates a total of twenty (20) points in a period of twenty-four (24) months or less. Should a Pattern (more than one occurrence) of any offense be determined to exist HEALTH shall impose sanctions and disqualification for a period of time not less than one (1) year and up to permanent disqualification. (See Tables 3A-1, 3A-2, 3A-3 below for Sanction Descriptions and Point Values)

A. *USDA Mandatory Sanctions (WIC/ FSP Vendor Disqualification Rule 7 CFR 246.12)*

Mandatory Sanctions are those sanctions imposed due to non-compliance with federally mandated policies and procedures regarding the WIC Program, as designated by the USDA. Should a vendor be found in non-compliance of any of these policies the vendor shall be immediately disqualified from the WIC Program.

"Incidence" refers to one "positive" compliance buy, or, in some instances below, to any single occurrence of a violation.

"Pattern" is defined as a minimum of two (2) violations occurring within a six (6) month period.

1. Class 1 Violations - Permanent Disqualification (Federal, Mandatory)

a) Conviction for Trafficking / Illegal Sales

A vendor convicted in court for the crime of trafficking in food instruments or for selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act, 21 U.S.C. 802) in exchange for WIC checks will be

***permanently disqualified**, effective on the date of receipt of the notice of disqualification.*

2. Class 2 Violations - Six (6) Year Disqualification (Federal, Mandatory)

b) Buying or Selling Food Instruments for Cash (Trafficking) and Illegal Sales

The State Agency will disqualify a vendor for six years for one incidence of trafficking or one incidence of selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act, 21 U.S.C. 802) in exchange for WIC checks.

3. Class 3 Violations - Three (3) Year Disqualification (Federal, Mandatory)

c) Sales of Alcohol or Tobacco in Exchange for Food Instruments

The State Agency will disqualify a vendor for three years for one incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for WIC checks.

d) Sales Exceeding Documented Inventory

The State Agency will disqualify a vendor for three years for a pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item that exceeds the store's documented inventory of that supplemental food item for a specific period of time.

e) Charging WIC Participants More Than Other Customer or Shelf / Contract Price (Overcharging)

The State Agency will disqualify the vendor for three years for a pattern of charging WIC customers more for supplemental food than non-WIC customers or charging WIC customers more than the current shelf or contract price.

f) Unauthorized Channels

The State Agency will disqualify the vendor for three years for a pattern of receiving, transacting, and/or redeeming WIC checks outside of authorized channels, including the use of an unauthorized vendor and/or an unauthorized person.

g) Food Not Received

The State Agency will disqualify the vendor for three years for a pattern of charging for supplemental food not received by the WIC customer.

h) Credit and Certain Non-Food Items Exchanged for Food Instruments

The State Agency will disqualify the vendor for three years for a pattern of providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined by section 102 of the Controlled Substances Act (21U.S.C. 802), in exchange for WIC checks.

4. Class 4 Violation - One (1) Year Disqualification (Federal, Mandatory)

a) Unauthorized Food

The State Agency will disqualify the vendor for one year for a pattern of providing unauthorized food items in exchange for WIC checks, including charging for food provided in excess of items listed on the check.

5. Class 5 Violation - Variable Length Disqualification (Federal, Mandatory

a) Disqualification from the Food Stamp Program

The State Agency will disqualify a vendor, which has been disqualified from the Food Stamp Program (FSP). The WIC disqualification will be for the same length of time as the FSP disqualification and the WIC disqualification may begin at a later date than the FSP disqualification.

The State Agency will disqualify a vendor who has been assessed a civil money penalty for hardship in FSP under 7 CFR 278.6. The length of disqualification will correspond to the period for which the vendor would otherwise have been disqualified in FSP. Such disqualification may not be imposed unless the State Agency has first determined that the disqualification would not result in inadequate participant access. If the State Agency determines that inadequate participant access would result, then neither a disqualification nor a civil money penalty in lieu of disqualification may be imposed.

The State will notify vendors of initial violations requiring a pattern of occurrences in order to improve a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation.

B. *Class 6 Violations - State Agency Vendor Sanctions*

The State Agency will impose sanctions, including disqualification, civil money penalties, and fines for violations in addition to those listed under USDA Mandatory Sanctions.

A point system to record vendor abuses has been developed so that each instance of a violation of Program rules has a set point value and a specific time period during which the points will remain on a vendor's record.

A one (1) year disqualification will be imposed if a vendor accumulates a total of twenty (20) points in a period of twenty-four (24) months or less.

The State Agency will impose a civil money penalty (CMP) in lieu of disqualification if, in the determination of the State Agency, inadequate participant access would result if the vendor were disqualified.

1. Sanction Terms and Point Value Tables

i) 6-Year Disqualification – Mandatory Sanction Violation or 20 Sanction Points accumulated based on a pattern (more than once) of violations within a six (6) month period.

ii) 3-Year Disqualification – 20 Sanction Points accumulated within a twenty-four (24) month period based on a pattern (more than once) of violations.

iii) 1-Year Disqualification - 20 Sanction Points accumulated within a twenty-four (24) month period with no pattern (more than once) of violations.

iv) Mandatory Re-Training – 10 Sanction Points accumulated within a twelve (12) month period.

Table 3A-1

Monitoring or Simulated Shopper Visit

VIOLATION ID	***SANCTION POINTS***	***DESCRIPTION***	***Points Retained For***
1	*1*	*WIC Sign posted*	*6 months*
2	*1*	*Prices posted on shelf or foods (per item)*	*6 months*
3	*7*	*Minimum stock not available*	*1 year*
4	*1*	*Expired dates on WIC Authorized items (per item)*	*1 year*
5	*10*	*Evidence of discrimination*	*3 years*
6	*2*	*Poor sanitary conditions in store*	*6 months*
7			
8	*2*	*ID not checked at register*	*6 months*
9	*2*	*Unauthorized brands purchased*	*6 months*
10	*5*	*Unauthorized amounts purchased*	*1 year*
11	*5*	*Check not signed*	*1 year*
12	*5*	*Check signed before amount is entered*	*1 Year*
13	*2*	*Signatures not compared*	*6 months*
14	*2*	*Cash register receipt not retained*	*6 months*
15	*2*	*No Vendor ID Stamp*	*1 year*
16	*1*	*Food list not at register*	*6 months*
17	*20*	*No Current Food Stamp Authorization*	*DQ*
18	*5*	*Violation of Sanitary Code*	*1 year*
19	*20*	*Check Redemptions from other locations*	*DQ*
20	*20*	*Fiscal Term*	*DQ*
21	*20*	*Violation of Civil Rights*	*DQ*

Table 3A-2

COMPLIANCE VISIT VIOLATIONS

VIOLATION ID	***SANCTION POINTS***	***DESCRIPTION***	***Points Retained For***
1	*1*	*WIC Food Prices not posted (per item)*	*6 months*
2	*1*	*WIC Sign is not posted*	*6 months*
3	*1*	*Material, training manual, food lists not at register*	*6 months*
4	*2*	*Discourteous to participants*	*1 year*
5	*2*	*Demands identification other than WIC ID*	*1 year*
6	*7*	*Loses or does not return vendor stamp*	*2 years*
7	*2*	*Refuses to honor valid food instrument*	*18 months*
8	*2*	*Attempts to limit number of food instruments redeemed*	*18 months*
9	*4*	*Submits Price List that is incomplete, incorrect or late*	*6 months*
10	*2*	*Refuses to accept manufacturer coupons for WIC foods*	*1 year*
11	*2*	*Fails to train store personnel in WIC procedures*	*1 year*
12	*2*	*Does not follow proper check cashing procedures*	*6 months*
13	*5*	*Redeems invalid food instrument*	*1 year*
14	*5*	*Fails to attend state Vendor training*	*1 year*
15	*4*	*Fails to submit a Price List when requested*	*1 year*
16	*5*	*Redeems food instrument for non-authorized food brands, quantities, or types within WIC food categories*	*18 months*
17	*5*	*Labels non-authorized brands as WIC approved*	*18 months*
18	*5*	*Does not maintain competitive prices on WIC authorized items*	*18 months*
19	*1*	*Expired dates on WIC Authorized items (per item)*	*1 years*
20	*5*	*Misbranding WIC items*	*18 months*
21	*5*	*Does not maintain a clean and sanitary store*	*1 year*
22	*5*	*Fails to maintain store business hours as specified on application*	*6 months*
23	*7*	*Fails to maintain minimum stock. (Pharmacies fail to provide special formula within 48 hours)*	*1 year*
24	*10*	*Seeks restitution from participants for checks not paid by the State agency or subject to non payment by the State agency*	*1 year*
25	*5*	*Submits false information on Commodity Price List*	*18 months*
26	*10*	*Provides rain checks for food instruments*	*2 years*
27	*10*	*Fails to provide evidence of proof of purchase (invoices) of WIC foods*	*2 years*

Table 3A-3

COMPLIANCE VISIT VIOLATIONS (Continued)

VIOLATION ID	***SANCTION POINTS***	***DESCRIPTION***	***Points Retained For***
28	*5*	*Fails to remit payment for overcharges or provide justification for the overcharges, including scanner vs. shelf price discrepancies*	*2 years*
29	*10*	*Discriminates against WIC participants (protected classes)*	*2 years*
30	*5*	*Submits false information on application*	*1 year*
31	*10*	*Counterfeit Stamp*	*2 years*
32	*10*	*Redeems food instruments for foods which are not in WIC food categories*	*2 years*
33	*10*	*Redeems specific contract formula check for other formula*	*2 years*
34	*20*	*Terminates the Agreement without (required) advance notice to the agency as alternative to disqualification*	*DQ*
35	*10*	*Uses stamp on checks redeemed at another store*	*2 years*
36	*10*	*Charges the WIC program for foods not received by the participant*	*2 years*
37	*20*	*Overcharging (Charges the WIC program more than the actual cash value of the items purchased)*	*DQ*
38	*20*	*Fails to pay civil money penalty as scheduled*	*DQ*
39	*10*	*Exchanges food instruments for money credit and/or non food items*	*2 years*
40	*20*	*Circumvents disqualification or civil money penalty through a purported transfer of ownership*	*DQ*
41	*20*	*Food and Nutrition Service Sanction (Food Stamps)*	*DQ*
42	*0*	*Civil Money Penalty (FSP or WIC)*	*Variable*
43	*5*	*Accepted future dated checks*	*1 year*
44	*5*	*Accepted expired checks*	*1 year*
45	*5*	*Accepted previously signed checks*	*1 year*
46	*2*	*Failed to ask/check ID*	*6 months*
47	*2*	*Failed to compare signatures*	*6 months*
48	*10*	*Sold extra amount of food not specified on check*	*2 years*
49	*20*	*Price fixing (Charges WIC customers more than non-WIC customers)*	*3 years*
50	*10*	*Asked shopper to sign before price posted on check*	*18 months*
51	*5*	*Sold non authorized food items*	*1 year*
52	*20*	*Sold non food items*	*DQ*
53	*10*	*Provided Disallowed Incentive Item to WIC customer*	*1 year*

a) Other Disqualifications

An additional item that can lead to or extend a disqualification period is:

(1) The State Agency may disqualify a vendor that has been assessed a civil money penalty in lieu of disqualification by the Food Stamps Program for a mandatory vendor sanction.

C. Fiscal Claims Against Vendors

1. The HEALTH WIC Program may assess such claim as is appropriate related to any improper redemption in the provision of supplemental foods, in the price charged to the Program on any food instrument(s) (as defined in Policy V-4, IA1a) or for other burden on Program resources. Payment of such claim shall be in addition to any appropriate disqualification, denial or non-re-approval in accordance with this Policy and/or Policy V-1.

   Claim may be made for amount paid on any food instrument(s) improperly redeemed or charged and banking, data processing, investigation and reasonable administrative costs incurred by the Department in the course of discovering, calculating, developing, collecting and so forth such claim.

2. *Claims - A reimbursement or payment credit will be initiated if a WIC check is submitted for payment above the current Maximum Allowed Price for that check based on the vendor's peer group. On day 1 the state's banking contractor will reject the check over the maximum allowed price (MAP); on day 2 the check will be reprocessed. During the reprocessing, the vendor will receive an ACH credit for the MAP (minus any associated bank fees assigned to the state WIC office). The vendor agrees to accept this adjusted ACH credit and the payment of any related fees if the price on the WIC check(s) submitted for payment exceeds the current MAP for the vendor's peer group/ subcategory.*

   a) Bank fees

      If the WIC contract bank rejects a check because a vendor deposited it in violation of WIC redemption rules (other than those outlined in the above section "Claims"), the bank may debit the vendor's account for the amount of the "Returned Check" fee called for in the contract between the bank and the HEALTH WIC Program (note: the fee in 1/99 is $.85/check). Each month, the bank will total the returned checks by vendor and initiate an ACH debit for the appropriate amount. When vendor receives notice of returned items, vendor may contact the HEALTH WIC Program to show cause why the debit should not be imposed or be reversed.

      If the claimed costs exceed the amount improperly charged by the vendor plus the currently $5.00 service charge, the state shall provide vendor with an explanation of how the amount of the claim was determined.

   b) Vendor Dispute

      If vendor disagrees with the claim, or the amount of the claim, vendor may request a review within twenty days of the postmark date of the claim. The vendor is entitled to submit any evidence to show why any or all of the claim should not be due, and to meet with the Program's manager of the HEALTH WIC Program 's vendor unit to seek cancellation or adjustment of the amount of the claim.

If vendor disagrees with the claim after the above review, vendor may request an Administrative Hearing, within thirty days of postmark date of the HEALTH WIC Program 's final decision on the review.

c) Payment of Claim

Subject to any review or appeal as above, failure to pay any portion or all of the money claim according to the schedule determined by HEALTH WIC PROGRAM shall be grounds for disqualification, denial or non re-approval for a period of up to one year for a non-mandatory sanction, or a time which best reflects double the maximum penalty for the related violation or abuse as set forth above unless the vendor pays the full remaining amount due within thirty days of being notified of such a failure. The total period may not exceed one year. The HEALTH WIC PROGRAM may recover the amount of the claim via an ACH debit on the vendor's bank account made by the WIC contract bank.

3. *Fines*

Fines shall be imposed under Section 23-13-14 of the General Laws of the State, subject to the requirements in N below, in addition to the appropriate administrative sanction in accordance with this Policy and/or Policy V-1.

D. Probation

A previously sanctioned vendor if subsequently authorized as a vendor shall serve a period of probationary authorization for a period equal to the most recent period of sanction, or one year, whichever is greater, and shall be subject to such special conditions imposed by HEALTH WIC PROGRAM such as termination for any offense with a 15 day warning or opportunity to correct, termination prior to hearing, additional monitoring, reporting and training requirements, price or volume restrictions, etc. This provision is subject to appeal.

E. Concurrent violations

Should a site visit, a complaint, investigation and/or an analysis determine two or more concurrent Class 1, 2, 3, 4 or 5 violations of WIC Program rules, the prescribed penalties as delineated above shall be to assess the most severe violation. Class 5 (state violations) shall be determined by the accumulation of sanction points.

F. For all Mandatory sanctions, the HEALTH WIC Program shall not accept voluntary withdrawal or use non re-approval of the vendor contract instead of disqualification, but shall enter the disqualification on the record.

III. GENERAL STATE CONDITIONS

1. The HEALTH WIC Program shall impose sanctions, including disqualifications, civil money penalties, and fines for violations for which there are not any mandatory sanctions.

2. A disqualification period *shall not be less than one year (1/05)* for all of the violations investigated as part of a single investigation.

3. A civil money penalty or fine shall not exceed $10,000 for each violation, and shall not exceed $40,000 for all of the violations investigated as part of a single investigation.

4. The HEALTH WIC Program shall determine the amount of a civil money penalty or fine “in the same manner as for mandatory sanctions; see item 3 under the General Conditions for Mandatory Sanctions”. Fines and civil money penalties shall become due for payment with “the same timing as for mandatory sanctions; see item 4 under the General Conditions for Mandatory Sanctions”, and, if such payment is not made, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty or fine was assessed.

5. The HEALTH WIC Program shall not impose a civil money penalty based on an FSP civil money penalty.

IV. ADMINISTRATIVE ACTION

A. Evaluating the Violation and Sanction Term

When a vendor has committed more than one Class 1 through 5 violations for which this Policy stipulates different penalties the vendor shall be disqualified for whichever term is longest, in relation to the terms specified for the violation(s) committed.

Penalties based on Class 6 violations are determined by the total number of sanction points accumulated.

With respect to any sanction for which a specified term is set forth, the program administrator may make a determination other than the stipulated maximum term called for. In making this determination the administrator may consider factors that include, but are not limited to:

1. Whether the violation was an error committed or omitted in the performance of required procedural activities (ex: "misreading" an issue date although the date was looked at).
2. Previous sanctions - If state sanctions have once or twice before been imposed, a third sanction, for any violation(s), non-mandatory sanctions, additive up to one year
3. The extent of prior warning and opportunity for corrections of non-mandatory sanctions.
4. The extent of vendor education.
5. The extent of potential risk the practice holds for compromising the HEALTH WIC Program/nutritional effectiveness of the Program and/or its fiscal integrity.
6. Except for Class 1 through 5 violations that carry mandatory sanctions, the number and severity of the violation(s) under review, including a pattern of violations, based on the current violations and/or a history of previous violations.

7. Vendor cooperation in the monitoring, education, investigation, sanction, or correction process; in responding to requests for action or information; both in the current instance as well as in the past; or willingness to comply in the future.
8. Hardship to participants if the vendor is disqualified (See C, below).
9. Any other factors relevant to the efficient and effective administration of the Program.
10. If the vendor continues to violate Program rules following notice of disqualification, the disqualification period shall be extended by the period of the time the vendor remains in violation or continues to violate Program rules, in addition to the sanction period stipulated in Violations and Sanction Types, above, for the additional violations.

B. Sanction Steps

1. *Initial discovery takes place and if there is a problem, a notice of violation will be issued, sanction points will be assessed and a warning letter issued. The warning letter will include a time frame in which compliance is expected. An effort is made to provide educational assistance to the vendor to correct the problem.*
5. *The vendor shall develop a plan of correction acceptable to HEALTH WIC PROGRAM at this time. The vendor is made aware that a subsequent review will be made to see if the problem has been resolved.*
6. *The State will notify vendors of initial violations requiring a pattern of occurrences in order to impose a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation*
7. Sufficient or insufficient compliance by the vendor is determined at the end of the time period stated in the final warning.
8. If the subsequent review reveals that a problem still exists, sanction points will again be assessed. Based on the number of sanction points accumulated the appropriate sanction will be applied
9. *Based on the number of sanction points, the vendor may be disqualified from participation as a vendor.*
10. The disqualification is implemented by notice to the vendor, by demanding return of the store's WIC vendor stamp, and/or by notifying the bank not to honor WIC checks deposited by the disqualified vendor.

    A minimum of 15 days advance notice of the effective date of the action shall be provided to the vendor. Notice shall be in writing and contain notice of the action and the causes for and the effective date of the action, and notice of the opportunity to appeal the actions (if applicable) and the time period for requesting an appeal.

Exempt from the above notification requirement are permanent disqualifications based on convictions for trafficking and/or illegal sales; in those two instances, the disqualification is effective upon the vendor's receipt of the disqualification notice.

11. Disqualification of 1 year or less - At the end of the disqualification period, the vendor must notify the HEALTH WIC Program that the vendor is in compliance with all requirements. Upon verification of vendor compliance by the HEALTH WIC Program, the vendor may be restored to participating status if the time period is within the same fiscal year. If this does not occur until the following fiscal year, the agreement will terminate and vendor will be required to re-apply.

    If the vendor fails to demonstrate compliance at the end of the disqualification period, disqualification shall be extended by the period of time set forth under Violations and Sanction Types, above, up to a period not exceeding one year.

12. Disqualification of more than 1 year - The vendor's Participation Agreement shall be terminated, and the Food Stamp Program (FSP) Field Office notified of such. The vendor shall not be reinstated until after he reapplies and is found by the HEALTH WIC PROGRAM to meet all applicant vendor criteria. Depending on the nature of the violation (particularly a mandatory disqualification), WIC Program disqualification may result in a FSP disqualification up to the same period and not subject to FSP administrative and judicial review (Section 278.6(e)(8) of FSP Regulations).

13. The vendor may be required to immediately refund or pay any related claim (see K., 2, above), separate and apart from any other warning or sanction activities. Failure to immediately pay the claim shall be grounds for disqualification of up to one year, in the absence of review and/or appeal, or following a review and/or appeal deciding in favor of a claim.

C. Inadequate Participant Access

Prior to disqualifying the vendor, the HEALTH WIC Program shall determine, in its sole discretion, and document in the vendor file, whether the disqualification would result in inadequate participant access for all mandatory sanctions (EXCEPT IN THE CASE OF A THIRD VIOLATION OF A MANDATORY SANCTION OR ITEMS LISTED IN IA, PERMANENT DISQUALIFICATION, ABOVE,). This determination will be based on the unavailability of other authorized vendors in the same area as the vendor under review and any geographic barriers to using such other vendors. Any determination of participant access shall consider the following and such additional factors as may be relevant:

1. Whether there are other vendors in the area who can provide the WIC-Approved foods as described in Policy V-1 Vendor Applicant Selection.

2. Whether the access is no less than the access or inconvenience the affected participants experience in securing any other essentials or non-essentials of life.

3. Since it is likely that vendors who violate the Program are not providing participants with the appropriate nutritional benefits of the Program, or are diverting funds from other needy persons, the period of disqualification set forth in this policy is the preferred sanction, unless the conclusive weight of evidence is to the contrary.

4. That violators divert legitimate WIC related business from those vendors who adhere to Program regulations.

5. That when the violation is such that it also involves participation by participants/payees, the HEALTH WIC Program and nutritional benefits and the integrity of the Program itself are severely compromised.

   If the HEALTH WIC Program determines that a disqualification would result in inadequate participant access, then the HEALTH WIC Program shall impose a civil money penalty in lieu of disqualification, except for the third or subsequent violation [and conviction for trafficking / illegal sales]. The amount of a civil money penalty shall equal the average monthly WIC redemptions for the [six] month period [Explanation - The number of months must be at least six months, but may be more than six months] ending with the month immediately preceding the month during which the notice of sanction is dated, multiplied times 10 percent (.10), and then multiplied times the number of months for which the vendor would have been disqualified, provided that the civil money penalty shall not exceed $10,000 for each violation, and provided further that the civil money penalty in lieu of permanent disqualification shall be $10,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed $40,000.

   a If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty within 30 days of the notice of sanction][the periods provided in an installment plan, subject to revision for good cause, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty was assessed (for a period corresponding to the most serious violation in cases where a mandatory sanction included the imposition of multiple civil money penalties as a result of a single investigation).

   b. When during the course of a single investigation, the HEALTH WIC Program determines that the vendor has committed multiple violations (which may include violations subject to HEALTH WIC Program sanctions), the HEALTH WIC Program shall disqualify the vendor for the period corresponding to the most serious mandatory violation. However, the HEALTH WIC Program shall include all violations in the notice of sanction. If a mandatory sanction is not upheld on appeal, then the HEALTH WIC Program may impose a HEALTH WIC Program-established sanction.

   c. When a vendor, who had previously been assessed a mandatory sanction [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the second violation. Civil money penalties may only be doubled up to the previously noted $10,000 / $40,000 limits.

   d When a vendor, who had previously been assessed two mandatory sanctions [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the third violation. The HEALTH WIC Program shall not impose a civil money penalty in lieu of disqualification for the third mandatory violation. A fourth or subsequent violation shall be treated in the same manner as the third; the sanction for the fourth or subsequent violation shall be doubled and civil money penalties shall not be substituted for disqualification.

e. The HEALTH WIC Program shall not provide prior warning that violations were occurring before imposing mandatory sanctions.

D. Prosecution

A vendor who commits fraud or abuse of the Program is subject to prosecution under applicable federal, state, or local laws.

E. Delegation

The HEALTH WIC Program may delegate, refer, or assign activities related to prosecution, collection of claims, monitoring, or investigation of vendors to any other party qualified and or/empowered to perform such activities.

F. Appeal of Sanctions

Federal Appeal Conditions

1. The vendor may appeal the denial of an application for authorization or if, during the course of a contract, the vendor is disqualified or any other adverse action is taken, except that expiration of the contract and the HEALTH WIC Program's participant access determination for a mandatory or HEALTH WIC Program violation shall not be subject to administrative appeal.
2. Disqualification of a vendor from FSP may result in disqualification from WIC. Such disqualification from WIC shall not be subject to administrative or judicial appeal under the WIC Program. A WIC disqualification based on an FSP civil money penalty is subject to appeal, although not with respect to the participant access decision; also, the appeal of the reciprocal WIC disqualification may not challenge the FSP decision to impose the civil money penalty.
3 Disqualification from the WIC Program may result in disqualification as a retailer in the Food Stamp Program. Such disqualification may not be subject to administrative or judicial review under the Food Stamp Program
4. Except for disqualifications based on convictions for trafficking / illegal sales, which shall be effective on the date of receipt of the notice, the HEALTH WIC Program may take adverse action against the vendor 15 days after the HEALTH WIC Program provides the vendor with written notice.

When a food vendor's participation is adversely affected by any other HEALTH WIC Program action it may appeal the action under the provisions of policy A-2 Administrative Appeal to HEALTH WIC Program Decisions.

As noted above, except for disqualifications based on convictions for trafficking or illegal sales, which shall be effective on the date of receipt of the notice, the HEALTH WIC Program may implement the sanction or other adverse action following the fifteen day notification period, and not postpone the action until a hearing decision is reached. The state may consider such factors as participant inconvenience, potential for continuing harm to the program, vendor history of violations, previous decisions in similar cases, information provided by vendor and other factors the state considers relevant to the case.

The HEALTH WIC Program may at its option offer the opportunity for a vendor so affected to meet with the HEALTH WIC Program in informal conference, separate and apart from any appeal procedure. At such a conference a vendor may have the opportunity to present any information that the decision was in error, that there were extenuating circumstances, or that there are additional factors to be taken into consideration in determining or reversing the sanction. Such requests or convening of such informal conference shall not impede or delay any administrative appeal process unless such delay is determined to be in the interests of the Program by the HEALTH WIC Program.

G. Once the sanction is upheld, the Regional Office and the Food Stamp Program shall be notified within 15 days.

Policy V-5: VENDOR MONITORING VISITS

Goal

To provide a regular pattern of visits to vendors to monitor their compliance with the laws, rules and procedures of the WIC Program.

Procedure

I. Regular Visits

A. The vendor monitoring staff shall regularly schedule monitoring visits each week.

1. Primary emphasis shall be on potential for potential for risk visits.
2. A list of vendors needing monitoring visits will be drawn up based on V-2, Selection of Vendors for Monitoring, and other considerations and time since last visit.

B. All visits shall be recorded on a Vendor Site Visit Report (WIC-33)

C. If needed, review WIC-related inventory, pricing, redemption, deposit or other records to establish the facts about any possible violation.

D. At each visit, the availability of WIC allowed foods shall be recorded on a Vendor Inventory Review (WIC-34A).

E. Any problems noted shall be discussed with the vendor at the conclusion of the visit. The Vendor and the WIC representative shall develop a plan of correction. A time frame shall be stipulated for compliance.

F. In the event of improperly completed checks, immediate steps should be taken. Missing prices should be recorded. The vendor should record his minimum price, unless he can document otherwise. Contact a Program supervisor if in doubt. A "stop payment" can be placed if a check is not/cannot be corrected.

G. Any complaints about a particular vendor shall be discussed during any monitoring contact.

H. Any failure to comply shall be noted and brought to the attention of the Asst. HEALTH WIC Program Administrator.

I. Each day, the Asst. HEALTH WIC Program Administrator shall review all vendor contact record forms and discuss necessary follow-up with Monitoring Staff.

J. All forms shall be retained in the vendor's file.

K. Site visits for applicants shall be regularly scheduled, up to 20% of each month's site visits. If feasible, visits should be made within two weeks of the receipt of a correctly completed application and recorded on a vendor Application Site Visit Form (WIC-32).

Applicant site visits may be curtailed during August, September and October at the discretion of the Program Chief to concentrate resources on the Agreement renewal/reapplication process.

L. Documentation

1. All visits shall be noted on the Vendor Monitoring Log (WIC-28) during the visit and signed by the vendor staff person and the person in charge of the store at the time. The following codes will define the type of visit:

   S - Periodic site visit or education visit.

   CB - Call back; to follow-up on questions arising from a site visit.

   P - Problem; additional visits related to complaints, possible deficiencies or violations, or other problems.

   A - Application visits related to the store's request to be a WIC authorized vendor.

   O - Other; miscellaneous visits to deliver or pick up materials or items, answer minor questions (if no WIC-33 completed)).

2. On the first working day of each month, total that month's visits on the WIC-28. The logs will be maintained by month.

II. Additional Investigations

Any probable violations should be followed up with, as appropriate, such activities as:

1. Review of checks redeemed.
2. Interviews or surveys of participants, local agency staff, other vendors, or other parties.

3. Follow-up on-site visits.
4. Compliance investigations.
5. Inventory audits.

Such activities may be conducted by state agency staff; independent consultants, investigators, or aides; or referred to other agencies of the HEALTH WIC PROGRAM or to other state agencies, as appropriate and available.

Policy V-6: PARTICIPANT OR LOCAL AGENCY COMPLAINTS REGARDING VENDORS

Goal

To provide a mechanism to transmit and respond to complaints about vendors.

Procedure

A. Any complainant or complaint, except from another vendor, shall be referred to the HEALTH WIC Client Services Unit. Local agencies should complete and forward a Vendor Question/Complaint Form with full details, including how to contact the complainant. The local agency may call in addition to sending the form.

   Obtain as much of the following as possible:

   1. Date, what occurred, store staff involved.
   2. Checks involved, if any
   3. Signed statement by complainant (i.e., ask complainant to sign completed form.)

B. The Client Services Unit shall forward the complaint form to the Vendor Unit Supervisor. The Supervisor shall assess the merits of the complaint and plan follow-up with vendor monitors.

C. If a complaint is verified the vendor and vendor monitoring staff person will immediately develop a plan of correction. All occurrences shall be noted on a Vendor Contact Record form.

D. Failure to comply with the plan of correction may result in a warning letter or a sanction.

E. A pattern of complaints may also be considered by the state agency as grounds for a warning letter or sanction.

Policy V-7: Vendor Reports on Participants Choosing Non-WIC Foods

Goal

To provide a mechanism for dealing with participants who attempt to buy non-WIC foods.

Procedure

A. When a vendor notices that a participant has chosen non-allowable food items to purchase with WIC checks he should:
    1. Ask a participant to exchange non-allowable food items for foods listed on the WIC Allowed Foods list.
    2. Write down the participant's name, date of selecting wrong foods, WIC ID number and local agency, as well as the types of non-allowable food items she was trying to purchase.
    3. Call the Rhode Island Department of HEALTH WIC Program and relate the incident as it occurred.

B. At this point the Rhode Island Department of HEALTH WIC Program WIC staff liaison person for the local agency in question will:
    1. Call the local agency and report the incident as told by the vendor, naming the participant and types of food that the participant had incorrectly chosen.
    2. File a report on the incident at the Rhode Island Department of HEALTH WIC Program

C. The local agency will then:
    1. Flag the chart of the participant in question, with recount of the incident.
    2. At the next check pickup the participant will be referred to the nutritionist or nurse for an education session that covers the following information:
        a. What occurred, and where, in a tone such that the participant is given the benefit of the doubt. (For instance: It was reported that you tried to purchase such and such with your WIC checks; since these are not allowable WIC foods, we feel that perhaps you did not get the appropriate education concerning the list-or, perhaps you lost your list ... here is another one...).

b. Attempt to discover the reason for non-WIC food choice (ex, food intolerance, lack of knowledge?).

c. Go over the list category by category naming allowed items.

d. Then tell why each food was chosen and why it is important for the participant to purchase it.

e. Ask if the participant has any questions and answer them.

D. The state liaison would then do a follow-up call with local to see what occurred, and so record on the same report originated earlier.

E. A determination will be made of the participant's intention and the severity of any actual Program violation. The local agency will take appropriate additional measures (warning letter, suspension) if warranted.

F. Other participant redemption violations will be handled in a similar manner.

Policy V-8: VENDOR MINIMUM INVENTORY REQUIREMENTS

Goal

To ensure that each authorized WIC vendor maintains a sufficient minimum inventory of WIC Allowed Foods.

Procedure

A. *For each food group, the vendor shall maintain a minimum inventory according to the WIC Vendor Minimum Inventory Requirements in effect at the time. WIC grocery vendors need to maintain a minimum inventory based on the WIC-39G requirements, while WIC pharmacy vendors need to maintain a minimum inventory based on the WIC –39P requirements.*

B. The minimum inventory must be comprised only of foods designated by the HEALTH WIC PROGRAM as WIC ALLOWED or Contract Brand.

C. The HEALTH WIC PROGRAM reserves the right to exclude excessive priced, damaged, outdated, unsanitary or contaminated foods in calculating inventory levels.

D. For purposes of determining compliance with this Policy, the HEALTH WIC PROGRAM representative shall consider only such inventory as displayed, shown in shopping areas or shown by on-site store staff during the time of a monitoring visit. The foods must be reasonably accessible and available for vendor monitoring review and for WIC customer purchase at the time of the monitoring visit.

E. Failure to comply with the WIC Allowed Foods List and Minimum Inventory Requirements shall be noted as a deficiency when a store is surveyed.

F. If the store is a pharmacy, they are only allowed to accept checks for specialty formulas.

G. Grocery stores authorized to provide special formula products must maintain the minimum inventory quantities for said products.

H. Vendor applicants shall be required to comply with the WIC Allowed Foods List and such minimum inventory as required by Vendor Applicant Selection Policy V-1.

Policy V-9: MONTHLY SUMMARY - VENDOR STATUS

Goal

To record changes in vendor status and the accomplishment of each step in that process in order to insure vendor participation is in accord with related regulations and procedures.

Procedures

A. When any change in vendor status is anticipated or accomplished, record the vendor name and the nature of the change under the correct heading on the WIC-29.

B. Business Change - Record any changes in ownership, name, or location by listing the date. The "Comments" column should describe the nature of the change.

C. There is a group of columns related to sanction/termination activities. Record the date and reason each activity takes place and note pertinent comments in that column.

D. Four columns pertain to adding vendors to the Program. Record the date of each step in the appropriate column.

   "Add" pertains to the date the Agreement is completed by both parties.

   "Stamp" pertains to the date of stamp delivery.

E. Record vendors being investigated by state or federal agency(s) with dates, notes, and comments.

F. Maintain separate sheet(s) for each month.

G. On the first working day of each month, total the activities for that month.

Policy V-10: PRICE STANDARDS AND PEER GROUP CLASSIFICATIONS

Goal

To ensure that Program food funds are utilized for the maximum benefit to eligible persons, by preventing excessive charges by vendors.

Policy

Excessive price standards for vendors are based upon comparative prices of each vendor in relation to prices charged to WIC by other WIC vendors in the same peer group. It is the responsibility of the vendor to set prices that are not unduly higher than prices charged to WIC by other vendors in the same peer group. An evaluation of prices shows that geography does not play a significant role in price variation across the state. RI WIC excludes prices from above-50%-vendors from the calculation of average/competitive, and maximum price calculations.

Procedure

A. Peer Group Classification of stores - WIC vendors shall be classified according to the total value of yearly food sales for grocery vendors (WIC and non-WIC foods) and the number of stores in the chain (if a local vs. national chain). Stores will be grouped as follows:

Type of Business

Grocery Vendors	****Total value of yearly food sales for grocery vendors (WIC and non-WIC)***
Peer Group ***Small Grocers***	***Less than $500,000**** ***1-2 cash registers***
Peer Group 2 ***Medium Grocers***	***$500,000 up to $3,000,000**** ***3-5 cash registers***
Peer Group 3 ***Small Local Chain or*** ***Large Independent Store***	***$3,000,001 to $20,000,000**** ***6 + cash registers***
Peer Group 4 ***Large National Chain /*** ***Extra Large Independent Store***	***Over $20,000,001****

Peer Group 5
Commissary (military)

Peer Group 6
Farmers Market

Peer Group 7
Independent Pharmacy

Peer Group 8
National Chain Pharmacy

Peer Group 9
Current Above 50% Stores ***Vendors whose total WIC sales comprise more than 50% of their total food sales.***

Peer Group 10
Potential Above 50% Stores ***New Stores with no data to analyze***

RI vendor peer groups classifications are established based on a combination of factors such as Vendor size, total volume, food and non food sales, WIC volume, square footage of store, number of cash registers, Type of store etc.

B. Competitive Pricing of WIC Allowed Foods

Prices reported, posted or charged for WIC foods shall not be excessive, as compared with those vendors within their peer group, or of other Rhode Island WIC vendors.

1. *Competitive / Average Price (CAP)*

   The Competitive / Average Price (CAP) is established for each WIC Approved food item for each vendor peer group. The CAP is the average price that WIC will pay for any WIC food, food group, combination of foods, WIC food package(s) or check type(s), (regardless of type, brand, weight or volume provided).

   Each peer group's CAP (excluding the A50%V) is based on:

   i. The average amount charged for that food item by authorized WIC vendors in the Vendor's assigned peer group, and/or,

ii. The average amount of accepted prices submitted on the vendor's price surveys by authorized WIC vendors in the Vendor's assigned peer group, and/or,

iii. The manufacturer's 75 case wholesale price list for infant formula x 115%,

iv. Or a combination of the three methods, to obtain the least expensive price.

To ensure cost neutrality, and competitive pricing, the prices derived form the A50%V Peer group price surveys and redemptions will be excluded form the calculation of the CAP.

The CAP for vendors in the A50%V Peer group will be set at the statewide average for WIC allowed food items and WIC food instruments as determined by statewide redemption data and price survey data. To ensure cost neutrality and competitive pricing, the prices derived from the A50%V Peer group's price surveys and redemptions will not be included in the calculation of statewide averages.

Maximum Allowable Prices (MAP)

1. ***A Maximum Allowable Price (MAP) is established for each WIC Approved food item for each peer group. The MAP is based on each peer group CAP plus a factor to reflect fluctuations in the market place.***

2. ***Periodically, vendor's redemption patterns will be analyzed for the rate of redemptions near or at the MAP. Those vendors with a pattern of inflated food prices that is higher than other retailers / peers will be given an opportunity to reduce their prices. If they choose not to reduce their prices, the store will not be authorized by WIC, and rejected because of high prices.***

3. For applicants, the determination of excessive pricing may be based upon their submitted WIC Price Sheet, vendor redemptions and / or other methods of estimating or projecting the applicant's charges for WIC foods if authorized.

The federal regulations require state agencies (RI) to collect vendor applicant's current shelf price at the time of application. The intent of this provision is to ensure that all vendor applicants, whether new applicants or current vendors, submit the same type of price information so that RI WIC may objectively consider the prices a vendor applicant charges as compare to other vendor applicants. Rhode Island, Department of Health, WIC program requires that all vendors participating in the WIC program submit a price list on a semi-annual basis.

3. Incentives

A. WIC does not allow vendors to provide incentive items or other free merchandise (except food or merchandise of nominal value) to WIC shoppers unless the vendor can provide proof that the incentive items were obtained at no cost to the vendor.

B. Acceptable Incentive Items would be:

a. Merchandise obtained at no cost to the vendor and provided to participants without charge, or sold to participants at or above cost (subject to documentation),

b. Food or merchandise of nominal value (ie, having a per item cost of less that $2)

c. Food sales and specials which:

i. Involve no cost, or only a nominal cost for the vendor

ii. Do not result in a charge to a WIC food instrument for foods in excess of the foods listed on the food instrument.

C. This applies to for-profit vendors for which more than 50% of their annual food sales result from WIC sale (ie, "Above- 50%-Vendors.) or new vendor applicants likely to be "Above-50%- Vendors.

Policy V-11: VENDOR PAYMENT PROCESS

Goal

To provide a consistent procedure for reimbursing vendors for WIC checks accepted which cannot be processed; to ensure accountability through recording and documenting of such transactions; and to decrease the incidence of improper redemption procedures.

Procedure

Subject to the following procedures, the vendor shall have an opportunity to correct or justify an actual or alleged overcharge or error, or defend against a HEALTH WIC Program charge or claim for alleged overcharge or error. Only if the HEALTH WIC Program is satisfied with the correction or justification, then it may provide payment or adjust the payment to the vendor accordingly. The HEALTH WIC PROGRAM may deny any reimbursement if overcharge or errors are not sufficiently justified, corrective action not taken, or overcharges or errors are repeated.

General

No check will be considered for reimbursement unless the check, request for reimbursement and acceptable justification and explanation are received at the WIC Office, HEALTH WIC PROGRAM, not more than 30 days after the "Last Day to Use" printed on the check. If the bank has rejected the check, it must be submitted to the State WIC Office within 30 days of the date it was rejected by the WIC contract bank.

If the check is paid, there is a $5.00 handling fee deducted from any reimbursement if a check was improperly accepted or completed by vendor.

Only a limited number of checks will be reimbursed for any vendor. Repeated submissions will not be honored. The State WIC Office will use a cut off number related to the amount of vendor's volume. Once the cut off reached no more reimbursements to that vendor will be honored.

Vendors will be billed by WIC for the bank-handling fee of $.85 per check.

Under no circumstances should a vendor request or accept cash payments from WIC participants for WIC foods, rejected WIC checks or un-deposited, improperly handled WIC checks.

RI WIC Program's Rejected Check Submissions Instructions

REJECT REASON	WHAT THE VENDOR SHOULD DO
**No Vendor Stamp*	*Stamp and re-deposit in the vendor's bank*
Illegible Vendor Stamp	*Vendor should re-stamp the check so that it is legible and redeposit it in the vendor's bank before the check expires. If the Vendor Stamp is worn out, contact the State WIC Office for a replacement stamp.*
Invalid Vendor Stamp or Multiple Vendor Stamps	*Vendor will not be paid*
No Signature	*Vendor will not be paid*
Expired	*Vendor will not be paid*
Future Dated	*Vendor will not be paid*
Excessive Dollar Amount	*If the State WIC office reimburses the vendor for a WIC check, it will be based on the MAP item prices for that vendor's peer group. The vendor may lose this money.*
Improperly Altered Price *Illegible Price*	*Will consider paying only if alteration occurred when vendor was attempting to correct a pricing error. If the State WIC office reimburses the vendor for a WIC check, it will be based on the MAP item prices for that vendor's peer group.*
Price Missing	*Vendor will not be paid*
Altered Signature	*Vendor will not be paid*
Void/Stop payment	*The vendor should submit to the State WIC Office; with receipt for any bank fee. May be reimbursed if not on Stop Payment Notice and vendor identifies who redeemed it. The vendor may lose this money.*
Previously rejected *Already Paid* *Other*	*Vendor will not be paid*

B. Checks exceeding the Maximum Allowed Price (MAP)

An ACH reimbursement or payment credit will be initiated if a WIC check is submitted for payment above the current Maximum Allowed Price for that check, based on the vendor's peer grou.

On day 1, the state's banking contractor will reject the check exceeding the MAP. On day 2 the bank will reprocess the check. As a result of this reprocessing, the vendor will receive an ACH credit for the MAP (minus any associated bank fees assigned to the state WIC office). The vendor agrees to accept this adjusted ACH credit and the payment of any related fees if the price on the WIC check(s) submitted for payment exceeds the current MAP for the vendor's peer group.

Policy V-12: CHANGE OF VENDOR OWNERSHIP

Goal

To evaluate each "change of ownership" to determine if there is a continuity of the business, management and personnel at the store.

I. Policy

A. The retail store shall notify the WIC Office in advance is there is a modification or change of ownership, change of operations and/or control to be the subject of a determination of a "continuity of the business" and shall provide to the HEALTH WIC Program all information requested by the HEALTH WIC Program necessary for the proper review of the transaction. All information provided by the retail store at the request of the HEALTH WIC Program will be kept confidential. Failure to notify in advance will result in immediate termination of the Vendor Participation Agreement and will jeopardize the new application. (Vendor Participation Agreement, IB5).

B. Continuity of the business, for purposes of this policy, is defined as:

1. Change of a single proprietorship to a partnership or corporation where the original sole proprietor remains a partner or shareholder with at least a 45% interest in the new partnership/corporation.
2. Change in a partnership by adding partners where the original partners still maintain at least a 45% interest in the new partnership.
3. Change in a partnership by loss of one or more partners. This would include conversion of a partnership to sole proprietorship through loss of one or more partners, where the one of the original partners still maintains at least a 45% interest in the business. In the case of a change to a sole proprietorship, one of the original partners must have 100% interest.
4. Incorporation of an existing partnership where the original partners still maintain at least a 66% interest in the corporation.
5. Corporate mergers or buy-outs where the original corporation is merged with another or becomes a subsidiary.

6. In reviewing B4 and B5, the HEALTH WIC Program may deny the retail store a determination of "continuity of the business" even though it meets all other criteria identified in this policy if the HEALTH WIC Program determines that the change in the structure of the business was for an inappropriate reason. In reviewing the purpose for which the business structure was changed, the HEALTH WIC Program may review the following circumstances regarding the transaction to justify the denial:
   (a) Under capitalization;
   (b) Failure to adhere to corporate formalities;
   (c) Substantial intermingling of corporate and personal affairs;
   (d) The use of the corporate form to perpetrate fraud; and
   (e) Any other circumstances relevant to the determination of the appropriateness of the transaction.
7. Appointment by the Court of a Receiver to oversee the assets and operation of the Vendor.
8. Appointment by the Court of an Executor to oversee the assets and operation of the Vendor.

C. Continuity of management and personnel is defined as when a majority of the management and personnel in the store that deal with the WIC policy and procedure and WIC transactions will continue to be employed in the same position under the new ownership structure.

D. Instances where there is no continuity of the business as defined in B will be considered a "modification/change of operations/ownership/ control, etc."; the WIC agreement is immediately considered null and void and the procedures described in Policy V-1 will be implemented or hardship procedures described in C., below will be followed if pre-notification of the change of ownership is received.

E. Instances where there is a continuity of the business, management and personnel will be considered a "modification of ownership" rather than a "change of ownership" and will be processed as follows:

1. The "new" business entity will be permitted to continue to transact WIC food instruments (as defined in Policy V-4, IA1a) maintained.
2. Additional review or training of the "new" proprietary person(s) will be required.
3. The appropriate signatory authority of the "new" business entity will be required to sign a new agreement and a Certification of Prospective or Modification of Store Ownership form (WIC-56), a Certification of Prospective or Modification of Store Ownership - Court Appointed Receiver (WIC-56A), or a Certification of Prospective or Modification of Store Ownership - Probate Court Appointed Executor (WIC-56B), signifying their continued intent to conform with WIC Policy and Procedures.

4. The vendor number will change and the modification of the ownership will be transparent to WIC participants and clinic employees.

F. Instances where there is a continuity of the business but no continuity of management and personnel will be considered a "modification of ownership" and will be processed as follows:

1. The "new" business entity will be required to undergo training before being able to continue transacting WIC food instruments (as defined in Policy V-4, IA1a).
2. Arrangements will be made to forward participants to alternate stores until the "new" business entity receives training.
3. The appropriate signature authority of the "new" business entity will be required to sign a new agreement signifying their continued intent to conform with WIC Policy and Procedures.
4. The "new" business entity will be placed on probationary status for six months during which time the store will be reviewed to ensure continued compliance with WIC Policy and Procedures.
5. The vendor number will not change, however, there will be service disruption until the appropriate training is held. In such instances training will be expedited to the extent feasible.

II. Procedure

A. The "old" and "new" business entities must notify the HEALTH WIC Program vendor unit of reported/identified change/modification of retail store operation and/or ownership, as soon as identified.

B. The HEALTH WIC Program will determine appropriate status of change/modification of operation/ownership based on this policy.

C. When the HEALTH WIC Program is informed that an authorized WIC retail store plans to change operation/ownership, as described in D, above, and the HEALTH WIC Program determines Inadequate Participant Access (not inconvenience) would occur, the HEALTH WIC Program may:

1. Instruct the owner to schedule a store review and application pickup date.

2. Conduct review or data scheduled and complete new store paperwork with written justification for Inadequate Participant Access. The HEALTH WIC Program will review the prospective store's application package in an expedited manner. If the prospective store-owner's application package is approved by the HEALTH WIC Program, the store will be provided Probationary Authorization only. A follow-up unannounced probationary review will be required within 6 months of the change of ownership to insure that the new store ownership is continuing to adhere to all WIC Selection and Limitation Criteria.

D. The HEATH WIC Program will complete follow-up action as required.

Policy V-13: RI WIC LICENSED / AUTHORIZED INFANT FORMULA SUPPLIERS

Goal:To ensure that infant formula purchased by WIC shoppers in WIC authorized stores has been obtained from licensed / authorized sources.

I. *An annually updated listing of licensed infant formula providers will be maintained by the State WIC Office. This listing will be comprised of:*

A. A listing of the Primary Infant Formula Suppliers:

1. This "Primary List " is generated from the WIC Vendor Application forms. Vendors are required to list the source(s) of their infant formulas. The source is compared to the retail and wholesale food vendors currently licensed in RI by the RI Department of Health. If the source is actively licensed in RI, they are considered a licensed / authorized infant formula supplier for WIC vendors and added to the Primary List.

a) The Primary List will be provided to each WIC vendor on an annual basis.

B. A current Comprehensive listing of the RI Department of Health licensed retail and wholesale food vendors.

1. The "Comprehensive List" is composed of all retail sales and wholesale distributors currently licensed by the RI Department of Health, Division of Food Protection.

a) The Comprehensive listing will be available upon request.

II. *All WIC Vendor Applicants must demonstrate that the infant formula sold to WIC participants has been provided by an approved infant formula supplier on the above lists.*

Section 6

Financial Management

FINANCIAL MANAGEMENT
(Procedures Sec. 600)

Description of Financial Management System
11/99
Letters of Credit

The Rhode Island Department of Health is notified of the amount of funds available by Letter of Credit. This figure usually represents one quarter (1/4) of the State's yearly allocation, plus or minus any amount of reallocation. This approved funding level can then be drawn upon to fund the WIC Program for the succeeding quarter. The Automated Standard Application for Payments (ASAP) system is used to initiate drawdown of funds.

Monies are requested on a projected need basis according to the daily collected balance report as reported to Financial Staff of the WIC Program by the contracted bank. This report is used to eliminate excess cash on hand by the State Agency. A direct wire transfer is performed to transmit monies from the Federal Reserve Bank to the contracted bank for deposit. Once completed, the drawdown request is receipted via computer with the General Treasurer. A corresponding adjustment is performed each month to offset the cumulative amount of state receipts of these funds transfers with their expenditure at the bank.

Local Agency Allocations

The Rhode Island Department of Health WIC Program provides each of its local agencies with a quarterly allocation based upon assigned caseload that represents the maximum quarterly reimbursable expenditure for each agency. Allocations may be adjusted in relation to caseload maintained, as directed by the RIDH.

Allocations are made in accordance with Goals I, and VI, other provisions of this Section, and the Local Agency Agreement.

The Rhode Island Department of Health WIC Program requires the local agencies to submit a monthly WIC Actual Expenditure Report, supported by two additional reports: 1) Staff Time for Nutrition Education and Nutrition Services and Administration; 2) Monthly Nutrition Education Expenditure Report, and Monthly Nutrition Services Administration Report (See Procedure Manual, Section 612 for description of use of reports). These reports are used by the RIDH as a monitoring tool to observe how WIC monies are spent. Reimbursement to local agencies will be made upon review and approval by the RIDH for allowable costs reported on a monthly basis, in relation to caseload actually maintained.

All local agencies have been instructed that documentation must be kept for NSA Costs being charged. Ongoing assistance and monitoring of reporting procedures is provided via telephone and/or site visit conferences between RIDH and local agency WIC staff.

All local agencies have been instructed by Health department staff on the purpose of Federal Management Circular FMS-74-4, "Cost principles applicable to grants and contracts with State and local governments." The intent of this circular is designed to provide the basis for a uniform approach to the problem of determining costs and to promote efficiency and better relationships between grantees and the Federal Government.

Disbursement Procedures

Local Agencies

Local Agencies are reimbursed to cover one month's operating costs. No monies are disbursed to local programs to cover food or food delivery computer system costs; both these costs are handled centrally by the State.

Reimbursement is made on a monthly basis by the state on an invoice voucher. The RIDH WIC Program prepares the invoice voucher after verification of the charges being requested has been done. This form is signed by the proper designated authority in the Health Department's Division of Management Services, logged into a computer billing system, and then processed through the state Division of Accounts and Control, which in turn processes the voucher to the General Treasury Department, where the check is completed and mailed out to the vendor.

*State Computer Costs

The computer services are rendered in-house on a DOS 80586 microcomputer with a backup PC. Access to state mainframe files (fiscal and RI Dept. of Human Services) is provided through the state Office of Information and Data Processing which is presently providing the WIC Program with access to the Johnston mainframe. Charges for these services are processed on State Form A-12T (Services Rendered) by IDP. No actual check or cash disbursements are being made within the State. Transfer of charges or expenditures are made directly to the established WIC account.

Bank Contract Costs

Method of reimbursement is described under "Food Delivery System."

Outstanding Obligations

Federal requirements mandate the reporting of outstanding obligations. Funds are maintained to ensure that payment can be made when these obligations are redeemed. At the State level, administrative costs are reported on a modified accrual basis according to State Agency policy.

In addition, outstanding food obligations are available through the automated check reconciliation system and are reported on a monthly
accrual basis to the Regional Office on Form FNS-498, WIC Monthly Financial and Program Status Report.

Management and Program Income

Administrative interest income earned on funds held by the WIC bank is deducted from the bank's monthly service charge for the system maintenance.

Food Rebate Funds See Goals VI,

Indirect Cost Rate

The WIC Program is required to pay indirect costs, on state office operating expenses in accordance with the federally approved indirect cost rate.

Nutrition Education Costs - State Agency

The RIDH has its Nutrition Education Program directed by a State WIC Nutrition Coordinator. In addition to salary, funds are set aside at the State level for printing of nutrition education materials, for purchase of films, texts, and equipment, for a portion of the state office administrative salaries for monitoring of nutrition education and for travel and other costs.

These total expenditures plus nutrition education expenditures at local agencies are budgeted to amount to at least one-sixth of total administrative funds. The state fiscal staff monitor expenditures on a monthly basis to ensure the one-sixth requirement is met.

Nutrition Education Costs - Local Agency

The RIDH has developed a format for documenting that one-sixth of administrative funds is spent on Nutrition Education activities as delineated in the Federal regulations. These regulations now require all staff funded through WIC to perform periodic time studies that illustrate time devoted to the major WIC activities. Technical assistance is available to local agencies to assist them in documenting nutrition education and other costs. These forms have been integrated into the reports submitted by local agencies (see Procedure Manual, Sections 613 & 614 for description of use of reports).

Breastfeeding Promotion Costs

The RIDH has earmarked funds at the state level for a Breastfeeding Promotion Program directed by the State WIC Nutrition Coordinator. Allowable breastfeeding costs include, breastfeeding aids, salaries and benefits for training, education and development, a portion of state office administrative salaries for the monitoring of breastfeeding promotion, travel and other costs.

Total state and local agency breastfeeding expenditures are a budgeted amount in addition to the 1/6th nutrition education expenditure requirement. RIDH's breastfeeding budget is determined based on the number of pregnant and breastfeeding women in the state, as a percentage of the number of pregnant and breastfeeding women in all states. The state fiscal staff monitors expenditures on a monthly basis to ensure breastfeeding funds are expended.

Breastfeeding Promotion Costs - Local Agency

The RIDH has developed a format for documenting local agency salaries for time spent on breastfeeding promotion and for other breastfeeding activities. The state fiscal staff tracks breastfeeding expenditures using the monthly and annual expenditure reports submitted by the local agencies.

Allocation Standards

Presently, WIC NSA funds are allocated to local agencies on the basis of assigned caseload but are adjusted in relation to an agency's maintenance of enrolled caseload as directed by RIDH. In the event of an agency's failure to maintain caseload as directed, payments may be reduced or withheld. The agency may be held liable for any over expenditures, in food or administrative costs, related to such failure. Future payments to the agency may be reduced to offset the amount of any claim.

If there is a danger that statewide caseload conversion earnings will be insufficient to support allocated levels allocations may be made at 90% assured and the balance allowed for caseload actually maintained between 90% and 100% of allocation.

Nutrition Services and Administration Funding Procedure

As part of the WIC State Plan development process each year, the RIDH establishes a State Plan Committee to provide an opportunity for WIC local agencies to participate in the development of the State Plan. The committee generally includes a representative sample of local agencies; large and small, rural and urban and of diverse organizational makeup. These locals also represent a range of racial/ethnic groups. This committee reviews the area of local agency administrative and program services funding as well as
other aspects of Program functioning.

The state agency has also been guided by the considerations of previous state plans and public hearing comments on the method of administrative funding procedure. The criteria considered were:

Type and ratio of staff needed to serve the estimated numbers of participants. The number of participants served by the Local Agency. Salary variations of personnel among Local Agencies.
The types of equipment needed to be purchased for certification.
Local agency costs incurred for providing bilingual services and material. Costs related to special population groups.
Costs related to demographic composition. Costs related to financial and inkind resources and other program funds available to local agencies. Costs related to caseload activity levels.

The advantage of a "negotiated" determination of administrative funding for local agencies has been extensively considered. Although a "negotiated" administrative funding theoretically can address on a very individualistic basis the needs and capacities of local agencies, the problem of applying a fair standard acceptable to all locals is a very prohibitive concern. It has been decided, therefore, to forego a negotiated determination, in favor of a more objective formulation.

After consideration of the above, the RIDH has determined that the allocation to each local agency will be predicated on the assigned caseload with total administrative funding allocated by the following formula:

Total Number Of Assigned Slots	X	Admin. Cost Allocated per Enrollee	=	Quarterly Admin. Allocation per Quarter

In addition to the assigned number of slots, and related administration allocation, the state may permit an agency (ies) to enroll additional persons and may reimburse the agency (ies) on the basis of persons enrolled. In order to ensure service to the number of persons permitted by available food funds, the state agency may make adjustments to a local agency quarterly caseload and/or administrative and program service allocations, and/or may limit reimbursement in relation to caseload actually maintained.

Recovery of Vendor Claims

The state agency shall retain funds collected by the recovery of claims assessed against food vendors or funds not paid to food vendors as a result of reviews of food instruments prior to payment. The State agency may use ~~up to 50 percent of~~ these funds for administrative and program services purposes, provided that the base amount from which the percentage may be taken is not established until after the vendor has had opportunity to correct or justify the error or apparent overcharge. The State agency shall not transfer any such funds from its food account to its administrative and program services account until after the vendor has exercised this right, if the vendor chooses to do so. After such funds have been transferred, the remainder shall be used to pay food costs. When these funds are used for administrative and program services purposes, the State agency shall report such expenditures to FNS through routine reporting procedures.

6/99 ***Money received by the State as a result of civil money penalties or fines assessed a vendor and any interest charged in the collection of these penalties and fines shall be considered as program income.***

The state agency shall maintain documentation to support the level of funds retained under this paragraph by the State agency for administrative and program services purposes.

Backspending and Carry-Forward

Backspending

The state may, at its option, expend state or federal funds allocated to the state agency for food costs incurred in the preceding fiscal year.

Carry-Forward

The state agency may, at its option, carry-forward a portion of the state or federal funds allocated to the state agency for food costs and for administrative costs in any fiscal year, and to expend funds carried forward in the immediately following fiscal year.

Any backspending or carrying forward of funds under this policy shall be in conformance with federal and state law, regulation and administrative instruction.

Basis of Accounting

The State of Rhode Island uses a modified accrual basis of accounting. Monthly administrative outlays for the RIDH WIC Program are taken directly from the state's central accounting system, RISAIL and are listed by payee, account number, voucher number and payment amount.

A review of outstanding obligations is conducted on a monthly basis and reported on the WIC 798 report.

Proposed Budget

The proposed budget will be submitted no later than thirty days after the state's annual grant level, including any negotiated amount, is announced. The USDA budget format will be used.

AUDITS
(Goals - VI, Procedures - 622)

Goal

To assure the financial integrity of WIC Program operations and to use audit reports as a basis for formulating guidance and directions issued to local agencies in the area of financial management.

Background

In order to comply with Federal WIC Regulations, Section 246.20 which mandates audits of State and local agencies every two years, the following audit procedures have been followed:

The Rhode Island Department of Health WIC Program, as well as three of the local agencies, were audited by the State Bureau of Audits during FY 78, and the Rhode Island Department of Health received approval on this audit. However, due to other personnel commitments, the State Bureau of Audit was unable to audit the remaining eleven local agencies. Therefore, M.D. Oppenheim & Co. performed the financial audit of these eleven agencies. Audit findings were received 8 June 1979. Audit findings were forwarded to the USDA Regional Office.

The findings of the audit were transmitted to the local agencies and corrective actions were taken as planned. The Rhode Island Department of Health performed followup visits to verify that corrective actions were taken and were adequate to prevent recurrence of the findings. This was accomplished during periodic program monitoring by the State Agency.

Peat, Marwick, Mitchell, and Co., an independent certified public accounting firm, performed an audit of the State Agency for FY 78. Corrective followup was implemented as appropriate.

The same accounting firm also audited the following local agencies: Women & Infants Hospital, Memorial Hospital, Blackstone Valley Community Action Program, Allen Berry Health Center (satellite of Providence Health Center), East Providence Community Health Center (satellite of Self-Help, Inc.) and Bristol Health center (satellite of Self-Help, Inc.). Corrective plans were implemented.

In fiscal year 1981, a financial and management audit was performed by the firm of Hague and Federico for Fiscal Year l980 for the State Agency and the following eleven local agencies:

Chad Brown Health Center
Cranston Community Action Program, Inc.
Health Services, Inc.
New Visions for Newport County, Inc.
Providence Ambulatory Health Care Foundation, Inc.
St. Joseph Hospital
Tri-Town Family Health Center
Warwick Community Health Center
Wood River Health Services

To assist and prepare each local agency for audit requirements, a copy of "Audit Guide 8270.l3" was distributed to each agency prior to the audit process.

Results were forwarded to the appropriate agencies. Technical assistance was provided by State staff and corrective measures were implemented.

Site visits were made to all local agencies to assist fiscal personnel in the area of financial management. A copy of the Federal Management Circular FMC-74-4; "Cost principles applicable to grants and contracts with State and local governments", was given and reviewed with each local agency fiscal person. Guidance was also provided for preparation of the annual budget and monthly expenditure reports.

In fiscal year 1982, a financial and management audit was conducted for fiscal year l981 for the State agency and the following local agencies:

Blackstone Valley Community Action Program , Inc.
The Memorial Hospital
Providence Ambulatory Health Care Foundation, Inc.
Self-Help Inc.
Tri-Town Family Health Center
Warwick Community Action Health Center
Washington County Health Center
Women & Infants Hospital of RI

Single Audit Act

Under this Act, WIC has been audited annually since FY83, on a rotating basis, by the State Office of the Auditor General and the Bureau of Audits. Findings have been addressed as necessary.

Annually, the state agency reviews the organization-wide audit report of each local agency for significant findings having a bearing on WIC and for compliance with the requirements of the local agency agreement and OMB Circulars A-110, A-122, A-128 and A-133 and regulations 7CFR3015, 3016, and 3017 Said circulars have been provided to local agencies for guidance.

Future Audits (See Goals, VI)

Financial Records

The State Agency works with each local WIC agency to establish uniform financial procedures to provide sufficient documentation for Program costs reported on their monthly expenditure reports and a clear audit trail for purposes of accountability.

In the event it becomes necessary to reclaim funds as a result of audit findings, several methods are employed as appropriate. The amount of the claim may be withheld from payments to the local agency. If this procedure cannot be used, the local agency is required to submit a check in the amount of the claim. If the local agency refuses to comply, the matter is turned over to the Office of the Attorney General to seek claims action against that agency.

All prior Federal Fiscal Year reclaim amounts will be returned to FNS. Payment will be made either directly from local agency to FNS (documented to SA) or by transfer through the State or by offset. Details would be worked out by between FNS and SA.

State Staffing Resources

Position and Description of Duties

Chief - Responsible for the overall direction, implementation, and coordination of the WIC Program.

Health Policy Analyst (State WIC Nutrition Coordinator) - Responsible for relationships with local agencies and monitoring compliance with regulations; for supervision of community liaison, Parent Consultants and Program Nutritionist (see SPHPS); for outreach and coordination with health and human service agencies and for educational programs and materials and community relations; responsible for developing and evaluating the Nutrition Education Plan; for reviewing and ensuring development and implementation of local agency nutrition education plans and for providing consultation, training, and resource materials to local agencies in all aspects of WIC nutrition and nutrition education.

Sr. Public Health Promotion Specialist (.5 FTE) - Assists the State WIC Nutrition Coordinator, especially in areas of nutrition services monitoring, local staff training and education, developing client educational materials, and recruitment and retention; serves as the State WIC Breastfeeding Coordinator.

Community Health Liaison - Maintains regular and frequent contacts with local agencies to explain and review WIC procedures and to evaluate local agency program operations; conducts outreach activities and fosters relationships with allied professionals and organizations; interviews WIC participants to obtain feedback concerning program services and operations.

Contract Breastfeeding Consultant (.2 FTE) - Assists the Public Health Nutritionist in carrying out breastfeeding promotion and support activities.

Asst. Health Program Administrator (Food Delivery/MIS) – Responsible for fiscal, caseload, and program data and reporting; coordinates with state computer system; responsible for in-house computer system; organizes and oversees or supervises work of data processing and distribution staff.

Principal Systems Analyst - Assists the Asst. H. P. A./Data Operations and Planning; Performs system enhancements, hardware and software maintenance, support and troubleshooting to state and local WIC staff; programs new data reports and modifications; identifies problem areas in system operations; prepares instructions and guides for users and provides training to users.

Asst. Health Program Administrator - Responsible for vendor selection, authorization, monitoring and education: investigations and sanctions and supervises staff involved in conducting vendor related activities. Prepares food expenditure reports and forecasts; and manages the Farmers Market Nutrition Program.

Sr. Public Health Promotion Specialist - Responsible for financial management, operations and

reporting state agency level fiscal operations; records, monitors and reconciles expenditures; prepares federal and state fiscal reports; manages procurement and Office equipment needs.

Management Services Chief - Special Projects (.5FTE) – Conducts local agency financial audits, assists in financial management activities; completes special projects in financial analysis, clinic productivity and procedures review.

Fiscal Clerk (.5FTE) - Prepares financial reports and reviews financial reports and records of local agencies; processes local agency reimbursement claims; provides technical assistance to local agencies in preparing fiscal reports; responsible for procurement and payment requisitions, invoices and vouchers; and perform filing activities and fill supplies.

Chief Field Investigator - Carries out vendor monitoring and education activities; evaluates vendor applicants; investigates complaints about vendors; monitors participating vendors and develops corrective measures as appropriate; identifies high risk vendors and organizes vendor investigations. Provides interpreting and interviewing services in the Spanish language; maintains relationships with Hispanic organizations, persons and community.

Community Vendor Liaison - Maintains regular and frequent contacts with vendors to explain and review WIC procedures and to monitor their WIC operations; investigates complaints, provides training, fosters relationships with vendor community

System Support Specialist III - Works directly with local clinic WIC staff in relation to operating the QWIC PC computer system; provides training, oversight and "Helpline assistance; accounts for WIC checks "voided" at local agencies; coordinates delivery of materials and checks to local agencies and generates computerized vendor reports; conducts computer/FI security portion of annual agency evaluations; responsible for inventory management.

Property Management and Control Officer - Responsible for location, whereabouts, condition and inventory of all property purchased with WIC or Department funds; arranges repair or replacement; fills clinic orders for forms, educational materials and supplies and assists with vendor field visits.

Administrative Aide (1.6) - Perform clerical and secretarial tasks including word processing and filling agency supply requests; support for vendor monitoring activities.

FISCAL PROCEDURES AND CONTROLS

COST MONITORING

SF-1: AVERAGE CHECK PRICE MONITORING

Goal

To monitor the average value of a WIC check on a daily basis.

Procedure

A. Financial Services Management Corporation (FSMC) reports daily and the following data are obtained.

   (1) Rhode Island WIC Program balance of funds on hand at bank.

   (2) Number of checks redeemed to date for the specific month.

   (3) Dollar amount of the number of checks redeemed to date for the specific month.

B. To derive the cost per check the following derivation is performed:

$$\frac{\text{\$ amount of the \# of checks redeemed}}{\text{\# of checks redeemed to date for the specific month}}$$

C. Once the cost per check is derived, the amount is charted on a spreadsheet maintained by the Assistant Health Program Administrator.

D. Any abnormal rise (except for the first eight days of the month) shall be reported to the Chief, WIC Program.

E. A significant increase may require revision of food cost projections.

* SF-2: MONTHLY COMPUTER CHECK RECONCILIATION REPORT

Goal

Verification of the Monthly Computer Check Reconciliation Report with the monthly bank statement.

Procedure

A. Monthly Computer Check Reconciliation

1. Add next month's redemption total plus reporting month's redemption total plus one month's redemption total plus two month's prior redemption total. To this amount subtract the prior month's redemption charge to the reporting month.

2. This amount should equal the "Value of Checks Redeemed" total reported on the Monthly Computer Reconciliation Report.

3. To the "Value of Checks Redeemed:" total add the amount of dollars expended on the "Unmatched Check redemption report." This total should correspond with the amount reported on the fiche total of the monthly bank statement.

4. See attached forms A, B, C for example. Add figures from Form A redemptions: a + b + c + d - Form C, line e = Form B, line f.

B. Monthly Bank Statement

1. Verify the return credits and credit memos listed on the bank statement.

2. Utilizing the bank statement total
   Less: Return credits
   Less: see Credit Memos
   Less: see Debit Memos
   Less: Credit Memo next statement
   Plus: Debit memos next statement
   Equal: Fiche total

3. Fiche Total
   Less: Unmatched Redemption Total
   Equal: Total derived when Monthly Check Redemption Report was verified

4. See attached Form D:
   Add: Line g
   Minus: Lines h, i, j and k
   Plus: Line 1

   Equal: Line n

Line m Fiche total
Minus: Form A, l line n

Equal: Form B, line f

* SF-3: METHOD FOR ESTIMATING WEEKLY FOOD EXPENDITURES

Goal

To transmit an appropriate amount of funds to Financial Management Services Corporation (FSMC) to cover food check disbursements.

Procedure

1. This procedure utilizes the month-to-date expenditures at FSMC to determine the rate of Rhode Island WIC Program spending.

2. Daily, the month-to-date figure for the check redemption is received from FSMC via FAX transmission.

3. This total is then divided by the number of banking days to arrive at an average daily expenditure.

4. The amount is divided by 5 to derive an average weekly rate of spending.

5. A direct wire transfer is performed, if required, to transmit adequate funds to FSMC.

SF-4: METHOD FOR PROJECTION OF FISCAL YEAR FOOD EXPENDITURES

GOAL

To accurately project utilization of food grant to provide direction for caseload management, policy, and strategy.

PROCEDURE

A. Determination of Monthly Projection

1. On the Rhode Island WIC Program microcomputer, the projection spreadsheet is called up by logging in as "peter" and then selecting item "2" on the menu.

2. The previous months final obligations are input at the middle of the month along with the value of the checks deobligated for that month. Also the prior month's average check price is entered. The current month's average check price to date is placed by the figures received from phone calls to the contracted bank. These are placed in the positions on the spreadsheet.

3. The closed out month's final redemptions are placed in the final expenditures locations.

4. Based upon these data, the program derives an estimated figure for the month's redemptions.

5. Each quarter, the last six months of closed out rate or redemptions and percentage change data are run on a linear regression to reflect any extraneous factors affecting the rate of redemption.

6. Each year the annual food budget award is placed in the cell under the first month on row 61 so that the monthly allotment and variance can be computed.

B. Projecting Balance of Fiscal Year Expenditures

1. On the Rhode Island WIC Program microcomputer, the projection spreadsheet is called up by logging in as "peter" and then selecting item "P" on the menu.

2. The closed out totals and the current estimates are then placed in the model for projecting for the rest of the fiscal year. In addition, the average caseload for each month and the participation must be entered. The model then extrapolates an expected balance based upon the inflation rate and caseload estimates that are entered.

SF-5: CHECK RECONCILIATION STATEMENT - MONTHLY REPORT

Goal

To reconcile each check to participant to tell if cashed, voided, or unclaimed and the date cashed or deobligated.

Procedure

A. Staff will take the reconciliation performed by the computer.

B. Staff will visually scale for checks redeemed at greater than sixty days from date of issue.

C. Staff will compose letter to go to the FSMC, advising them of these checks which were not refused as described by the agreement of the State of Rhode Island and FSMC.

SF-7: WIC PROGRAM ANNUAL CLOSEOUT REPORT (FNS 227)

Goal

Beginning with the preparation of the FY94 WIC Annual Closeout, the RI State WIC Program will access the electronic FNS-227 spreadsheet, as informed by FNS.

Procedure

A. Utilize requirements as established by FNS effective February 1994.

B. Refer to fiscal year instructions and information papers for completing the WIC Program Annual Closeout Report.

SF 7A: MONTHLY FINANCIAL AND PROGRAM STATUS REPORT (FNS-798)

Goal:

Revised 11/03

Beginning August 1994, the WIC Monthly Financial and Program Status Report (FNS-498) was utilized by accessing the on-line State Cooperative Data Exchange (SCDEX) System. Beginning in FY 2001 the FNS-498 was replaced by the FNS-798 report, which is accessed in the same manner.

Procedure:

A. As outlined by FNS, NESF-062-4

B. Utilize the state agency user manual, which provides descriptions and detailed instructions for the Special Nutrition Programs Integrated Information System (SNPIIS).

CASELOAD MONITORING

SF-8: CHARTING - CASELOAD MONITORING

Goal

Revised 11/03

To maintain a daily count of local agency caseloads.

Procedure

A. The MIS Unit runs the caseload report from WEBS. This determines a calculated caseload (number of Active participants beings served at an agency and/or specific clinic) by calculating the actual current caseload by adjusting the previous caseload figure (adding any new adds, reinstates, and subtracting terminations, transfers).

D. This calculated caseload is utilized for monitoring purposes.

E. If a local agency exceeds its caseload, the Client Services Manager will speak to the local agency coordinator to request prompt reduction of the excessive caseload and inform the Chief, WIC Program.

SF-9: MONITORING OF NUMBER OF ADMISSIONS TO PROGRAM

Revised 11/03

Goal

To track the level of admissions to each local clinic.

Procedure

A. On a daily basis, WEBS will generate a report, by local agency, which will calcuate the number of admissions which were added to the Program during the particular time frame.

B. The total admissions to the Program are charted for each cycle by the MIS Manager.

C. Any abnormal patterns shall be reviewed by the MIS and Client Services Managers and the Chief, WIC Program.

SF-10: COMPLETION OF FNS-798 Report –
(MONTHLY PARTICIPATION CALCULATIONS)

Revised 11/03
Goal

Required Federal report.

Procedure

A. Number of Participants

This data is generated by WEBS by the MIS unit and automatically entered in to the 798 Report.

SF-11: (RESERVED)

SF-13: Allocation of State Office Salaries and Fringe Benefits

GOAL

To establish a reliable and accurate method of allocating personnel costs according to function and purpose.

Procedure

Semiannually, the supervisory staff of the Rhode Island WIC Program meet with the Chief of the WIC Program to determine the rates to be used to allocate state office salaries of the Program to three activities, namely, Administration, Food Delivery and Nutrition Education. This is done for each individual position and includes supervisory positions. These rates are then listed on the WIC-57, rates For Allocation of State Office Salaries (Appendix).

When these individual rates are determined they are applied to salaries for each of these positions. When this is completed for each of the positions, the amount of salaries assigned to each activity is totaled and a total rate is computed for Administration, Food Delivery and Nutrition Education, respectfully. Allocation of salaries is recorded on the WIC-58, Allocation of State Office Salaries.

The total nutrition education rate, is applied to monthly state office salaries and is used for the WIC Monthly Financial and Program Status Report (Form FNS-798). Along with this, the actual monthly fringe benefit rate is applied to this amount.

All rates are also used for other federal reports when allocation of state office salaries is required.

SF-14: NONPROCUREMENT OF GOODS AND SERVICES FROM ENTITIES DEBARRED OR SUSPENDED

Goal

To ensure a system for nonprocurement of goods and services from entities debarred or suspended under 7CFR Part 3017.

Procedure

In compliance with the requirements of 7CFR Part 3017 the state agency will before entering into any contracts or agreements require that applicable entities certify that they and their principals have not been debarred or suspended. The state agency will also review the Nonprocurement List distributed by the General Services Administration and not enter into a contract or agreement with any entity on the list, for the appropriate period of time.

SF-15 Capital Equipment Acquisition and Inventory Control

Goal

To ensure appropriate management of procurement, logging and tracking of capital equipment.

Procedure

A. Procurement

1. The request is originated from a WIC staff person on a Departmental Requisition (MS-14).
2. The Administrative Aide routes the MS-14 to the Chief for approval, files the pink copy in the fiscal files under the appropriate budget object code and fiscal year (with the name of the originator in the upper right-hand corner), and forwards the other copies to Management Services.
3. Once the Purchase Order is awarded, the Administrative Aide gives a copy to the originator and files the original with the pink copy.
4. Once the equipment arrives, the originator checks the order for accuracy, completeness, and lack of damage.
5. The originator then initials the bill or gives a note to the Administrative Aide to process payment.
6. The Administrative Aide completes the Purchase Order and fills out a Report of Equipment Acquired and Traded In (A-59). The P.O. and A-59 are forwarded to Management Services, and a copy of the A-59 is given to the Senior Administrative Aide.

B. Inventory Control

1. The Senior Administrative Aide logs the equipment on the WIC Computerized Inventory System from the A-59. If the equipment is to be located outside of the office, the originator completes a WIC-17 for each item and gives it to the Senior Administrative Aide. The WIC-17, after entry is then filed in the agency's inventory folder.
2. The Senior Administrative Aide tags the equipment with the Rhode Island WIC Program inventory tags. These numbers are also logged on the computer.
3. When the state inventory tags are received, the Administrative Aide gives the Senior Administrative Aide the tags which are affixed on the equipment and logged in the computer.
4. When items are acquired by the Local Agency, the WIC-17 is filed in the agency's inventory folder and a copy given to the Senior Administrative Aide for entry on the system.

C. Transfer of Equipment

1. When any equipment is relocated to an agency, returned from an agency, or relocated in the office, the Senior Administrative Aide must be notified with a copy of the WIC-17. As a courtesy, the originator should also be informed.
2. The Senior Administrative Aide logs the transfer on the computer and notes the changes on the file copy of the WIC-17.
3. If the equipment will no longer be at the original Local Agency, a copy of the original WIC-17 will be made and put in the folder of the new agency.

D. Retirement or Disposal

1. The agency will notify the Rhode Island WIC Program office prior to the disposal of equipment. If approved, the Senior Administrative Aide notes the retirement on the computer system.
2. If the equipment has a state tag, the Senior Administrative Aide asks the Administrative Aide to prepare an A-60. This is placed in the state or agency inventory folder with the other paperwork.

Added 11/2006

SF – 16 Tests and Provisions – Disposition of Food Instruments

Purpose

To ensure: The reconciliation of all food instruments (within 150 days) issued under the WIC Food Benefit Program (WIC) are in compliance with the Federal regulations governing the accountability of all issued Food Instruments.

Policy

Food Instruments which the local agency (LA) has in its possession which have been issued and are unusable, or which were issued to a participant and returned to the clinic unusable/unwanted shall be appropriately coded in the system as "voided". Redeemed Food Instruments must be identified as one of the following: (1) Voided / Issued, (2) Lost/Stolen, (3) Expired, (4) Duplicate, (5) Unmatched. All redeemed Food Instruments will be reconciled to issued Food Instruments on a one- to-one basis.

Procedures

Reconciliation

The Rhode Island WIC Program, accessing WEBS and banking reports, will utilize a series of monthly reports that provide complete tracking for every check issued. These include:

***Bank Transaction Listing**: Lists each check cleared by the bank during the processing month, date cleared, dollar amount and transaction code.*

***Bank Exception Report:** Identifies checks that cannot be reconciled to the issue records either because the check number is not recognized as currently valid, or because the check was not identified as voided/issued, lost/stolen, expired, duplicate or unmatched. These checks are researched to determine their final disposition.*

***Closeout Reconciliation Report**: Provides a one-to-one reconciliation report that shows, at a detailed check level, the disposition of each check that was created during the month being closed out.*

***Checks Rejected by the Bank Report**: Lists detailed data of checks rejected by the bank during the screening and prepayment audit.*

In addition, the state WIC Office receives check image records of all checks processed during the month. This combination of reports and check images allows the WIC Program to track every check and determine its final disposition. (See attached reports).

added 11/2006

SF – 17 Management of Equipment Acquired with Federal Funds- Property Management

Purpose

To assume Compliance with Sub-part C of 7CRF Part 3016

Policy

The Local WIC Agencies will maintain complete accountability and security for all equipment purchased with WIC Program Funds, (computer, printers, etc.) placed in their care. The Local WIC Agencies will be held financially responsible for all equipment lost, damaged, or stolen.

Procedures

All equipment purchased by the State WIC Program will be inventoried on the WIC computer data base system.

- *Once a year a physical inventory will be conducted of equipment purchased with WIC Program Funds and placed in custody of the Local WIC Program.*
- *The inventory will be reconciled with the property records to verify the existence, current utilization, and continued need for the equipment. Any discrepancies between quantities determined by the physical inspection and those shown in the accounting records will be investigated to determine the causes of the differences.*
- *Any loss, damaged, or theft of equipment will be investigated by the Local WIC Site and fully documented.*
- *Stolen equipment will be reported to the State WIC Office as soon after it is discovered as missing as possible. Phone call reports should be followed up in writing including a copy of a police report.*

Equipment Inventory

>> *Documentation of expenditures more that $5,000.00 will be sent to DOA Inventory Control. Inventory Control will assign an equipment number and add the item to the DOA Inventory Listing. An equipment number tag will be forwarded to the location of the equipment and permanently affixed to the item.*

>>*A computerized inventory listing is printed semi-annually for each equipment location showing all equipment numbers, equipment description, cost, date acquired, and the funding source which purchased the equipment.*

WIC Farmers' Market Nutrition Program

Fiscal Year (FY) 2010 State Plan Guidance

Rhode Island WIC Program

WIC Farmers' Market Nutrition Program (FMNP)
Fiscal Year 2010
State Plan Guidance

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FY 2010

General Information

WIC Farmers' Market Nutrition Program (FMNP)
Fiscal Year 2010
State Plan Guidance

Due Date: **December 1, 2009**

GENERAL INFORMATION

A State Plan defines and describes the manner in which a State agency intends to implement, operate and administer the FMNP under the FMNP regulations, the definition of "State agency" includes Indian Tribal Organizations (ITO's), the District of Columbia, and United States Territories as well as geographic States. The designated State official responsible for ensuring the FMNP is operated in accordance with the State Plan must sign the State Plan. This guidance sets forth the minimum areas that must be addressed in the State Plan In order to provide current and prospective State agencies sufficient time to complete State Plans for FY 2010, FNS has extended the due date to December 1, 2009.

The WIC Farmers' Market Nutrition Program (FMNP) was established in July 1992, by Public Law 102-314. During the 2008 market season the FMNP served over 2.3 million recipients in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) .The mission of the FMNP is to provide fresh, unprepared, locally grown fruits, vegetables and herbs directly to WIC recipients, and to expand the awareness and use of local farmers' markets.

STATE PLAN REVIEW AND APPROVAL PROCESS

FNS Regional Office staff will review State Plans and notify State agencies of any problems or areas in need of clarification. FNS will provide notification of denial or approval of the State Plan will be provided within 30 days of receipt of the State Plan. State agencies should contact their respective FNS Regional Office for technical assistance, (a list of FNS Regional Offices can be found on pages 11-12).

Approval of a State Plan does not constitute a funding commitment for the FMNP. State agency base grants will be announced as soon as possible after State plans have been submitted reviewed and approved. New State agency grants will be announced no later than February 15, **2010**.

If any of the sections or procedures of the State Plan change during the fiscal year, **a State Plan Amendment** and any accompanying appendices must be submitted to the FNS Regional Office for approval prior to implementing such changes.

FORMAT

Where possible, FNS has simplified this descriptive process to allow for yes/no answers, when appropriate, and so that numbers can be inserted in the proper spaces. However, some of the mandatory provisions can only be adequately addressed through narrative description. In these cases, such narratives should be as succinct as possible, but provide sufficient detail to meet the requirements of the State Plan. In some instances, the State agency may include a form in support of one or more of the stipulated provisions, e.g., program participation records, in lieu of a more involved narrative. While use of this format is not mandatory, it is recommended to minimize the application burden on States. **Please identify any attachments or continuation pages according to the corresponding headings using the Attachments numbering system located on the last page of the State Plan Guidance.**

It is highly recommended that State agencies electronically submit State Plans to FNS Regional Offices**.**

UPDATED STATE PLAN INFORMATION

State agencies submitting an initial State Plan for the FMNP must provide a complete and comprehensive document. After the initial approval,, the State agency may opt in subsequent years to submit only substantive changes to its program design and operation.

State plans that were approved for the previous year contingent upon the completion of specific elements to be included in the next year's Plan will not be approved for a second consecutive year until such contingencies have been satisfactorily addressed in full.

It is recommended that participating State agencies submit comprehensive new plans at least once every three years, although the FNS Regional Office may require a new plan when most of the plan has not changed for several years. However, the FNS Regional Office may request a complete copy of the plan from the State agency at any time. A new budget for the current year's operation and new certifications must be submitted to FNS each year, regardless of whether the FMNP's basic operations are expected to change in any way.

The Updated State Plan section of the State Plan Guidance may be used by those current State agencies to update their existing approved State Plans. State agencies requesting Federal funds for FMNP for the first time cannot use the Updated State Plan section

Please note that the following items must be completed by current State agencies in addition to any updated information pages:

a. FY **2010** FMNP Estimated Federal Budget Summary;
b. Expansion Request for those State agencies requesting expansion funds;
c. Other procedural changes or amendments to the plan that have occurred since

the previous State Plan submission, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, and WIC clinics, and a new map showing the locations of the new farmers' markets, roadside stands, and WIC clinics.

UNIVERSAL IDENTIFIER

The Estimated Federal Budget Summary (page 27) contains a field for the State agency to enter its Universal Identifier. The Office of Management and Budget (OMB) requires entities applying for Federal grants to provide government agencies with a Universal Identifier. This requirement is set forth in an OMB Policy Directive, Use of a Universal Identifier by Grant Applicants, which was published in the Federal Register on June 27, 2003, at 68 FR 38402. The initial and annual FMNP State Plan submissions are considered to be applications for a federal grant, and thus State agencies must comply with this requirement. Currently, the Universal Identifier system in use is the Data Universal Numbering System (DUNS) identification number. The Estimated Federal Budget Summary (page 27) contains the field for the Universal Identifier because this page must be submitted by State agencies requesting Federal funds for FMNP for the first time as well as State agencies with prior year grants. There is also space for the Universal Identifier on the Federal-State Agreement (FNS-339), to show that this Agreement pertains to the State Plan. For guidance on obtaining a DUNS number, see http://www.fns.usda.gov/FM/Documents/DUNS_general.htm.

FEDERAL-STATE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM AGREEMENT (FNS-339)

In addition to the basic FMNP State Plan requirements, the Federal-State Supplemental Food Program Agreement (FNS-339) must be signed and submitted annually to FNS before a State agency can receive Federal funds. It is routinely submitted along with the State Plan. The Federal-State Agreement contains the mandatory Department-wide provisions addressing drug-free workplace, Civil Rights provisions and lobbying restrictions, as well as the State agency's commitment to compliance with all pertinent Program requirements. A single Federal-State Agreement may be used for one or all programs (SFMNP, FMNP, and WIC) >Be sure to check the appropriate boxes for each program under item 4 on the first page of the FNS-339.

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Federal Government uses the nonprocurement debarment and suspension system to exclude organizations from Federal grants or contracts based on violations of a wide variety of statutes, executive orders, and regulations. As explained below, assurances must be obtained to ensure that Federal grants or contracts are not provided to debarred or suspended parties, with certain exceptions. The USDA debarment/suspension regulations are codified at 7 CFR 3017.

The FMNP State agency is not required to provide assurance that it is neither suspended nor

debarred as a condition of receiving its FMNP grant. Departmental regulations at 7 CFR section 3017.215(h) exempt mandatory programs, such as the FMNP, from this requirement at the 'primary covered transaction' level (i.e., between the Federal awarding agency and the State agency). Also, this requirement does not apply to farmers or farmers' markets.

The debarment/suspension requirements apply to sub-grants at the "lower tier covered transaction" level, i.e., sub-grants to local agencies, regardless of the amount of the sub-grant. Also, these requirements apply to procurement contractors of State or local agencies with contracts expected to meet or exceed $25,000. The FMNP State agency is required to obtain assurance that each of its FMNP local agencies, and each of its FMNP procurement contractors with total contracts (FMNP and non-FMNP) expected to meet or exceed $25,000, is neither debarred nor suspended.

The debarment/suspension requirements apply to all State agency sub-grants with local agencies, which are often referred to as "agreements" or "contracts;" the term "sub-grant" refers to programmatic activities such as reviewing WIC participant files to determine recipient eligibility for FMNP, distributing and accounting for FMNP coupons or checks, instructing participants on the proper use of the coupons or checks, and providing participants with nutrition education and other program information, because these programmatic activities are characteristic of program sub-grants. (However, this does not apply to a local office of the State agency which is part of the State agency but operates like a local agency, since such local offices are integral parts of the State agency and therefore share the State agency's exemption under 7 CFR sec. 3017.215(h))**.** The debarment/suspension requirements also apply to procurement contracts expected to meet or exceed $25,000; the term "procurement contract" refers to goods and services, such as contracts with businesses for providing information technology or office equipment.

The federal certification forms on debarment/suspension were abolished several years ago. Instead, the FMNP State agency now has three choices on how to obtain this assurance:

1. Check the Excluded Parties List System (EPLS) to determine whether a local agency or procurement contractor has been debarred or suspended; the EPLS may be accessed on the Internet at http://epls.arnet.gov/;

2. Obtain a certification from the local agency or procurement contractor, in a format established by the FMNP State agency, providing assurance that the local agency or procurement contractor has not been debarred or suspended; or,

3. State in the local agency contract or procurement contract that the local agency or procurement contractor must provide assurance that it has not been debarred or suspended, and will promptly notify the State agency if it is debarred or suspended in the future.

The debarment/suspension certifications for local agencies with respect to the WIC Program are sufficient for FMNP if these certifications cover the period of the FMNP sub-grants. Likewise, the WIC State agency – local agency WIC contract may also be used by the FMNP State agency

if this contract covers the period of the FMNP sub-grant and contains the language noted in # 3 above. If there is any doubt about whether a WIC local agency certification or contract covers the period of the FMNP sub-grant, the State agency should use the EPLS instead of the WIC certification or contractual assurance to determine the debarment/suspension status of the local agency. A non-WIC FMNP State agency, such as a State Department of Agriculture, should obtain copies of the local agency certifications or contracts from the WIC State agency for all WIC local agencies involved with FMNP.

If the non-WIC FMNP State agency has entered into an agreement with the WIC State agency to obtain the services of WIC local agencies, the WIC State agency would be a sub-grantee of the FMNP State agency. Thus, the FMNP State agency would need to satisfy itself that the WIC State agency is neither suspended nor debarred via one of the methods outlined above. However, under such circumstances, the FMNP State agency would not need to obtain such satisfaction regarding the WIC local agencies because it does not have a direct relationship with them. Also, under such circumstances, if the WIC State agency has submitted a debarment certification for another program, then a copy of that debarment certification could be provided to the FMNP State agency, since the debarment certification concerns the State agency generally instead of a specific grant agreement.

FMNP State agencies are not required to submit copies of the local agency certifications or contracts or procurement contractor certifications or contracts to the FNS Regional Office as part of the annual FMNP State Plan submission. However, FMNP State agencies must be able to make these certifications or contracts available for review during management evaluations and audits. Alternatively, the FMNP State agency must keep a record showing that it had consulted the EPLS, and present this record upon request during a management evaluation or audit.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The form entitled “Certification Regarding Drug-Free Workplace Requirements” has been abolished. However, the State agency is still required to have in place procedures for implementing a drug-free workplace, per 7 CFR 3021, which must be described in the narrative section of the State Plan. These procedures may be the same as those that are used for other programs such as WIC. This requirement does not apply to farmers, or farmers’ markets

CERTIFICATION REGARDING LOBBYING AND DISCLOSURE FORM TO REPORT LOBBYING

Pursuant to 7 CFR 3018.100, FMNP funds must not be used for lobbying Congress or Federal agencies regarding Federal grants and contracts. This prohibition applies to FMNP funds provided in grants, sub-grants, contracts, and sub-contracts, regardless of the amount of funds. However, the lobbying certification and disclosure requirements are based on monetary thresholds.

The Certification Regarding Lobbying is required for State agencies, local agencies, and

procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding $100,000. The State and local agencies, which are grantees and sub-grantees respectively, as well as contractors and sub-contractors of State or local agencies, should use the Form FNS-732 to provide this certification. The grant or sub-grant includes food funds as well as administrative funds; food funds may not be excluded from the determination of whether a grant or sub-grant exceeds $100,000. The State agency's certification should be appended to the Federal-State Agreement; the local agency should provide its certification to the State agency. If the State agency is using the same Federal-State Agreement for both WIC and FMNP, then only one lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program, since the lobbying certification pertains to a specific grant agreement instead of the State agency generally.

This requirement does not apply to farmers, or farmers' markets.

The local agency's certification should be provided to the FMNP State agency; like the local agency debarment certifications, the State agency needs to keep the local agency lobbying certifications on file. (Likewise, the State agency needs to keep on file the lobbying certifications of its contractors.) Also, as with the Federal-State Agreement, if the State agency – local agency contract covers both WIC and FMNP, then only one local agency lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program. Finally, the lobbying certification is not needed for a local office of the State agency which is part of the State agency but operates like a local agency; a local office of a State agency is covered by the State agency's certification provided to FNS with the Federal-State Agreement.

As explained in the form's instructions, lobbying with federal funds is prohibited; lobbying with funds from other sources is permitted. However, if lobbying with non-federal funds has occurred, then an additional form needs to be submitted, the Disclosure Form To Report Lobbying (Standard Form LLL), for State agencies, local agencies, and procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding $100,000. State agencies need to submit an SF-LLL on their lobbying to the FNS Regional Office; local agencies and State agency contractors need to submit an SF-LLL on their lobbying to the State agency, and then the State agency must submit it to the FNS Regional Office. Again, as above, FMNP State agencies need only submit one SF-LLL if the Federal-State Agreement covers both WIC and FMNP, and local agencies need only submit one SF-LLL if the State agency – local agency contract covers both programs; otherwise, a separate SF-LLL form must be submitted for each program.

ADDITIONAL REPORTS AND SUBMISSIONS

In addition to the State Plan, FNS requires FMNP State agencies to submit the following reports:

a. **FMNP Annual Financial Report, FNS-683** provides information regarding FMNP expenditures and is due to FNS through FPRS no later than **January 31** of

each year.

b. **FMNP Program Report, FNS-203** provides information regarding the number of recipients, farmers, and markets; and is due to FNS through FPRS no later than **January 31** of each year.

c. **If available, an analysis of completed recipient and/or farmers' survey forms** must be submitted annually to FNS by January 31 of each year except that farmers' survey forms may be submitted biennially by January 31. State agencies are encouraged to conduct surveys of recipients and farmers. The survey forms are designed to assess the change in the consumption of fresh fruits and vegetables by recipients, and the effects of the FMNP on farmers' markets.

d. At any time during the fiscal year when changes in any of the sections or procedures of the State Plan occur, a State Plan Amendment and any accompanying appendices must be submitted to the FNS Regional Office for approval prior to implementation.

TECHNICAL ASSISTANCE

FNS Regional Offices

Questions about the development, structure, and/or submission of the FMNP State Plan should be directed to the appropriate FNS Regional Office of the Supplemental Food Programs Office:

Regions	Address	States
Northeast	Maureen Mallam, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Northeast Regional Office 10 Causeway Street Boston, MA 02222-1066 (617) 565-6440	Connecticut Maine Massachusetts New Hampshire New York Rhode Island Vermont
Mid-Atlantic	Diana Limbacher, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Mid-Atlantic Regional Office Mercer Corporate Park 300 Corporate Blvd. Robbinsville, NJ 08691-1598 (609) 259-5100	District of Columbia Delaware Maryland New Jersey Pennsylvania Puerto Rico Virginia Virgin Islands West Virginia
Southeast	Sandra Benton-Davis, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Southeast Regional Office 61 Forsyth Street, SW Room 8T36 Atlanta, GA 30303-3427 (404) 562-7100	Alabama Florida Georgia Kentucky Mississippi North Carolina South Carolina Tennessee
Midwest	Trish Solis, Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Midwest Regional Office 77 West Jackson Blvd. 20th Floor Chicago, IL 60604-3507 (312) 886-6625	Illinois Indiana Michigan Minnesota Ohio Wisconsin

Southwest	JoEllen Collin, Acting Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Southwest Regional Office 1100 Commerce Street Dallas, TX 75242 (214) 290-9812	Arkansas Louisiana New Mexico Oklahoma Texas
Mountain Plains	Jean Liekhus, Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Mountain Plains Regional Office 1244 Speer Blvd., Suite 903 Denver, CO 80204 (303) 844-0331	Colorado Iowa Kansas Missouri Montana Nebraska North Dakota South Dakota Utah Wyoming
Western	Rich Proulx, Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Western Regional Office 90 Seventh Street, Suite #10-100 San Francisco, CA 94108 (415) 705-1313	Alaska Arizona California Guam Hawaii Idaho Nevada Oregon Washington American Samoa Commonwealth of the Northern Marianas Islands

FY 2010

Updated State Plan Information

WIC FARMERS' MARKET NUTRITION PROGRAM
Updated State Plan Information
Fiscal Year 2010

At a minimum, each State agency must provide the following information to FNS Regional Offices annually. Even if all other items have remained unchanged (such as months of program operation and months of coupon issuance), State agencies must complete this section of the guidance, including the **budget pages** and the **expansion fund pages** for those State agencies requesting expansion funds.

FY 2009

1. Estimated number of FMNP recipients (those issued FMNP coupons) served with FMNP Federal and State funds in FY **2009** (previously participating fiscal year): *18,344*

2. Number of FMNP local agencies reviewed by non-WIC FMNP State agency staff or WIC State agency staff in FY **2009**: _____. Briefly summarize findings and corrective action resulting from local agency reviews.

   Failure to document correct risks that could affect eligibility determination,failure to consistently document eligibility, failure to provide at least 2 nutrition education contacts, failure to Consistently use correct procedures in plotting and scale Calibrations,failure to comply with check distribution procedures.

   Corrective plan included training for staff, follow-up of cited issues during QA reviews and monitoring for improved documentation.

3. Number of authorized farmers' markets reviewed in FY **2009***:(7)*. The number of farmers reviewed in FY **2009**(*32)*. Number of roadside stands or farm stands reviewed in FY **2009** (*0)*. Briefly summarize any findings and corrective actions resulting from these reviews.

   Some farmers early in the season did not have their "We accept FMNP checks" sign posted. Failed to Use black ink when stamping WIC FMNP check resulting in returned checks for illegible FMP stamp.

   Corrective plan included, giving the farmer a replacement sign, and providing technical assistance.

FY 2010

4. Number of **FMNP local agencies** to be reviewed in FY **2010**: _____(all local agencies at least once every two years)

   Number of **farmers** to be reviewed in FY **2010**:(*64)* (minimum 10%)

Number of **farmers' markets** to be reviewed in FY **2010**: (*14)* (minimum 10%)

Number of **roadside stands** to be reviewed in FY **2010**: (*0*)(minimum 10%)

FMNP Grant Request:

4. Estimated number of FMNP recipients to be served with FMNP Federal and State agency funds in FY **2010**: *19,450*

(Excluding Expansion)		**(Including Expansion, If Any)**
4,200	Pregnant women	*1 %*
1,250	Breastfeeding women	*0.4%*
_____	Postpartum women	_____
_____	Infants (over 4 months of age)	
14,000	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are defined by the State agency, please indicate accordingly)	5%
_____	Other designation (e.g., only Priority I pregnant or breastfeeding women)	_____
19,450	Total	6.4%

6. Check (X) the type of FMNP recipients to whom benefits will be issued:

X Individuals ☐ Households

7. The lowest Federal benefit amount that any FMNP recipient will receive in FY **2010** is $15.00 and the highest is $20.00. (**Please note:** Federal regulations at section 248.8(b) state that the value of the Federal share of the FMNP benefits received by each recipient, or by each family within a household in those States or Indian Tribes which elect to issue benefits on a household basis under section 248.6(c) may not be less than $10 per year or more than $30 per year.)

8. Do you plan to use non-Federal funds to provide FMNP benefits to non-WIC recipients?

☐ Yes X No

If you answered **YES**, please describe this caseload; include the name(s) of the program(s) and the sources of non-Federal funds: N/A

9. Indicate the total number of local agencies serving FMNP recipients, and the number of each type of farmers, farmers' markets, and/or roadside stands authorized:

FY **2009**	FY **2010**
11 local agencies	*11* local agencies
67 farmers	*72* farmers
28 farmers' markets	*32* farmers' markets
0 roadside stands	*0* roadside stands

10. If fruits, vegetables, and/or fresh herbs have been **added** to the State agency's list of eligible foods for FY **2010**, list (or append a list) of those items.
See Attached.

11. Is the State agency applying to use (not more than) **2 percent of the total program funds for market development and/or technical assistance** in FY **2010**?
☐ Yes *X* No

If **yes**, provide the justification for requesting market development or technical assistance funds, meeting the criteria set forth in § 248.14(h) of the Federal FMNP regulations. Include a detailed description of how the State agency plans to promote the development of farmers' markets. *N/A*

12. Describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be $ *15,000* for your State/ITO in FY **2009** based on the Federal Funds Request and State/ITO Matching Funds worksheet on pages 28-30. (**Please note that the 30 percent minimum match requirement applies only to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO funds provided for food as well as administrative costs):**

Type	Source	Amount
State/ITO and local funds		$
Private funds		$ 0.00
In-kind Contributions	RI Dept. Of Environmental Mgmt	$ 15,000
Similar Programs		$ 0.00
Program Income		$ 0.00
	Total:	$15,000

State/ITO and local funds. If available, append documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.

Private Funds. Include a detailed description of all cash donations or letters of commitment from the organizations or individuals planning to make such donations.

In-kind Contributions. If any portion of the State agency minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and how the value was determined including any supporting documentation.

Dept. Of Environmental Management, Division Of Agriculture and Marketing have oversight of all Farmers, in conjunction with the HEALTH WIC Program FMNP, farmers are approved and eligible to sell at the various markets.

Division Of Agriculture has contributed the cost of some of the cooking demonstrations at the farmers markets. In addition to the cook books produced by HEALTH WIC Program FMNP, these demonstrations promote the use of healthy locally grown produce in easy to prepare and culturally divers dishes. Promotional and media placement are key to the marketing of the farmers' markets.

The Division Of Agriculture supports seven (7) of the markets by acting as the market manager, providing oversight management of these markets at no cost to the farmers in those markets. Operating cost includes cost of tents, food demonstrations, publicity (signage and media announcements), and staffing of at least one (1) FTE on a 4.5 hour shift in the field from June through October, and transportation.

Similar Programs. **Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates.

Program Income. Describe type and source.

Reminder to Current FMNP State agencies:

In addition to the Updated State Plan section above, the following must be completed:

a. FY **2010** FMNP Estimated Federal Budget Summary;
b. Expansion Request for those State agencies requesting expansion funds;
c. Other procedural changes or amendments to the plan that have occurred since the previous State Plan submission and approval, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, and clinics, and a new map showing the location of the new farmers' markets, roadside stands, and clinics.

FY 2010

State Plan of Operations

WIC FARMERS' MARKET NUTRITION PROGRAM
State Plan of Operations
Fiscal Year 2010

Please identify clearly any attachments/addenda pages according to the numbering system used in this format.

State Agency: *Rhode Island*

I. Goals

1. Describe the State agency's plans to achieve the dual purposes of the FMNP as follows:
    a. to provide resources in the form of fresh, nutritious, unprepared foods (fruits and vegetables) from farmers' markets to women, infants and children who are nutritionally at risk and who are participating in the WIC program or who are on a waiting list for the WIC program; and
    b. to expand the awareness, use of and sales at farmers' markets.

2. Describe how the State agency plans to target the program to areas with high concentrations of eligible persons with the greatest access to farmers' markets. Be sure to include any special features, such as the use of volunteers and community resources or specialized management information systems, which the State agency plans to implement to enhance its operation and administration of the FMNP.

For State agencies submitting their initial application for funding, (i.e. State agencies that did not operate the FMNP in FY2009), please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:

a. the number and category of recipients served;
b. the extent of the program, for example was the program's service delivery area limited to a city, county or was it a statewide or ITO-wide program? and
c. the source of funding for the program.

Please include any data concerning the benefits or impact of the program(s).

Distribution of FMNP checks to eligible participants:

Funding is limited, therefore FMNP benefits will be issued on a priority categories process. Currently actively enrolled WIC participants whom are pregnant and/or breastfeeding women and children over the age of twelve (12) months, will be provided with $ 15.00 worth (three (3) equal checks of $ 5.00 of "Farm Fresh" checks redeemable at participating farmers' markets to purchase fresh fruits and vegetables at authorized farmers. Checks will be provided once during the FMNP program year (June 1 through - October 31) to each eligible participant.

FMNP Sites:

Since first implemented in Rhode Island in 1994, FMNP approved markets have expanded from four (4) markets to twenty-two (22). These sites are scattered across the state, which enables twenty-six (26) WIC local sites to issues FMNP checks to their eligible clients.

The relationship between continued growth of the FMNP and farmers' market sites expansion is clear. Since the inception, the number of farmers has also expanded from approximately forty (40) to currently Sixty-seven (67).

II. General Administration

1. Estimated number of FMNP recipients in FY **2009** (if applicable*): 18,344*

2. Estimated number of FMNP recipients for FY **2010**: *19,450*

3. Proposed months of all Program operations: *June, 2010* through *October, 2010*

4. Proposed months of FMNP coupon issuance*: June, 2010* through *September, 2010*

5. Proposed months of coupon redemption by participants:
June through *October*

6. Proposed months of submission for payment by farmers/farmers' markets/roadside stands: June through November

7. Staffing
List all FMNP staff positions below, including both full and part-time positions. Append job descriptions for each position. An organizational flow chart identifying levels of responsibility can be provided with this list.

Paid through Federal FMNP Administrative funds

Position	Full Time	Part Time
Vendor Manager	☐	*X*
FMNP Coordinator	☐	*X*
FMNP Student Intern	☐	*X*
Chief of WIC	☐	*X*
_____	☐	☐

Paid through State/ITO FMNP funds

N/A	☐	☐
_____	☐	☐
_____	☐	☐

_____	☐	☐
_____	☐	☐

Paid through other funding source(s) – specify source(s)

N/A	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

8. If the FMNP State agency is not the WIC State agency, what functions will be performed by State/ITO or local WIC Program staff? Check all that apply.

X Certify recipients for the FMNP

X Issue FMNP coupons to recipients

X Instruct recipients on proper use of coupons

_____ Provide nutrition education for the FMNP

_____ Issue FMNP coupons to local agencies

_____ Reconcile FMNP coupons

_____ Conduct FMNP reviews of authorized sites

_____ Authorize farmers/farmers' markets/roadside stands

_____ Train farmers/farmers' markets/roadside stands

_____ Monitor farmers/farmers' markets/roadside stands

_____ Deal with Cash Value Voucher (CVV's) issued to FMNP participants

If the State agency and the partnering agency (ies) are different. Include as an attachment a copy of the signed agreement between the agencies agency (if different) the functions to

be performed as indicated above. The written agreement should delineate the responsibilities of each agency, specific work activities, and identify the responsible designated representative of each agency.

9. Will any other State or local government agency (ies), non-profit or for-profit organizations, or the Cooperative Extension Service provide services for the FMNP State agency?

Yes ☐ No X

If yes, list the State or local government agency (ies) and/or other organizations.

N/A

Include a copy of the signed agreement between the FMNP State agency and the other agencies and/or non-profit or for-profit organizations delineating the services to be performed.

10. Indicate the basis on which program benefits will be issued to participants:

X Individuals ☐ Households

11. The lowest Federal benefit amount that any FMNP recipient will receive is $ 15,00 and the highest is $ 20,00. (**Please note:** Federal regulations at section 248.8(b) state that the value of the Federal share of the FMNP benefits received by each recipient, or by each family within a household in those States or Indian Tribal Organizations which elect to issue benefits on a household basis under section 248.6(c) may not be less than $10 per year or more than $30 per year.)

III. Funding

a. Please attach a detailed description of the State agency's financial management system that will provide for accurate, current and complete disclosure of the financial status of the FMNP. At a minimum include the following elements:

See Appendix # 1

a. procedures to ensure prompt and accurate payment of allowable and allocable costs, and ensure that costs claimed are in accordance with A-87 (Cost Principles Applicable to Grants and Contracts with State/ITO and Local Governments) and FNS guidelines and instructions (see section 248.12 of FMNP regulations and FMNP Policy Memorandum 2002-1);
b. procedures for obligating funds, including disbursing funds from the Letter of Credit;
c. descriptions of how farmers are paid, and claims procedures for overpayments to farmers, farmers' markets, roadside stands, and recipients; and
d. description of the time reporting system used to distribute employee salaries and related costs, and procedures and forms for conducting time studies.

2. Describe the funding source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be $15,000 for your State/ITO in FY **2009** based on the Federal Funds Request and State/ITO Matching Funds Estimation worksheet on pages 28-29. (**Please note that the 30 percent minimum match requirement only applies to the total FMNP administrative cost of the program, although the State agency may meet this match requirement with State/ITO funds provided for food in addition to administrative costs):**

Type	Source	Amount
State/ITO and local funds	*RI Dept. Of Health*	$
Private funds		*$ 0.00*
In-kind Contributions	*RI Dept. Of Environmental Mgmt*	*$ 15,000*
Similar Programs		*$ 0.00*
Program Income		*$ 0.00*
		Total: $15,000

State/ITO and local funds. If available, attach documentation, such as a copy of appropriation

legislation, budget page containing this line item, etc.

Private Funds. Describe in detail or attach documentation of all cash donations or letters of commitment from organizations/individuals planning to make such donations.
$ 0.00

In-kind Contributions. If any portion of the State agency's minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and include any supporting documentation.

Dept. of Environment Management, Division of Agriculture and Marketing have oversight of all farmers. In conjunction with the HEALTH WIC Program FMNP, farmers are approved and eligible to sell at the various markets.

Division of Agriculture has contributed the cost of some of the cooking demonstrations at the framers' markets. In addition to the cookbooks produced by Health WIC Program FMNP, these demonstrations promote the use of healthy locally grown produce in easy to prepare and culturally divers dishes. Promotional and media placement are key to the marketing of the farmers' markets.

The In-kind contribution represent a donation from DEM of State funds used for Johnson & Wales to provide education on cooking and safe handling of produce as well as printing of cookbooks that are provided to WIC clients. Total state funds used $15,000.

Similar Programs. **Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates.

Program Income: Describe type(s) and amount(s). N/A

3. Is the State agency seeking approval to use up to 2 percent of its total program funds for market development or technical assistance to farmers' markets in FY **2010**?

☐ Yes X No

NOTE: These funds are only available for farmers' markets in socially or economically disadvantaged areas, or remote rural areas, where individuals eligible for participation in the FMNP have limited access to locally grown fruits and vegetables.

If yes, describe in detail the justification for the market development and/or technical assistance funds, including documentation to support the qualifications of the areas to be targeted and specific plans to achieve the stated goals. _____

4. Describe in detail the State agency's record keeping system for the FMNP, addressing **at a minimum,** the following areas: **See Appendix #1 through - Appendix # 3**

a. financial operations
b. coupon issuance and redemption
c. FMNP participation reporting
d. tracking staff time and other administrative expenses to ensure that federal FMNP funds are only used for costs which are allowable and allocable for FMNP.

NOTE: A description of the State's financial management system is required earlier in Section III (1) above. If some of the same information has already been provided under that section, it is not necessary to duplicate that information. It may either be provided here or cross-referenced to the relevant section.

If forms have been developed to facilitate any of these functions, an example of each form, along with a brief explanation should be attached to this document.

5. FMNP Federal Funds Allocation Process and the State/ITO Match

As required by law and regulations, the State/ITO match is calculated as follows:

1. Total Federal funds requested (prior year's total Federal grant) X 17% (or 19%) = Federal administrative funds.

2. Federal administrative funds ÷ 70% = Estimated total administrative cost.

3. Estimated total administrative cost X 30 % = State/ITO match amount.

(A State agency may provide more in State funds to administer the program. However, the FNS allocation is based on the minimum amount that a State agency must match, not the total amount of funds/resources a State agency actually provides.

4. Total Federal funds requested (prior year's total Federal grant) + State/ITO match amount = Estimated total program cost.

6. **Federal Funds Request and Budget Worksheets**

I. FY 2010 FMNP ESTIMATED FEDERAL BUDGET SUMMARY
This Worksheet summarizes the Federal food and administrative funds. **All State agencies must complete this worksheet.**

II. ADMINISTRATIVE BUDGET ESTIMATE
This worksheet summarizes administrative activities and related funding. **All State agencies must complete this worksheet.**

III. FEDERAL FUNDS REQUEST *AND* STATE/ITO MATCHING FUNDS

ESTIMATION
This worksheet estimates either the amount of Federal funds based on the State/ITO match amount available, or for estimating the State/ITO match amount and total program funds based on the amount of Federal food funds requested. **All State agencies must complete either Part A or Part B of this worksheet as applicable.**

IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL
This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level. **All state agencies must complete either this worksheet or worksheet V, below.**

V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS
This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories. **All state agencies must complete either this worksheet or worksheet IV, above.**

UNIVERSAL IDENTIFIER: ***037459216*** **State Agency Name:** ***Rhode Island***

I. FY 2010 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

1. Total Federal Funds requested
(Prior Year's Total Federal Grant *or Less*): ***$ 152,739***

2. Plus: Expansion funds requested (if any): **0**

3. Less: Federal Administrative Funds at 17% of total: ***$ 25,965.63***

4. Less: Market Devel. /Technical Assist. Funds
(up to 2% of total): **0**

5. Federal Food Funds:
a. 83% (total without market development funds request): ***$ 126773.37***
*******OR*******
b. 81% (total with market development funds request): _____

II. FY 2010 FMNP ADMINISTRATIVE BUDGET ESTIMATE

Coupon Management	Market Management	Nutrition Education	Financial Management	Total
$ *5,193.12*	$ 7,789.69	$ 7,789.69	$ *5,193.12*	$ 25,965.63
20 %	**30 %**	**20 %**	**30 %**	**100 %**

Coupon Management: Printing and reconciling coupons, issuing coupons to recipients, and instructing recipients on the purpose of the program and proper use of coupons.

Market Management: Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers' markets.

Nutrition Education: Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

Financial Management: Preparing financial and recipient reports, issuing payments to farmers/farmers' markets and costs associated with FMNP audits.

III. FY2010 FMNP FEDERAL FUNDS REQUEST *AND* STATE/ITO MATCHING FUNDS ESTIMATION

Part A. of this worksheet should be completed by a State agency that knows the amount of State/ITO funds available to meet the matching requirement, and wants to estimate the level of Federal funds the State/ITO matching funds can support. Part B of this worksheet should be completed by a State agency that wishes to estimate its match amount and total program funds based on the amount of Federal food funds requested.

A: <u>To estimate the Federal food and administrative funds based on the matching amount</u>:

1. Matching Funds: $_____

÷ .30

= $_____ Total Administrative Funds

2. Total Administrative Funds: $_____

- Matching Funds: $_____

= $_____ Federal Administrative Funds

3. Federal Administrative Funds: $_____

÷ .17 (or .19)

= $_____Total Federal Funds

B. <u>To estimate the matching and administrative amounts based on the Federal food funds requested</u>:

1. Prior year's food grant: <u>$ 126,773.37</u>

÷ .83 (or .81)

= <u>$152,739.00</u> **Total Federal Funds Requested, Food and Administrative.**

2. Total Federal Funds Requested: $ <u>152,739.00</u>

X .17 (or .19)

= $<u>25,965.63</u> **Federal Administrative Funds.**

3. Federal Administrative Funds: $ 25,965.63 ÷ .70

= $ 37,093.76 **Estimated Total Administrative Funds, Federal and State**

4. Estimated Total Administrative Funds $ 37,093.76
– Federal Administrative Funds $ *11,128.13*

= $ _____State Agency's Match for New FY.

5. State/ITO Matching Funds $ *11,128.13*

+ Total Federal Funds $ *163,867.13*

IV. FY 2010 FMNP FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level:

1. Total Federal Funds Requested: $*152,739.00*

2. Percent of Total Federal Funds Available for Food: x .83 **OR x .81**

3. Available Food Funds: $ *126,773.37* **$_____**

divided by divided by

4. Proposed Federal Food Benefit Level (Minimum $10; Maximum $30): $ *15.00* **$_____**

5. Total Projected Federal Caseload: *8,452* **_____**

V. FY 2010 FMNP FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) receives a benefit level different from the other categories:

1. Total Federal Funds Requested: $_____

2. Percent of Total Federal Funds Available for Food: **x .83** ****OR**** **x .81**

3. Available Food Funds: **$_____** **$_____**

	CATEGORY I (specify)	CATEGORY II (specify)	CATEGORY III
4. Number of proposed program recipients b category:	**_____ x**	**_____ x**	**_____ x**
5. Proposed food benefit level:	**$_____**	**$_____**	**$ _____**
6. Totals per category	**= $ _____**	**$ _____**	**$ _____**

7. Add together the totals in Line 6, which must be equal to or be less than the total available Federal food funds in line 3:

I: $ _____+ II: $ _____+ III $ _____= Grand Total: $_____(= line 3)

IV. Certification

1. Describe the State agency's plans to target areas with a high concentration of eligible persons and access to farmers' markets within the broadest possible geographic area. For example, will the State/ITO concentrate on serving only a few areas where there are large numbers of WIC recipients who have access to farmers' markets, or will it provide State/ITO-wide coverage?

   a. Provide a detailed description of the service area(s), including the number and addresses of participating markets, roadside stands, and WIC clinics.

      See Appendix #4

   b. Attach a map outlining the service area(s) and proximity of markets and roadside stands to clinics.

      See Appendix #4

   c. Estimated number of WIC recipients per clinic:

Clinic (local Agency)	# of Recipients
Children & Friend Services	*2,922*
Women & Infants Hospital	*2,205*
ST. Joseph Hospital	*1,782*
East Bay Community Action Program	*2,516*
Tri-Town Economic Opportunity	*1,335*
West Bay Community Action Program	*1,771*
Wood River Health Services	*521*
Chad Brown Health Center	*1,015*
Comprehensive Community Action Program	*1,425*
Thundermist Health Center of South Co.	*3,087*
Providence Community Health Center	*6,653*

2. Intended FMNP recipients:

(Excluding Expansion)		(**Including Expansion**)
18,344	WIC recipients only	*19,000*
N/A	WIC applicants on waiting lists only	N/A
18,344	Both	*19,000*

3. Will all WIC recipients in an FMNP service delivery area be issued FMNP coupons, or only certain categories/groups?

☐ All eligible recipients
X ☐ Specified categories/groups: (check all that apply)

(Excluding Expansion)		**(Including Expansion)**
X ☐	Pregnant women	X ☐
X ☐	Breastfeeding women	X ☐
☐	Postpartum women	☐
X ☐	Infants (over 4 months of age)	X ☐
X ☐	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are defined by the State agency, please indicate accordingly)	X ☐
☐	Other designation (e.g. only Priority I pregnant or breastfeeding women)	☐

V. Coupon and Market Management

1. **Issuing FMNP coupons to participants**

a. Describe the State agency's procedures for ensuring the secure transportation and storage of coupons/checks or check stock. Include the method used to transport coupons from the contractor who produces them to the State agency, and from the State agency to the local agencies. Include a description of how unissued FMNP coupons are stored, or how secure handling of check stock and electronic check numbers are ensured, at the State agency, local agency, and/or local issuing sites. Also include any type of reporting form used to gather data. See Appendix # 3

b. Describe the coupon issuance system for participants. Include any Reporting forms used to gather data. This description should include the automated processes as well as the manual processes used for issuance of coupons/checks to participants. See Appendix # 3

c. Describe the State agency's system for instructing participants on the proper use of FMNP coupons. If this function is performed by the WIC local agency on behalf of the FMNP State agency, indicate who issues the coupons; what materials are provided during issuance; and who explains the use of the coupons and redemption procedures to the participant. Please include materials provided to participants instructing them on how to use FMNP coupons and any list of Farmers' Markets provided to participants See Appendix # 3

d. Attach a copy of the log or other form used to record coupon issuance to valid certified recipients. See Appendix # 3

2. Authorization of farmers, farmers' markets, and roadside stands

The State agency is responsible for the fiscal management of and accountability for FMNP-related activities by farmers, farmers' markets and roadside stands. Each State agency may decide whether to authorize farmers individually, farmers' markets, or both farmers and farmers' markets, and also roadside stands. Only farmers and/or farmers' markets and roadside stands authorized by the State agency, as set forth in the federal FMNP regulations, may redeem FMNP coupons.

a. Describe the State agency's general authorization procedures for farmers and/or farmers' markets. See Appendix #6 FMNP Sponsor Guildelines
See Appendix #7 FMNP Farmers' Guildelines

b. List or attach the criteria used to authorize farmers' markets. Examples of authorization criteria include: 1) permanent market location; 2) sufficient number of growers who participate in the market; 3) a wide selection of

products; or 4) community support from non-FMNP sales.
See Appendix # 6

c. List or attach the criteria used to authorize farmers. Examples of authorization criteria include: 1) grows a minimum percentage of the produce to be sold (please specify); 2) owns land within the State/ITO where produce is grown or, 3) certified by the State Agriculture Department, ITO Cooperative Extension Agent or by a Farmers' Market Association within the State agency; 4) authorized to redeem SFMNP coupons; 5) offers locally grown produce; or 6) accessible to WIC service areas

See Appendix #6 FMNP Sponsor Guildelines
See Appendix #7 FMNP Farmers' Guildelines

d. How does the State agency define "eligible foods"? List or attach a list of the fruits, vegetables, and/or fresh herbs that may be purchased with FMNP checks or coupons. For the purposes of the FMNP, "eligible foods" means fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs. Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Honey, maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of the FMNP. State agencies can also describe eligible foods as "all fruits, vegetables and herbs locally grown except…" See Appendix # 8

e. How does the State agency define "locally grown produce" in order to designate FMNP eligible foods? Eligible foods are limited to produce grown within State/ITO borders or areas in neighboring States/ITOs adjacent to its borders.

See Appendix #6 FMNP Sponsor Guildelines

f. To what extent does the State agency permit or prohibit the participation of individuals who are selling produce grown by someone else, in addition to their own produce? Individuals who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized to participate in the FMNP.

See Appendix #6 FMNP Sponsor Guildelines

g. Under what conditions, if any, does the State agency authorize roadside stands, i.e., a location in which a single, individual farmer sells his/her own produce directly to consumers, in contrast to a farmers' market or a nonprofit organization that does not grow its own produce, but realizes a profit from such sales? Examples of authorization criteria include: 1) participant access, or 2) lack of farmers' markets.

Rhode Island FMNP dose not Authorize farm stand

h. Describe how the State agency will ensure that there is no conflict of interest between the State or local agency and any participating farmer, farmers' market or roadside stand. _____

i Indicate the number and type of farmers, farmers' markets, and/or roadside stands that will be authorized in FY **2010**:

72 farmers

31 farmers' markets

0 roadside stands

j. Does the State agency require that the Market Manager be bonded?
☐ Yes X ☐ No

3. Farmers and/or Farmers' Market Agreements

Each State agency shall enter into a written agreement with all participating farmers and/or farmers' markets and roadside stands including sanctions for non-compliance with FMNP requirements. This agreement must contain at a minimum the following specifications. Include the FMNP State agency - Farmers'/Farmers' Market/Roadside Stand Agreement in the addendum.

See Appendix # 9- FMNP Market Agreement –2yr
See Appendix # 10 FMNP Market Agreement – 1yr

a. The farmer and/or farmers' market and roadside stand shall:

i. provide such information as the State agency shall require for its periodic reports to FNS;
ii. assure that FMNP coupons are redeemed only for eligible foods;
iii. provide eligible foods at the current price or less than the current price charged to other customers;
iv. accept coupons within the dates of their validity and submit coupons for payment within the allowable time period established by the State agency;
v. in accordance with a procedure established by the State agency, mark each transacted coupon with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted FMNP coupon shall contain a farmer identifier and shall be batched for reimbursement under that identifier. In those cases where the agreement is between the State agency/ITO and the farmers' markets, each transacted FMNP coupon shall contain a farmer identifier and be

batched for reimbursement under a farmers' market identifier;

vi. accept training on FMNP procedures and provide training to farmers and any employees with FMNP responsibilities on such procedures;

vii. agree to be monitored for compliance with FMNP requirements – including both overt and covert monitoring;

viii. be accountable for actions of farmers or employees in the provision of foods and related activities;

ix. pay the State agency for any coupons transacted in violation of this agreement;

x. offer FMNP recipients the same courtesies as other market customers;

xi. comply with the nondiscrimination provisions of USDA regulations;

xii. notify the State agency if any farmer or farmers' market or roadside stand ceases operation prior to the end of the authorization period. Provide the State agency with a regularly updated list of all farmers at the authorized market who accept FMNP coupons in exchange for their produce, and their effective dates of participation.

b. <u>The farmer and/or farmer's market and roadside stand shall not</u>:

i. collect sales tax on FMNP coupon purchases;

ii. seek restitution from FMNP recipients for coupons not paid by the State agency: and

iii. issue cash change for purchases that are in an amount less than the value of the FMNP coupon(s).

c. Neither the State agency nor the farmer and/or farmers' market or roadside stand have an obligation to renew the agreement. Either the State agency or the farmer and/or farmers' market or roadside stand may terminate the agreement for cause after providing advance written notification. The period of time within which such advance notification must be provided is to be stipulated by the State agency as part of the standard agreement.

d. The State agency may deny payment to the farmer and/or farmers' market or roadside stand for improperly redeemed FMNP coupons or may establish a claim for payments already made on improperly redeemed coupons. The State agency may disqualify a market and/or a farmer or roadside stand for program abuse with a minimum of 15 days advance written notification.

e. The State agency may disqualify a farmer and/or farmers' market or roadside stand for FMNP abuse.

f. A farmer and/or farmers' market or roadside stand that commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State/ITO or local laws.

g. A farmer and/or a farmer's market or roadside stand may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement shall not be subject to appeal through the FMNP State agency.

h. Agreements may not exceed 3 years. The farmers and/or farmers' market and roadside stand agreements are valid for 1years

4. Describe or attach other cooperative arrangements that may have been negotiated, such as with Cooperative Extension Service programs, or a State Agriculture Department or ITO to authorize farmers/farmers' markets or roadside stands.

Department of Environmental Management – Division of Agriculture (See Appendix #11)

5. Annual training for farmers and/or farmers' markets:

a. State agencies shall conduct annual training for farmers, roadside stands and/or farmers' market managers and those who participated in the FMNP in prior years or who join the program after the regularly scheduled training has been held. **Attach or describe the procedures the State agency has in place or plans to implement for the annual training required for authorized farmers, and roadside stands and/or farmers' market managers**.

See Appendix # 7 – Farmer Guidelines & Procedures
See Appendix # 12 – Operations Manual Section,3; v-3

b. Further, the State agency shall conduct a **face-to-face** training for all farmers, roadside stands and farmers' market managers their first year of participation in the FMNP. **Face-to-face** training refers to a format that offers the opportunity for interaction and exchange of questions and answers, which may include video conferencing as well as actual face-to-face training sessions. State agencies have discretion in determining the method used for future annual training purposes. At a minimum, annual training shall include instruction emphasizing: eligible food choices; coupon redemption procedures; equitable treatment of FMNP recipients; Civil Rights compliance and guidance; guidelines for storing coupons safely; and guidelines for canceling FMNP coupons, such as punching

holes or rubber stamping. This description or appendix should also include the subsequent training methods made available to market managers, farmers, and roadside stand operators after the first year's face-to face training.
See Appendix # 12 – Operations Manual Section,3; v-3

6. Coupon accountability

The coupon reconciliation process is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each coupon, from the time it is issued through its final disposition. The State agency is responsible for reconciling validly redeemed coupons, as well as lost, stolen, voided, expired, or FMNP coupons that do not match issuance records. The process for reconciling lost and/or stolen coupons must ensure that farmers accepting such coupons in good faith, and through approved procedures, are not unfairly penalized.

a. Describe or attach the State agency's system for identifying and reconciling FMNP coupons that were redeemed, voided, expired, or reported lost or stolen and not matching issuance records. **Validly redeemed FMNP coupons are those that are issued to a valid FMNP participant and redeemed by an authorized farmer or farmers' market or roadside stand within valid dates.** They must include a valid recipient identifier based on the signature on the issuance log, and an unique and sequential serial number; be transacted within valid dates and; an authorized farmers' market; an authorized farmer operating under the auspices of the authorized market, or an authorized roadside stand.

See Appendix #5- Procedure Manual, Section - 300
See Appendix # 3- Operations Manual, Section 3, v-11

b. Describe the State agency's system for ensuring that coupons are redeemed only by authorized farmers, farmers' markets, or roadside stands for eligible foods.
See Appendix # 3- Operations Manual, Section 3, v-11
See Appendix # 13- FMNP Monitoring

c. Describe the State agency's system for identifying and disallowing coupons that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets or roadside stands.

See Appendix # 3- Operations Manual, Section 3, v-11

d. Coupon Timeframes
(i) Issuance to participants_____ **(no later than September 30)**

(ii) Redemption by recipients: October 31 **(no later than November 30)**

(iii) Submission for payment by farmers/farmers' markets/roadside stands: November 28

(iv) Payment by the State agency: December 1

All of the functions described above must be completed within a timeframe that allows the State agency to reconcile coupons, liquidate obligations, and submit its financial and program data reports (FNS-683 and FNS-203) to FNS **no later than January 31 of each year.**

e. Provide a copy of the coupon/check to be used in the FMNP in the Appendices section.

See Appendix # 14 – Sample FMNP Check

VI. Management Evaluations and Reviews

1. Describe or attach a description of the State agency's criteria for defining a high-risk farmer. Such criteria must include at a minimum:
   a. proportionately high volume of coupons redeemed within a farmers' market or roadside stand and within a State or ITO;
   b. recipient complaints; and
   c. new farmers, farmers' markets, and roadside stands in their first year of operation**.**

See Appendix # 16 – Operations Manual Section 3, V-2

2. **Review of farmers and farmers' markets and roadside stands**

Describe the State agency's plans (including any compliance purchase activities) for reviewing authorized farmers/farmers' markets/roadside stands (on-site) in FY 2010. Ten percent of farmers, 10 percent of farmers' markets, and 10 percent of roadside stands must be monitored. For example, if there are five farmers' markets in a participating State/ITO and 40 farmers, the State agency shall monitor, at a minimum, one farmers' market and four farmers. These four farmers may or may not be participating within the one farmers' market being monitored.

a. Number of **farmers' markets reviewed** in **FY 2009** (minimum 10%):

   i. Markets with high-risk farmers 11(50 %)
   ii. Other markets _____(_____%)

b. Number of **farmers' markets to be reviewed in FY 2010** (minimum 10%):

   i. Markets with high-risk farmers 11 (50%)
   ii. Other markets _____(_____%)

c. Number of **farmers reviewed** in **FY 2009** (minimum 10%): 31(53 %)

   i. High-risk farmers 15 (26%)
   ii. Other farmers 16 (27%)

d. Number of **farmers to be reviewed in FY 2010** (minimum 10%): (54 %)

   i. High-risk farmers 20 (30%)
   ii. Other farmers 34 (36%)

e. Number of **roadside stands reviewed** in **FY 2009** (minimum 10%): 0

   i. High-risk farmers 0(0%)
   ii. Other farmers 0(0%)

f. Number of **roadside stands to be reviewed in FY 2010** (minimum 10%): (0%)

i. High-risk farmers (0%)
ii. Other farmers (0%)

g. Attach a list of farmers, markets and roadside stands reviewed in FY 2009 along with the associated findings.

3. Describe or attach the State agency's policies and procedures for determining the type and level of sanctions to be applied against farmers, farmers' markets, and roadside stands which violate Federal and/or State agency FMNP requirements based upon the severity and nature of the FMNP violations

See Appendix # 6

See Appendix # 7

4. **Review of Local Agencies**

Describe the State agency's plans for reviewing FMNP practices at local agencies in FY **2010**. All local agencies participating in the FMNP must be reviewed at least once every two years by non-WIC FMNP State agency staff or WIC State agency staff. **Please attach a copy of the State agency's FMNP monitoring tool to review local agencies.**

a. Number of local agencies to be reviewed in FY **2010**: 14
b. Number of local agencies reviewed in FY **2009** (if applicable): 7
c. Briefly summarize findings and corrective action taken from any reviews conducted in FY **2009**:

Reviewed during management evaluations of the WIC programs. Failure to document correct risks which could affect eligibility determination, failure to consistently document eligibility, failure to provide at least 2 nutrition education contacts, failure to consistently use correct procedures in plotting and scale calibrations, failure to comply with check distribution procedures.

VII. Nutrition Education Requirements

1. Describe in detail the State agency's plan to provide nutrition education to FMNP recipients. If the administering State agency for the FMNP is not the WIC State agency, and has entered into an agreement for the WIC State agency to provide nutrition education, append a copy of the WIC State agency's nutrition education plans for FMNP participants.

   It is not mandatory that the FMNP State agency retain sole responsibility for providing nutrition education to Program recipients. Nor is it intended that the FMNP State agency duplicate the nutrition education that may be currently provided by the WIC local agency. The FMNP nutrition education requirement may be fulfilled directly by the farmer's markets or another branch of the State Department of Agriculture or ITO, or under agreement with the local WIC agency, area colleges and universities, the Expanded Food and Nutrition Education Program (EFNEP), the Cooperative Extension Service, and/or any number of other entities having the capability to address the particular nutritional benefits of fruits and vegetables that can be obtained at farmers' markets. Any costs associated with the provision of nutrition education by an entity other than the administering agency of the FMNP are allowable administrative expenses under FMNP funding (up to 17 percent of the total grant). This aspect of the program responds directly to the Congressional intent in establishing the FMNP as a way to increase recipients' awareness and use of farmers' markets**.**

   Encourage Partnerships
   FNS believes that the effectiveness of nutrition education can be greatly enhanced through collaboration with others interested in promoting health and nutrition in low-income populations. Therefore, FNS strongly encourages collaboration and coordination of efforts with state/ITO-wide public and private partners to enhance both the outreach and efficacy of the nutrition education efforts. FNS encourages such collaboration to facilitate development of long-term, coordinated nutrition education plans and sustainable infrastructures, foster an integrated approach to nutrition education across programs in the State or ITO, capitalize on promotional opportunities, coordinate and pool resources for material development, duplication, and dissemination, and insure development of science-based messages that are consistent with the U.S. Dietary Guidelines for Americans, the Food Guide Pyramid, and other federal guidance**.**

   Promote the Dietary Guidelines Messages
   To create a base of messages that may be reinforced across FNS programs, FNS encourages State agencies to incorporate the messages contained in the latest edition of the Dietary Guidelines for Americans into nutrition education plans. It is expected that nutrition education messages will logically be tailored to address the most urgent nutrition education needs of constituents. However, as opportunities arise, FNS strongly encourages State agencies to convey at a minimum four key messages through WIC and other FNS programs so that program recipients have repeated

exposure to these messages. The messages, all designed to promote food and physical activity choices for a healthy lifestyle, are as follows:

Build a healthy base -- eat a variety of foods
Add more fruits, vegetables and whole grains
Eat lower fat foods more often
Be physically active

These messages - derived from the Dietary Guidelines - are being consistently and prominently promoted in all of the FNS programs to advance an integrated, behavior-based, comprehensive nutrition education approach across FNS programs. Using these four core messages, nutrition education program administrators across the many FNS programs can collaborate and work jointly around these common themes for their nutrition education interventions, for example to pool resources to develop materials jointly, conduct social marketing campaigns, and reinforce the educational messages.

2. List or attach the locations or settings where nutrition education for FMNP is provided (i.e., WIC clinics, farmers' markets, community centers, child care facilities, or schools).

See Attached (map) of clinics & farmers' market location

3. Does the State agency coordinate with other agencies around issues related to nutrition education and promotion?

☐ No
X ☐ Yes (If yes, check the applicable partnerships below):

X☐ Food Stamp Program
X☐ Team Nutrition
☐ Other school-based programs
☐ Commodity Supplemental Food Program
☐ Children and Adult Care Food Program (CACFP)
☐ Food Distribution Program on Indian reservations
X☐ WIC
☐ Other FNS programs (specify): _____
☐ Temporary Assistance for Needy Families Program
X☐ Expanded Food and Nutrition Education Program (EFNEP) and/or Cooperative Extension Service
☐ Other government programs (e.g., Head Start, 5 A Day, etc.)
☐ Non-profit organizations (specify):_____
☐ For-profit organizations (specify):_____
☐ Industry (specify):_____
☐ Professional organizations (specify):_____
X☐ Educational Institutions (specify):_____
☐ Religious Institutions (specify):_____

☐ Other (specify:_____

4. Describe how nutrition education for FMNP is coordinated with other nutrition education programs or services, such as WIC, Food Stamps, Extension Service, 5 A Day, or State/ITO initiatives._____

5. Describe the nutrition education materials that you have developed and how they are used. In addition, describe any new materials you are planning to develop._____

6. Does the State agency plan to develop new participant educational materials containing the new Dietary Guidelines for Americans messages? Yes ☐ No X
If yes, please describe the elements below.

Type of material	**Target audience**	**Project completion date**
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If the State agency intends to collect survey information to assess the effects of the program on farmers' markets and roadside stands and the change in consumption of fresh fruits and vegetables by FMNP recipients, **attach copies of survey forms**.

VIII. Miscellaneous Requirements - Civil Rights Procedures; Hearing Procedures and Program Complaints; State Agency Drug-Free Workplace Procedures; Local Agency Debarment/Suspension Procedures; and, Local Agency Lobbying Certification and Procedures

1. **Civil Rights –**

a. Describe the State agency's procedures for handling complaints of discrimination on the basis of race, color, national origin, age, sex or disability, including timeframes for submitting such complaints and for investigating them and responding to plaintiffs. The State agency's procedures for handling complaints of discrimination in the FMNP should be consistent with established and approved procedures for handling such complaints related to other assistance programs administered by the State agency. For example, if WIC Program-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then FMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the FMNP if one already exists in a related program administered by the State agency.

_____

b. Confirm that the State agency is using the following statement on all FMNP brochures and publications, excluding materials which provide only nutrition education information without mentioning FMNP, and such items as caps, buttons, magnets and pens, when the size or configuration make it impractical:

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

c. Confirm that the State agency is using the following statement, in print size no smaller than the text, in material to small to permit the full statement:

"This institution is an equal opportunity provider."

d. Confirm that the State agency is using the following statement in radio and television public service announcements:

"The FMNP is an equal opportunity provider."

2. **Hearing Procedures and Program Complaints -** The State agency shall provide a fair hearing procedure whereby local agencies, recipients, and farmers/farmers'

markets adversely affected by certain actions of the State agency may appeal those actions. A local agency may appeal an action of the State agency disqualifying it from participating in the FMNP. A recipient may appeal disqualification/suspension of FMNP benefits. A farmer/farmer's market may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement, and determination of ineligibility to receive WIC benefits (and therefore to receive FMNP coupons) shall not be subject to appeal through the FMNP State agency. The State agency shall also provide procedures for addressing complaints about program operations.

a. Describe or attach the State agency's procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, recipients, and markets/farmers. The opportunity to request a fair hearing regarding certain adverse actions taken by the State agency must be provided to all farmers and/or farmers' markets and recipients against whom such adverse action is taken.

See Appendix #15 Procedure Manual, Section 800

b. Describe or attach the State agency's procedures for handling program complaint from recipients, non-recipients, markets, and farmers. _____

3. **Drug Free Workplace -** Describe or attach the State agency's plans to maintain a drug-free workplace and otherwise comply with 7 CFR 3021. Per 7 CFR 3021.230, the State agency must identify all of its known State agency workplaces where work under the federal FMNP grant will be performed; please append a list of these workplace addresses. _____

4. **Local Agency Debarment/Suspension** – Per 7 CFR 3017.300, the FMNP State agency has on file either 1) a current certification in a format established by the State agency; or, 2) a local agency contract, or procurement contract equal to or exceeding $25,000, including assurance on debarment / suspension, which may be satisfied by the local agency debarment / suspension certification provided for WIC if it covers the same period as the FMNP local agency contract; or, 3) a record showing that the FMNP State agency had checked the Excluded Parties List System for each local agency (EPLS)?

Yes X ☐ No ☐

5. **Local Agency Lobbying Certification and Procedures** – Per 7 CFR 3018, the FMNP State agency has on file the current form FNS-732, Certification Regarding Lobbying, for each FMNP local agency and procurement contractor with a sub-grant or sub-contract exceeding $100,000, if any? (This may be satisfied by the local

agency lobbying certifications provided for WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes X ☐ No ☐

6. **SF-LLL on File -** The FMNP State agency has on file the current SF-LLL, Disclosure Form to Report Lobbying, if lobbying occurs with non-federal funds, for each FMNP local agency and procurement contractor with a sub-grant or sub-contract exceeding $100,000, if any? (This may be satisfied with local agency lobbying disclosures provided for WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes X ☐ No ☐

7. **SF-LLL Transmission -** The FMNP State agency has provided a copy of any such disclosures to the FNS Regional Office?

Yes X ☐ No ☐

FY 2010

Request for Expansion Funds

WIC Farmers' Market Nutrition Program
Request for Expansion
Fiscal Year 2010

This section should be completed only if a State agency operated a Federally-funded WIC Farmers' Market Nutrition Program in fiscal year (FY) **2009**. If a State agency is requesting an increase in Federal funds above its base Federal grant, the expansion request should be consistent with expanding benefits to more recipients, by enhancing current benefits, or a combination of both, and expanding the awareness and use of farmers' markets. **Expansion funds are subject to the 30 percent match requirement.** Generally, to be eligible for expansion funds, a State agency must **1) have utilized at least 80 percent of its prior year food grant, and 2) provide documentation supporting the expansion request.** A State agency that did not spend at least 80 percent of its prior year food grant may still be eligible for expansion funds, if in the judgment of FNS, a good cause existed.

Based on the availability of funds and the justification provided to FNS, expansion requests will be granted as early in the fiscal year as possible, but no later than February 15, 2010.

1. Base grant amount for FY **2010** (this is your final FY **2009** grant amount): $ 136,789.

2. Amount of expansion funds requested for FY **2010** (additional Federal funds above the amount in item number 1: $0.

3. Using Worksheet III-B, pages 28-30, the total amount of the State/ITO match required for the base grant amount and expansion funds is: $0 .

   Describe the source(s) and amounts for the matching funds to support the expansion request.

4. Estimated amount and percentage of Federal FMNP food funds spent by the State agency during FY **2009**: $_____and _____%.

5. Briefly describe the reason(s) for requesting funds to expand the FMNP, including supporting documentation. Attach additional sheets as needed.

6. Number of additional recipients above the previous year's level the State agency hopes to serve (by category) with the expansion funds:

   _____pregnant women

   _____breastfeeding women

   _____postpartum women

_____infants (over 4 months of age)

_____ children

_____Total

7. Number of additional farmers' market, roadside stand, and clinic sites the State agency anticipates authorizing:

_____ New farmers' market sites. (Please attach a list of all new addresses.)

_____ New roadside stand locations. (Please attach a list of all new locations.)

_____ New farmers. (Please attach a list of all new addresses)

_____New clinics. (Please attach a list of all new addresses.)

Please attach a list and map showing all of the new and continuing farmers' markets, roadside stands, and clinics.

8. If the State agency intends to increase the benefit level with expansion funds, the new benefit level after expansion will be $_____.

9. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. _____

10. Describe the State agency's administrative capacity to manage effectively the requested increase in FMNP caseload._____

Appendices

Include all appendices here. Identify clearly any appendices' pages according to the numbering system used in this format.

A. Federal-State Agreement Special Supplemental Food Program Agreement (FNS 339)
B. Job Descriptions
C. Copies of signed agreements between the FMNP State Agency and WIC State Agency (delineating the functions to be performed)
D. Samples of reporting forms for record keeping (if available)
E. Map outlining the service area(s) and proximity of markets to clinics
F. Copy of the log or other form used to record coupon issuance
G. List of the criteria used to authorize farmers' markets
H. List of criteria used to authorize farmers
I. List of fruits, vegetables and/or fresh herbs that are eligible in the program
J. Copies of cooperative agreements with other entities for authorizing and/or training farmers and/or farmers' markets
K. Facsimile of the FMNP coupon or check
L. State agency' FMNP monitoring tool to review local agencies
M. Training materials for farmers/farmers' markets/roadside stands
N. Instructions for recipients, including list of farmers/farmers' markets/roadside stands
O. Supporting documentation for State, private, in-kind, or similar program funding
P. Type of reporting form used for the coupon issuance system
Q. Copy of State agency and Farmers/Market/Roadside Stand agreement
R. List all prior year reviews and findings of farmers, markets, roadside stands and programs.