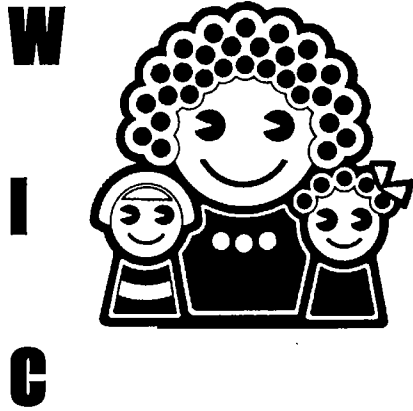




**Rhode Island Department of Health
Division of Family Health**

**Office of Women, Infants and Children (WIC) Program
Special Supplemental Nutrition Program**

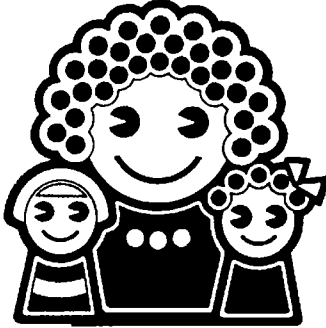
State Plan of Operation And Administration

WIC PROGRAM

FISCAL YEAR 2004

January 27, 2004

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**Rhode Island Department of Health
Division of Family Health
Office of Women, Infants and Children (WIC) Program
Special Supplemental Nutrition Program**

State Plan of Operation And Administration

WIC Program

FISCAL YEAR 2004

Patricia A. Nolan, MD, MPH
**PATRICIA A. NOLAN, M.D., M.P.H.
DIRECTOR, DEPARTMENT OF HEALTH**

**THE HON. DONALD L. CARCIERI
GOVERNOR, STATE OF RHODE ISLAND**

**RHODE ISLAND DEPARTMENT OF HEALTH
WIC PROGRAM
STATE PLAN OF OPERATION AND ADMINISTRATION**

PREFACE

ACKNOWLEDGMENTS

The Rhode Island Department of Health WIC Program wishes to acknowledge the contributions of the local agency WIC staff and the WIC Parent Consultant Program, WIC participants and community representatives in the preparation of this Plan. Their input and advice greatly assisted the State agency in formulating plans to meet its responsibilities in the most efficient and effective manner.

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CONTENT AND STRUCTURE

The State Plan of Operation and Administration contains the plans, policies, rules, and procedures for the operation and administration of the WIC Program in Rhode Island. The State Plan consists of four (4) major sections:

- Volume I - Goals and objectives to be achieved
- Volume II - Procedure Manual - The specific procedures implemented by the local agencies.
- Volume III - State Operations - The rules and procedures implemented by the state agency.
- Volume IV - Farmers' market Nutrition Program (FMNP) – Goals, objectives, policies, procedures, information and other provisions specific to the FMNP

Items which might apply to one or more parts are usually only printed in one of the parts.

This submission is limited to Volume I, Goals and Objectives to be achieved, Volume II, Revisions to the Procedure Manual, Volume III Revisions to the Operations Manual.

Volume IV, related to the FMNP, will be submitted separately.

Abridged Manuals

Portions of the Procedure Manual and State Operations Manual contained herein are abridged for purposes of convenience. Much material which is not being changed is excluded. For the most part, then, this State Plan contains future plans and those rules and procedures which are new or revised.

LEGAL REQUIREMENTS

NEED FOR ADOPTION, AMENDMENT, AND REPEAL OF PROGRAM RULES.

Each state agency desiring to administer the WIC Program must annually submit a State Plan to the United States Department of Agriculture describing the state agency's objectives and procedures for all aspects of WIC Program administration for the present and coming fiscal year (October 1 to September 30). The Plan is the state agency's guide for enhancing Program effectiveness and efficiency.

Development of the Plan begins with an assessment of current operations in the State, leading to the identification of those operations or aspects of the Program which are in need of improvement. After identifying the Program areas or operations in which improvements are desired, those to be actively addressed are selected. In order to accomplish the improvements, Program procedures and rules are adopted, amended, or repealed as needed to accomplish the objective. The format and content of the State Plan are in conformance, therefore, with Department of Agriculture rules, instructions, and guidance.

In order to achieve maximum Program effectiveness and efficiency, certain procedure revisions are implemented prior to the beginning of the federal fiscal year.

In January, 1999, the Department of Agriculture published its consolidated final rule, (7, CFR 246) which revised WIC Program regulations by making a number of technical revisions, reorganizing regulations to more clearly identify major program areas, and making substantive revisions to a number of areas affecting program operations. The rule is expected to reduce state and local burdens, streamline program operations and provide state agencies greater administrative discretion. This State Plan is, therefore, also intended to meet the requirements and achieve the objectives of the final rule, and subsequent amendments.

EVALUATION OF ALTERNATIVES.

Alternative approaches to accomplishing the Program's objectives were considered during the development of the State Plan by Program staff and the State Plan Committee. Alternatives other than the rules and procedures selected were found to be less effective and not less burdensome to affected private persons. The approaches selected were those which meet the Federal requirements for efficient and effective administration of the Program. Information about alternatives considered and the impact of implementing alternatives can be obtained from the WIC Program.

DUPLICATION AND OVERLAP.

There is no overlap or duplication with any other state regulations. There are no other state regulations which apply to WIC operations and services.

ECONOMIC IMPACT ON SMALL BUSINESS.

It is determined that this State Plan of Operation and Administration will not have a significant economic impact on small business.

AUTHORITY AND SEVERABILITY.

If any provisions of the WIC State Plan of Operation and Administration or of any rules, regulations, policies, procedures, or directives made or issued thereunder shall be held invalid by a court of competent jurisdiction, the remainder of the Plan of Operation and Administration and any rules, regulations, policies, procedures, or directives issued thereunder shall not be affected thereby.

In the event of any conflict between federal law or regulation and any provision of the WIC State Plan of Operation and Administration or of any policies, rules, procedures, or directives issued thereunder, federal law or regulations will govern. Should the federal regulations pertaining to the administration or operation of the WIC Program be changed, the state agency may make such changes in its rules, policies, and procedures as are required, can be responsibly accomplished, and/or are in the interests of the effective and efficient administration of the Program, and are compatible with the state's goals and objectives.

AMENDMENTS TO THE STATE PLAN

Included herein are amendments to the Previous Plan. Said amendments will take effect 30 days after the state plan hearing and subsequent filing with the RI Secretary of State.

THE WIC PROGRAM

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 to create the WIC Program.

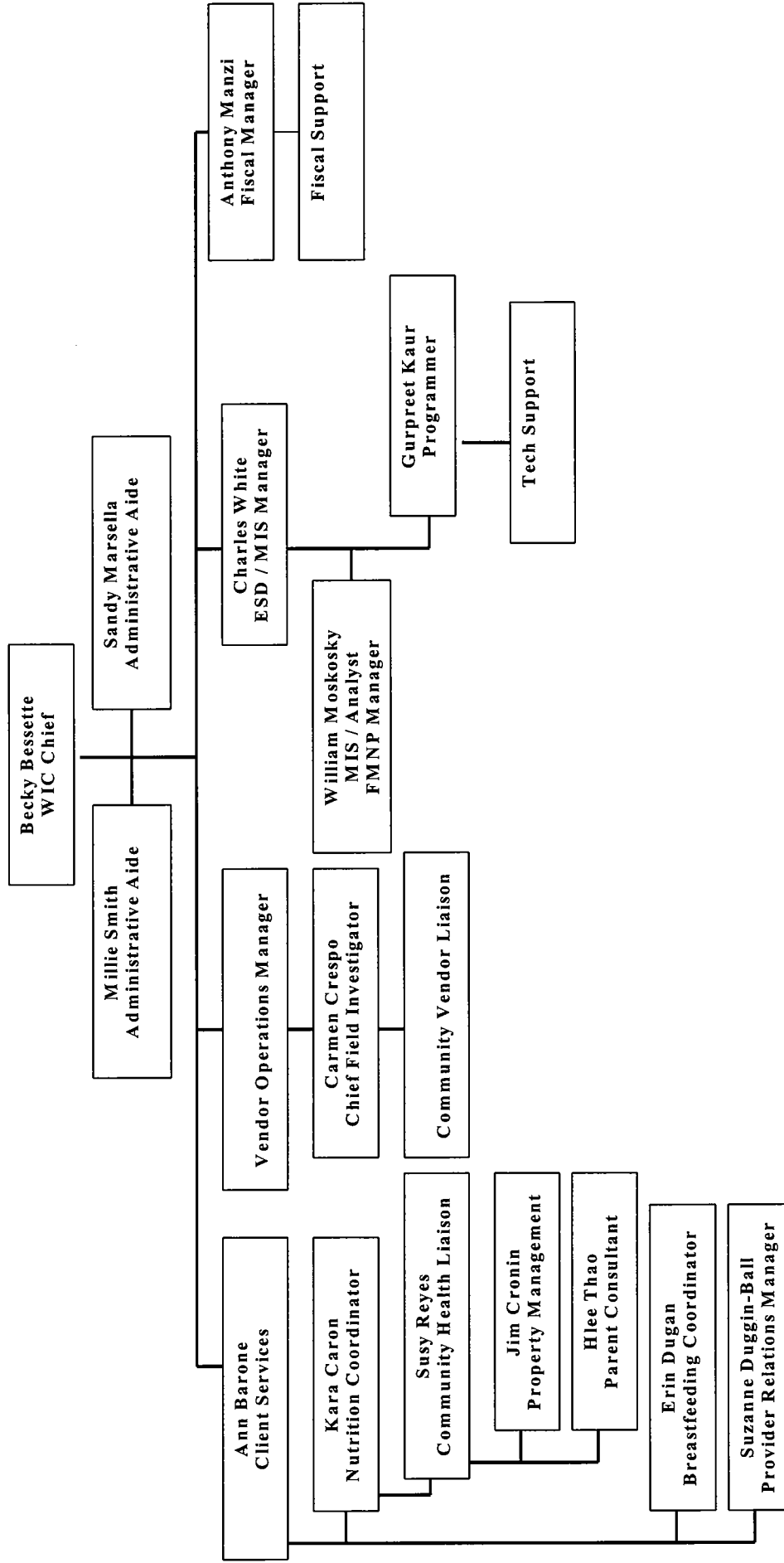
WIC is funded through the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). It is administered in the State of Rhode Island by the Department of Health (HEALTH) through various local health centers and hospitals ("local agencies") which distribute the food funds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

Many pregnant women, infants and young children, from families with inadequate income, 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 serves eligible participants who meet certain income limitations and show evidence of special nutritional need. The Program provides special supplemental foods; including milk, eggs, juice, cereal, dried beans and peas or peanut butter, and cheese, plus carrots and tuna fish to breast-feeding women, and infant formula; and nutrition education. 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.

Additional information about the operation and administration of the Rhode Island WIC Program is available in the WIC Procedure Manual, State Operations Manual, federal regulations and in various informational materials and communications provided by the HEALTH to local agencies.

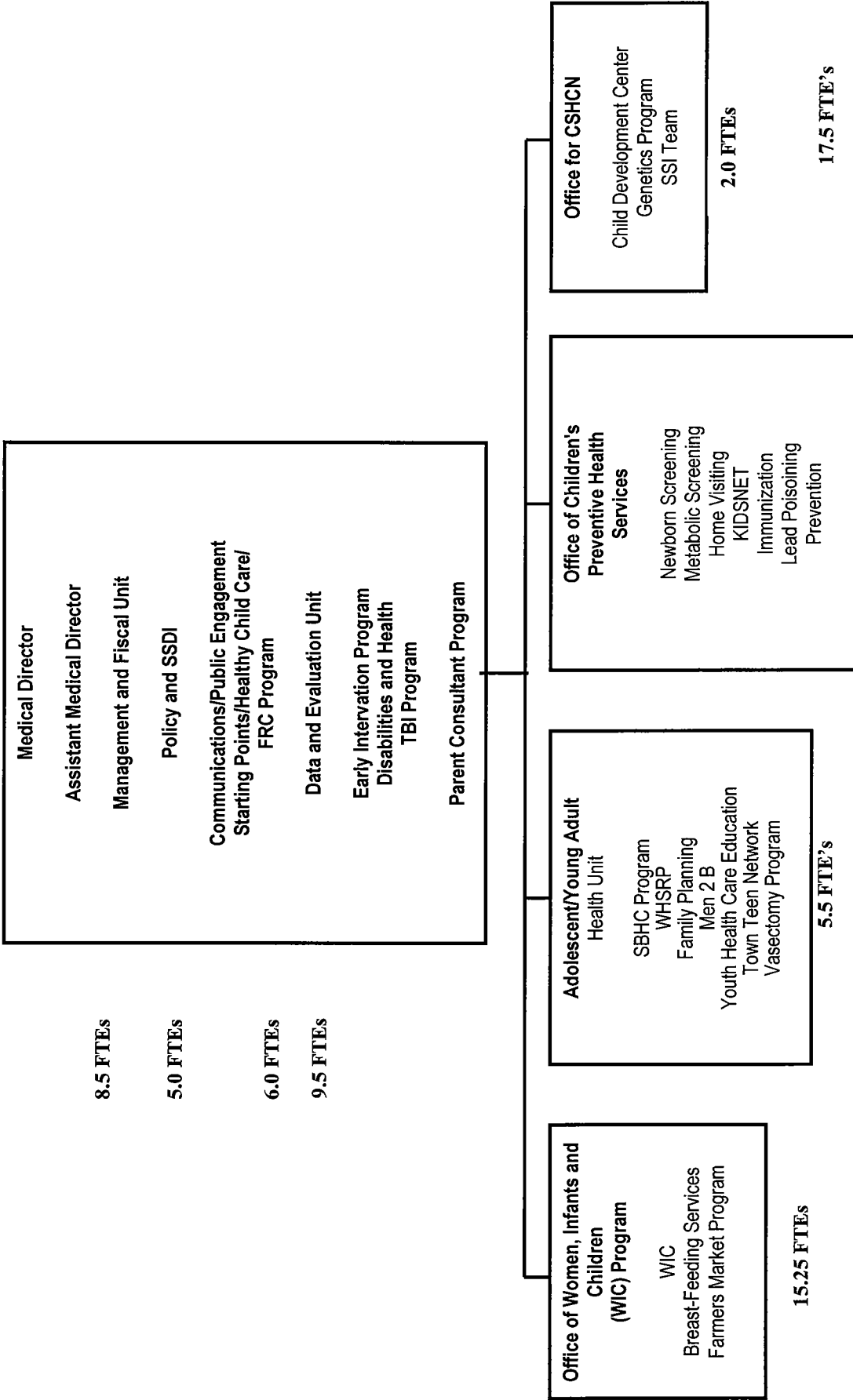
RI WIC PROGRAM ORGANIZATION CHART



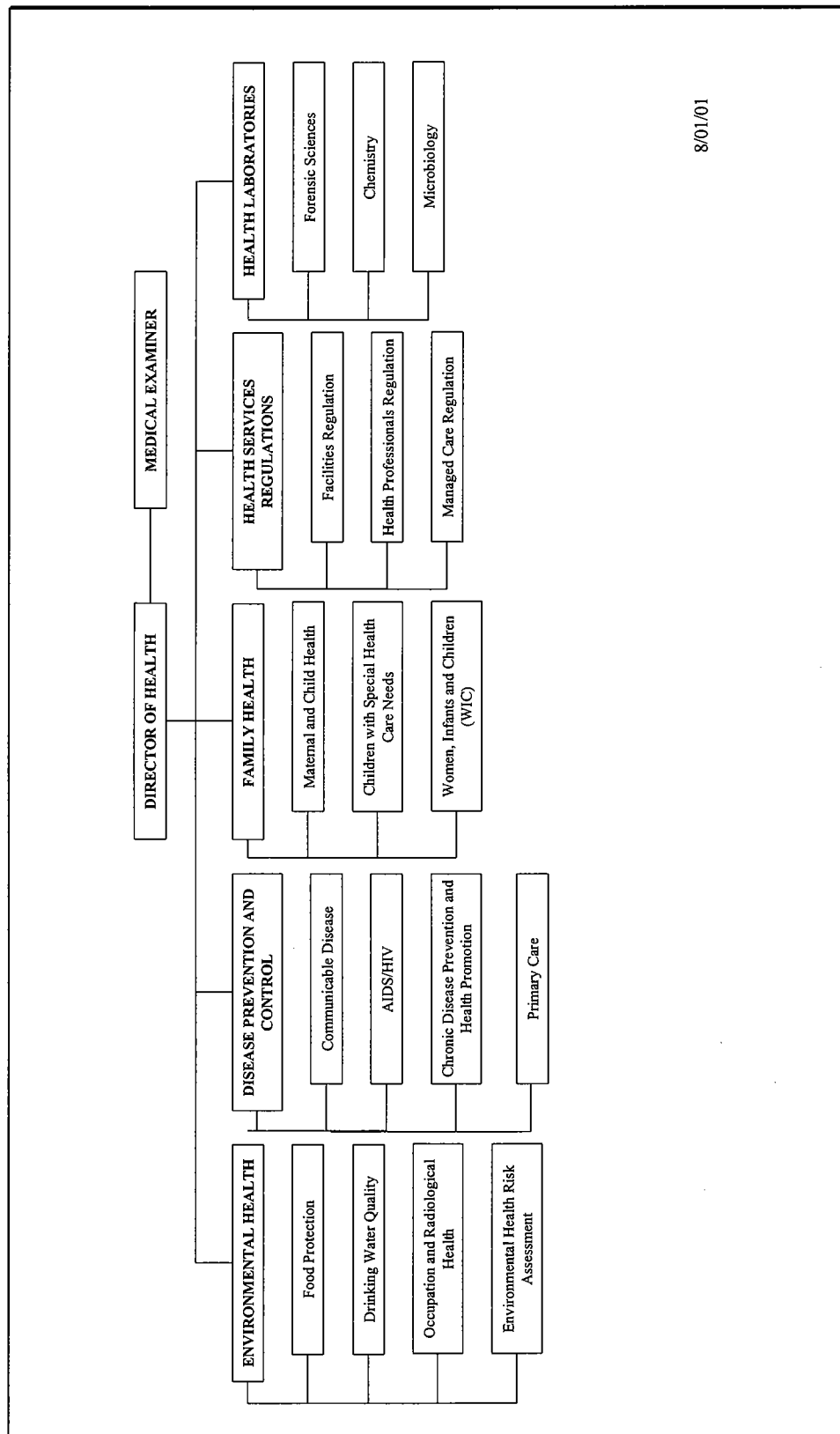
Forms/WIC organization Chart

Division of Family Health

Office of the Medical Director



**RHODE ISLAND DEPARTMENT OF HEALTH
ORGANIZATIONAL STRUCTURE - Fiscal Year 2004**



8/01/01

Rhode Island Department of Health

**Office of Women, Infants and Children (WIC) Program
Special Supplemental Nutrition Program**

**WIC and Farmers Market Nutrition Program Services
State Plan of Operations and Administration**

Volume I

Goals and Objectives for FY '04

SECTION I

Preliminary Information

**Refer to WIC Procedure Manual Section 100
WIC Operations Manual Section 1**

RHODE ISLAND DEPARTMENT of HEALTH

WIC PROGRAM

LOCAL AGENCY ADMINISTRATION and LOCAL WIC CLINICS

Local WIC Agency Administration	Local WIC Agency Clinics
Mr. Ray Lavoie, Executive Director Mr. Michael Lauder, WIC Coordinator/Nutritionist Blackstone Valley Community Health Care, Inc. 42 Park Place Pawtucket, RI 02860	John J. Cunningham Health Center 42 Park Place Pawtucket, RI 02860 (401) 722-0082 BVCHC Health Center 9 Chestnut Street Central Falls, RI 02863 (401) 724-7134
Ms. Louise Ornstein, Executive Director Ms. Kerry Gregory, 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
Ms. Joanne McGunagle, Executive Director Comprehensive Community Action Program, Inc. 311 Doric Avenue Cranston, RI 02908 (401) 467-9610 Ms. Kathy Higgins, WIC Coordinator/Nutritionist Family Health Services of Cranston 1090 Cranston Street Cranston, RI 02920 (401) 946-4650	Family Health Services of Cranston 1090 Cranston Street Cranston, RI 02920 (401) 946-4650 Cranston Satellite 191 MacArthur Blvd. Coventry, RI 02816 (401) 828-5335

Goals 2004**Section I Preliminary Information**

Ms. Maria Montanaro, Chief Executive Officer Mr. Dennis Horta, WIC Coordinator Thundermist Health Center of South County WIC Program One River Street Wakefield, RI 02879 (401) 782-0855 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 South County WIC Program One River Street Wakefield, RI 02879 (401) 782-0855 Bayside Family Healthcare, Inc. 308 Callahan Road North Kingstown, RI 02852 Manville WIC Satellite 100 Central Street Manville, RI 02838 (401) 676-4109 Thundermist Health Center WIC Program 191 Social Street - 9th Floor Woonsocket, RI 02895 (401) 767-4109
Mr. Dennis Roy, Chief Executive Officer Ms. Beth Sapolosky, WIC Coordinator/Nutritionist New Visions for Newport County, Inc. Newport Community Health Center WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821	New Visions for Newport County, Inc. Newport Community Health Center WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821 New Visions for Newport County, Inc. James F. Silvia Health Center WIC Program 1048 Stafford Road Tiverton, RI 02878 (401) 625-1364 Florence Gray Multi Purpose Center 1 York Street Newport, RI 02840 (401) 848-6682

Goals 2004**Section I Preliminary Information**

Mr. Merrill Thomas, Executive Director Ms. Lynda Greene, WIC Coordinator Providence Community Health Centers, Inc. 375 Allens Avenue Providence, RI 02905 (401) 444-0400	Allen Berry Health Center WIC Program 202 Prairie Avenue Providence, RI 02907 (401) 444-0570 x 3845 Capitol Hill Health Center WIC Program 40 Candace Street Providence, RI 02908 (401) 444-0550 x 3545 Central Health Center WIC Program 239 Cranston Street Providence, RI 02907 (401) 444-0580 x 3841 Fox Point Health Center WIC Program 550 Wickenden Street Providence, RI 02903 (401) 444-0530 x 3342 Olneyville Health Center WIC Program 100 Curtis Street Providence, RI 02909 (401) 444-0540 x 3445
Mr. H. John Keimig, 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

Goals 2004**Section I Preliminary Information**

Mr. Dennis M. Roy, Executive Director Ms. Beth Sapolsky, Coordinator/Nutritionist Self-Help, Inc. East Providence Community Health Center WIC Program 100 Bullocks Point Avenue Riverside, RI 02915 (401) 437-1007	East Providence Community Health Center 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. Joseph R. DeSantis, Executive Director Ms. Karen Schiltz, LDN, 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 Burriville WIC Satellite 166 Main Street Pascoag, RI 02859 (401) 567-0510
Ms. Jeanne Gattegno, Executive Director Westbay Community Action, Inc. 218 Buttonwoods Avenue Warwick, RI 028867541 (401) 732-4660 Ms. Jayce Winiarski, WIC Program Manager Nutritionist Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660	Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660 West Warwick WIC Satellite 53 Providence Street West Warwick, RI 02893 826-3230

Goals 2004**Section I Preliminary Information**

Ms. Constance A. Howes, President 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 ext. 2768	Women and Infants' Hospital WIC Program 2 Dudley Street WPCC Nutrition Services – Suite 565 Providence, RI 02905-2401 (401) 274-1122 ext. 2768
Mr. Ernest Balasco, LICSW, 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

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

Enhanced collaboration between the WIC Program and “sister” health / social service programs (ie, Lead, Immunization, Ritecare {medicaid}) is continuing to expand. Although targeted funding for these activities is lagging behind, RI WIC is focusing on use of Kidsnet (RI’s public health preventive services database) to monitor and target cross program initiatives.

Rhode Island's Rite Care Program (RITECARE), implemented in 1994, brought radical restructuring to the health care system for low income mothers and children:

- All eligible pregnant women and children up to age six are covered for comprehensive preventive and corrective health care.
- The care is rendered in the context of a chosen primary provider and health plan, with restrictions on using out of plan services.
- Twelve current WIC providers are affiliated with one of the three remaining *competing RITECARE plans.
- Financial eligibility was expanded to include almost 10,000 women and children between 185 and 250 percent of poverty.
- This additional group is adjunctively income eligible for WIC.

As of August 2003, 93.7% of WIC participants were insured, with an additional 4.6% referred for health insurance. Since 1998, there has been a significant shift of participants from private insurance (67% Medicaid, 26% Private) to Medicaid in 2002 (79% Medicaid, 15% Private).

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

Delegation of Contractual Authority

The Director of the Department of Administration (DOA) is the individual with the authority to enter into binding agreements on behalf of the State. Delegated Authority allows HEALTH to procure direct service providers (such as WIC local agencies). Under delegated authority the Department must be able to demonstrate that providers selected are those which most efficiently and/or effectively deliver services and/or make maximum use of Department resources through lowered cost or increased productivity.

Objective 1: In the event the delegation of authority is canceled by either Department, the DOH or DOA will issue a Request for Proposals for WIC local agency services. In that event, HEALTH would likely request the contracts be multi year, annually renewable.

Additional WIC Program Services and Service and Performance Objectives

In recent years, the growing savings from food cost containment supported significant participation increases. However, growing food costs and changes in infant formula rebates need to be carefully monitored and managed to ensure continued growth is possible.

Objective 1: Investigate if additional WIC sites are needed to fully utilize funding. HEALTH estimates these site needs:

1. One full time site coordinated with a major pediatric ambulatory setting.
2. One part-time satellite sites accessible to unserved suburban pockets of need

In FY 2002, Thundermist Health Associates, Inc. and the Health Center of South County merged into Thundermist Health Center. Self-Help Inc, and New Visions of Newport County merged in FY' 03. These agencies will continue to maintain the individual WIC sites currently managed by their agencies.

Congressional directives and Federal regulations have defined a number of areas in which the WIC Program is to conduct additional activities (e.g. information and referral, health care coordination, immunizations, substance abuse education and voter registration). At the same time allied programs are receiving similar instructions to more closely coordinate their services with WIC.

The underlying objectives of these changes include the accessibility of these public benefits to potential clients through outreach, more accessible clinic operations and closer coordination and maximizing the preventive or restorative effects of the various programs by coordination among services which can compliment and enhance each other.

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

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Section I Preliminary Information

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.

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2. Despite substantial success in targeting benefits to high risk eligibles (more than eighty percent of current enrollments) such items as clinic location, additional satellite clinics, and local outreach need to be further evaluated to further improve such targeting.

Other Considerations

Objective 1: Continue monitoring the impact of Ritecare on the WIC provider network. Ten of the twelve current WIC local agencies are members of a single competitive Ritecare provider plan. This means that perhaps half of the WIC clients at an agency may be members of its plan and half not.

Objective 2: Continue monitoring the impact of RITECARE and its effects on the ability of the current WIC network of local agencies to maintain services to all, both community health plan members and non-member WIC clients. HEALTH will need to assess whether any current WIC local agency is unable to maintain services due to RITECARE non-participation or RITECARE restrictions.

Objective 3: The Program needs to be ready to respond to continued expansion opportunities, through either federal or state cost saving or funding initiatives. Determination will have to be made whether the current network is capable of meeting its program expansion goals.

Objective 4: If the current network is adequately providing services, then a further review would be made as to whether there is any compelling need or gain to seek other providers through other RITECARE plans. 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

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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,
3. Automated on-going caseload tracking and control tools.

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.

Goals 2004
Affirmative Action Plan

Section I Preliminary Information

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

The population of Rhode Island potentially eligible to participate in the WIC Program was estimated from demographic and economic data available on a city and town basis.

Vital Records data were used to estimate by city and town the number of women, infants, and children. A five-year average of the most recent resident live births was used.

- ◆ The number of infants was calculated based on the average number of live births to residents of Rhode Island.
- ◆ The number of children one through four was estimated as the average number of live births to residents of Rhode Island times four.
- ◆ The number of pregnant women was estimated as 0.75 times the average number of live births (note that multiple births were controlled in the estimate).
- ◆ The number of postpartum and breastfeeding women was calculated as 0.5 times the average number of live births (as was the number of pregnant women).

These cohorts were summed to produce an estimate of the population by city and town with the demographic characteristics required for enrollment in WIC.

The 1990 census data of the number of related children under 5 under 185% of the OMB poverty level by city and town were used. These numbers were divided by the five-year average of live births to determine the percent financially eligible for the program. This percentage was multiplied by the number demographically eligible to give an estimate for each city or town of the number of individuals residing in each who have both the demographic and income characteristics required for participation in WIC (Table I).

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)

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Section I Preliminary Information

The 5 year average for each risk was calculated as a standard score for each community, and at the state level (Table II). 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 76 percent of its WIC eligible population. Locality analysis of enrolled participants indicates that service levels vary significantly between cities and towns from over 100 percent of the eligible population being served in some towns (indicating a potential problem with the basic poverty data) to 5 percent of the eligible population on Block Island. Thirty-four percent (34%) of the total WIC eligible population resides in the City of Providence.

Following previous allocation formulas, 39 percent of the total caseload (as of June, 1997) was designated to the four local agencies (8 sites) in Providence. In FY'80 the state's AAP first introduced the expansion goal of Statewide Parity. For FY'2002, the AAP in its expansion criteria again incorporates this goal. 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 or 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. For the analysis of the local agency's impact on each community served, local agency caseloads were assigned census tract codes to indicate cities and towns served by each local and determine the percentage of caseload composed by this distribution (Tables III and V).

2. Normative Concept

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Section I Preliminary Information

The use of the Normative Concept involves the utilization of traditional demographically designed target populations in order to stabilize the areas. The application of this concept, it is hoped, will control the normative aspects of market sharing, such as the natural numerical advantage enjoyed by agencies with large caseloads, or possible competition among local agencies for participants on the basis of residency.

Table V indicates current assignment of service areas.

4. 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 (Factor Analysis review 8/03; Division of Family Health, RI Dept of Health) 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.

Commodities Supplemental Food Programs

The CSFP does not operate in Rhode Island

State Systems Development Initiative

The Division of Family Health, HEALTH, has received a State Systems Development Initiative (SSDI) grant to improve the accessibility and coordination of maternal and child services in the state.

As a unit of the Division of Family Health serving much of the same population of other MCH programs, the Rhode Island WIC Program will endeavor to help to carry out the objectives of SSDI and to make them a part of its operations also.

The SSDI project focuses on parent led assessment of the needs of young families, and the reasons for not participating in a range of preventive programs including WIC, Early Intervention, immunizations, Medicaid, etc. Special attention will be given to families who are "lost to follow-up". A detailed inventory of all preventive services available will be compiled and a survey of all preventive service providers will be conducted. This data will be evaluated to develop new models of integrated outreach and follow-up

The project, called "Pulling It All Together With Parents As Partners" (previously implemented in Woonsocket and Central Falls) has now shifted to Providence which has substantial risk of adverse reproductive and child developmental outcomes.

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 Disaster Coordinator and Emergency Response Primary Contacts and the State Emergency Management Agency to clarify WIC's roles, needs and communications

Evaluation: WIC was defined as a key HEALTH Program resulting in inclusion in Y2K Planning efforts. HEALTH refined its Disaster Plan, integrating WIC procedures into the process. The State WIC Office completed an assessment of the QWIC System needs for security and continuity of access, physical, operating system, network and software aspects.

Procedures developed were implemented when a major WIC provider went on strike. Lessons learned from the month long strike were reviewed and revisions made to the

Goals 2004**Section I Preliminary Information**

response strategies.

Objective 2: By September 2004, conduct a Disaster Procedures Training Workshop for all personnel

Objective 3: By June 2004, produce a Disaster Procedures section of the State Operations Manual and the Local Agency Procedures Manual

Objective 4: By June 2005, conduct a disaster drill at the State and all local WIC agencies.

Table I

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

City / Town	Estimated WIC <u>Eligible</u>	WIC Eligible <u>Enrolled</u>	WIC Eligible <u>Unserved</u>	Adjusted Eligible <u>Unserved*</u>	% WIC Eligible <u>Unserved</u>	standard score* of unserved
Barrington	211	42	169	169	80.09%	-56.612
Bristol	403	198	205	205	50.87%	-56.621
Burrillville	427	229	198	198	46.37%	-56.622
Central Falls	1,642	1,577	65	65	3.96%	-56.635
Charlestown	105	80	25	25	23.81%	-56.629
Coventry	592	309	283	283	47.80%	-56.622
Cranston	1,753	1,007	746	746	42.56%	-56.623
Cumberland	554	268	286	286	51.62%	-56.621
East Greenwich	241	55	186	186	77.18%	-56.613
East Providence	1,205	823	382	382	31.70%	-56.627
Exeter	13	46	-33	0	0.00%	-56.636
Foster	10	32	-22	0	0.00%	-56.636
Glocester	293	35	258	258	88.05%	-56.610
Hopkinton	33	93	-60	0	0.00%	-56.636
Jamestown	96	22	74	74	77.08%	-56.613
Johnston	598	333	265	265	44.31%	-56.623
Lincoln	360	174	186	186	51.67%	-56.621
Little Compton	63	8	55	55	87.30%	-56.610
Middletown	694	287	407	407	58.65%	-56.619
Narragansett	71	86	-15	0	0.00%	-56.636
Newport	1,332	602	730	730	54.80%	-56.620
New Shoreham	39	0	39	39	100.00%	-56.606
North Kingstown	370	245	125	125	33.78%	-56.626
North Providence	262	416	-154	0	0.00%	-56.636
North Smithfield	59	58	1	1	1.69%	-56.636
Pawtucket	3,198	2,995	203	203	6.35%	-56.634
Portsmouth	249	113	136	136	54.62%	-56.620
Providence	11,280	9,770	1510	1510	13.39%	-56.632
Richmond	24	85	-61	0	0.00%	-56.636
Scituate	75	72	3	3	4.00%	-56.635
Smithfield	174	91	83	83	47.70%	-56.622
South Kingstown	402	223	179	179	44.53%	-56.623
Tiverton	260	151	109	109	41.92%	-56.624
Warren	156	103	53	53	33.97%	-56.626
Warwick	1,613	908	705	705	43.71%	-56.623
Westerly	648	358	290	290	44.75%	-56.623
West Greenwich	38	21	17	17	44.74%	-56.623
West Warwick	777	689	88	88	11.33%	-56.633
Woonsocket	2,566	1,869	697	697	27.16%	-56.628
No town listed		33				
Total	32886	24506		8758	1471.48%	

RI Average of unserved: 26.6%

City/town average of unserved: 37.73%

SD of % unserved: 28.40%

NOTE: * Standard Score of each town/city is calculated by subtracting the average value (value in D55) from the observed value and dividing the amount by the standard deviation (value in D56).

Data Source: WIC Program, Rhode Island Department of Health.

Table II
City and Town * Rank Based on 5 MCH Indicator's Standard Score (S.S)

Summary Table of the 5 MCH Indicators Standard Score by city/town

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	-0.880	-1.251	-0.850	-1.204	-0.716	-4.901	-0.980
Bristol	-0.274	-0.001	-0.229	0.175	-0.028	-0.357	-0.071
Burrillville	-0.325	-0.148	-0.121	0.766	-0.357	-0.185	-0.037
Central Falls	3.376	2.791	1.067	1.291	3.219	11.745	2.349
**Charlestown	0.215	0.317	-0.904	-0.416	-0.490	-1.278	-0.256
Coventry	0.040	-0.516	-0.796	-0.088	-0.398	-1.757	-0.351
Cranston	0.106	-0.393	-0.202	0.306	-0.090	-0.273	-0.055
Cumberland	-0.354	-0.369	0.878	0.569	-0.655	0.069	0.014
East Greenwich	-0.778	-0.908	-0.121	-0.679	-0.552	-3.037	-0.607
East Providence	-0.106	0.097	-0.094	-0.022	0.126	0.001	0.000
**Exeter	-0.274	-0.663	-0.715	-1.335	-0.203	-3.190	-0.638
**Foster	-0.325	-0.442	2.606	-0.547	-0.675	0.616	0.123
**Glocester	-0.603	-0.344	-0.337	-0.679	-0.316	-2.278	-0.456
**Hopkinton	0.025	0.856	1.256	1.948	-0.408	3.677	0.735
**Jamestown	-0.727	-1.324	-1.498	-0.679	-0.829	-5.057	-1.011
Johnston	-0.413	-0.393	0.311	0.963	-0.048	0.420	0.084
Lincoln	-0.581	-0.393	0.689	-0.022	-0.336	-0.643	-0.129
**Little Compton	-0.982	0.391	0.230	0.832	-0.870	-0.400	-0.080
Middletown	-0.449	-0.516	-0.013	-1.467	-0.336	-2.781	-0.556
Narragansett	-0.464	-1.055	-0.688	0.503	-0.110	-1.813	-0.363
Newport	1.259	0.979	-0.175	-0.219	1.472	3.316	0.663
**Newshoreham	-0.982	2.056	3.227	-1.926	0.075	2.450	0.490
North Kingstown	-0.544	-0.859	-1.147	-0.876	0.013	-3.412	-0.682
North Providence	0.054	-0.344	1.256	1.160	0.034	2.160	0.432
North Smithfield	-0.405	-0.663	-0.985	1.029	-0.685	-1.710	-0.342
Pawtucket	1.412	1.444	0.851	0.897	1.544	6.149	1.230
Portsmouth	-0.632	-0.712	-0.013	-0.153	-0.685	-2.195	-0.439
Providence	3.041	1.126	1.175	1.751	3.147	10.239	2.048
**Richmond	-0.084	-0.246	-1.498	-1.138	-0.542	-3.509	-0.702
Scituate	-0.500	-0.491	-0.418	-0.088	-0.531	-2.029	-0.406
Smithfield	-0.479	-0.638	-0.823	-0.285	-0.572	-2.797	-0.559
South Kingstown	-0.398	-0.834	-0.256	-0.613	-0.470	-2.571	-0.514
Tiverton	-0.384	0.366	-1.093	-1.270	-0.696	-3.076	-0.615
Warren	-0.179	0.244	0.365	1.291	-0.141	1.580	0.316
Warwick	-0.143	-0.687	0.257	0.832	-0.316	-0.057	-0.011
Westerly	0.127	2.081	-0.121	-0.416	0.013	1.684	0.337
**Westgreenwich	-0.573	-0.908	-0.580	-1.992	-0.696	-4.749	-0.950
Westwarwick	0.894	0.244	-0.175	0.700	0.866	2.529	0.506
Woonsocket	2.289	2.105	-0.310	1.094	2.243	7.421	1.484

** indicates cities/towns with less than 500 births during 1997-2001, resulted in statistically unreliable MCH scores. These cities/towns are recommended to be excluded from the ranking.

Table III
Percent of Service by WIC Agencies
By City or Town of Participant Residence

Goals 2004 Section I Preliminary Information														
	Women & Infants Hospital	St. Joseph's Hospital	Self-Help Inc. Hlth. Ctr.	Tri Town Hlth. Ctr.	Warwick Hlth. Ctr.	Hlth. Ctr. So. County	Wood River Hlth. Ctr.	BVCAP Hlth. Ctr.	Chad-Brown Hlth. Ctr.	Cranston Health Hlth. Ctr.	Thundermist Hlth. Ctr.	New Visions Hlth. Ctr.	Providence Hlth. Ctr.	Total
Barrington	0	0	42	0	0	0	0	0	0	0	0	0	0	42
Bristol	1	0	181	0	0	0	0	2	0	0	0	8	6	198
Burrillville	1	0	0	191	1	0	0	1	0	0	34	0	1	229
Central Falls	34	2	2	0	0	1	0	1,462	3	2	2	1	68	1,577
Charlestown	0	0	0	0	0	47	33	0	0	0	0	0	0	80
Coventry	1	0	0	1	114	6	5	0	0	170	2	0	10	309
Cranston	67	39	5	31	36	4	0	9	6	649	1	2	158	1,007
Cumberland	9	0	0	2	1	0	0	142	0	0	108	0	6	268
East Greenwich	6	0	0	0	27	12	0	0	0	6	0	0	4	55
East Providence	18	8	609	10	3	0	0	24	2	9	2	2	136	823
Exeter	0	0	0	2	2	28	14	0	0	0	0	0	0	46
Foster	5	0	0	23	1	0	0	0	0	2	0	0	1	32
Glocester	0	0	0	34	0	0	0	0	0	0	1	0	0	35
Hopkinton	0	0	0	0	0	6	87	0	0	0	0	0	0	93
Jamestown	0	0	0	0	0	9	0	0	0	0	0	13	0	22
Johnston	12	1	3	289	4	0	0	3	0	10	0	0	11	333
Lincoln	2	0	3	2	2	0	0	48	3	2	108	0	4	174
Little Compton	0	0	0	0	0	0	0	0	0	0	0	8	0	8
Middletown	0	0	3	0	0	1	0	0	0	0	0	281	2	287
Narragansett	0	0	0	0	0	83	0	0	0	0	0	3	0	86
Newport	1	0	0	0	0	2	0	0	0	1	0	598	0	602
New Shoreham	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Kingstown	2	1	1	2	13	213	4	0	0	6	0	0	3	245
North Providence	27	13	3	224	3	1	0	48	9	6	6	3	73	416
North Smithfield	2	0	0	10	0	1	0	1	0	0	44	0	0	58
Pawtucket	79	19	39	15	7	0	0	2,545	22	12	14	0	243	2,995
Portsmouth	0	0	2	0	0	0	0	0	0	0	0	111	0	113
Providence	1,236	1,429	51	177	19	5	0	247	440	238	18	3	5,907	9,770
Richmond	0	0	0	0	1	10	71	0	0	3	0	0	0	85
Scituate	0	0	2	41	15	0	0	0	0	13	1	0	0	72
Smithfield	2	0	0	70	3	0	0	0	1	2	10	0	3	91
South Kingstown	1	0	0	0	1	216	5	0	0	0	0	0	0	223
Tiverton	0	0	1	0	0	0	0	0	0	0	0	150	0	151
Warren	1	0	96	0	0	0	1	0	0	2	0	1	2	103
Warwick	17	5	7	4	804	1	4	15	6	18	5	0	22	908
Westerly	1	0	0	0	0	23	333	0	0	0	0	0	1	358
West Greenwich	0	0	0	0	5	5	4	0	0	7	0	0	0	21
West Warwick	8	4	2	5	542	11	0	3	0	97	0	3	14	689
Woonsocket	24	1	1	13	0	0	0	31	2	0	1,772	2	23	1,869
City/Town not listed	2	3	6	2	0	0	0	5	0	0	1	2	12	33
Total	1,559	1,525	1,059	1,148	1,604	685	561	4,586	494	1,255	2,129	1,191	6,710	24,506

Table IV

WIC Need Index and Rank by City & Town

WIC Need Index and Rank

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

City/Town	Average Stand. Score of 5 MCH Indicators Col (1)	Col (1) x 2 Col (2)	Standard Score of WIC Unserved Col (3)	Need Index* Col (2)+Col (3)	Need Rank
Central Falls	2.349	4.698	-1.189	3.509	1
Providence	2.048	4.096	-0.857	3.238	2
New Shoreham**	0.490	0.980	2.193	3.173	3
Woonsocket	1.484	2.968	-0.372	2.596	4
Newport	0.663	1.326	0.601	1.928	5
Little Compton**	-0.080	-0.160	1.746	1.585	6
Pawtucket	1.230	2.460	-1.105	1.354	7
Westerly	0.337	0.674	0.247	0.921	8
Glocester**	-0.456	-0.911	1.772	0.861	9
Cumberland	0.014	0.028	0.489	0.517	10
Warren	0.316	0.632	-0.132	0.500	11
Johnston	0.084	0.168	0.232	0.400	12
Bristol	-0.071	-0.143	0.463	0.320	13
Lincoln	-0.129	-0.257	0.491	0.234	14
Burrillville	-0.037	-0.074	0.304	0.230	15
Warwick	-0.011	-0.023	0.210	0.188	16
East Greenwich	-0.607	-1.215	1.389	0.174	17
Hopkinton**	0.735	1.471	-1.329	0.142	18
West Warwick	0.506	1.012	-0.930	0.082	19
Cranston	-0.055	-0.109	0.170	0.061	20
East Providence	0.000	0.000	-0.212	-0.212	21
Portsmouth	-0.439	-0.878	0.595	-0.283	22
Coventry	-0.351	-0.703	0.355	-0.348	23
Middletown	-0.556	-1.112	0.736	-0.376	24
North Providence	0.432	0.864	-1.329	-0.465	25
Barrington	-0.980	-1.960	1.492	-0.469	26
Jamestown**	-1.011	-2.023	1.386	-0.637	27
Smithfield	-0.559	-1.119	0.351	-0.768	28
South Kingstown	-0.514	-1.028	0.239	-0.789	29
Charlestown**	-0.256	-0.511	-0.490	-1.001	30
Foster**	0.123	0.246	-1.329	-1.082	31
Tiverton	-0.615	-1.230	0.148	-1.083	32
North Kingstown	-0.682	-1.365	-0.139	-1.504	33
West Greenwich**	-0.950	-1.900	0.247	-1.653	34
North Smithfield	-0.342	-0.684	-1.269	-1.953	35
Scituate	-0.406	-0.811	-1.188	-1.999	36
Narragansett	-0.363	-0.725	-1.329	-2.054	37
Exeter**	-0.638	-1.276	-1.329	-2.604	38
Richmond**	-0.702	-1.403	-1.329	-2.732	39

* Need Index = (Average Standard Score of 5 MCH Indicators x 2) + Standard Score of WIC Unserved.

** indicates cities/towns with less than 500 births during 1997-2001, resulted in statistically unreliable MCH scores.

These cities/towns are recommended to be excluded in ranking.

Data Source: The source of 5 MCH indicators (Poverty, Infant Mortality, Low Birthweight, Prenatal Care, and Teen Birth) is the 2003 Rhode Island Kids Count Factbook.

The source of WIC Unserved data is the WIC Program, Rhode Island Department of Health.

Table V
WIC Local Agency Current Service Areas

Local Agency	Need Index	Communities Served
Blackstone Valley Health Center	3.509	Central Falls
	0.517	Cumberland
	-0.234	Lincoln
	1.354	Pawtucket
Chad Brown Health Center	3.238	Providence
Family Health Center of Cranston	-0.348	Coventry
	0.061	Cranston
Health Center of South County	-1.001	Charlestown
	0.174	East Greenwich
	-2.604	Exeter
	-0.637	Jamestown
	-2.054	Narragansett
	3.173	New Shoreham
	-1.504	North Kingstown
	-0.789	South Kingstown
New Visions for Newport	-0.637	Jamestown
	1.585	Little Compton
	-0.376	Middletown
	1.928	Newport
	-0.283	Portsmouth
	-1.083	Tiverton
Providence Ambulatory Health Care Foundation, Inc. (PAHCF)	0.061	Cranston
	0.174	East Greenwich
	-0.212	East Providence
	0.465	North Providence
	3.238	Providence
Self-Help Inc.	-0.469	Barrington
	0.320	Bristol
	-0.212	East Providence
	0.500	Warren
St. Joseph Hospital	3.238	Providence
Thundermist Health Associates, Inc.	0.234	Lincoln
	-1.953	North Smithfield
	-0.768	Smithfield
	2.596	Woonsocket
Tri-Town Economic Opportunity Committee	0.230	Burrillville
	0.517	Cumberland
	-1.082	Foster
	0.400	Johnston
	0.465	North Providence
	-1.999	Scituate
	-0.768	Smithfield
	0.861	Glocester
WestBay Community Action Inc	-0.348	Coventry
	0.174	East Greenwich
	0.188	Warwick
	-1.653	West Greenwich
	0.082	West Warwick
Women and Infants Hospital	-0.469	Barrington
	3.238	Providence
Wood River Health Services	-1.001	Charlestown
	-2.604	Exeter
	0.142	Hopkinton
	-2.732	Richmond
	-1.653	West Greenwich
	0.921	Westerly

Table VI

**Affirmative Action Data
WIC Estimated Rhode Island Participants by Category
FY 2003**

<u>Category</u>	<u># of Estimated WIC Eligibles</u>	<u>Average # of WIC Participants Served per Month</u>	<u>Average % WIC Eligibles Served per Month</u>
Woman	6,577	5,746	87.00%
Infants	5,262	5,871	111.60%
Children	<u>21,047</u>	<u>12,885</u>	<u>61.20%</u>
Total	32,886	24,502	74.50%

* Sources of data for all tables:
 United State Census Bureau, (2000 Census)
 HEALTH Division of Vital Records Reports
 HEALTH WIC Program Enrollment Reports (August 2003)
 ** Four participants missing category status code

Table VII		WIC Race and Ethnicity Analysis by City/Town																			
City/Town	Puerto Rican	Dominican	Central American	Other Hispanic	Brazilian	Cape Verdean	Other/ Portuguese	Chinese	Cambodian	Laotian/ Hmong	Vietnamese	Other Asian	Haitian	West Indian	Black American	Other Black	American Indian/ Alaskan Native	Russian	Other East European	Other White	Total
Barrington												3								40	43
Bristol		1		4			9					1			5	3				152	175
Burrillville	2			1					1			1		2	4					215	227
Central Falls	172	57	181	680	4	82	32	1	1			2	3	1	25	28	1	2	2	285	1,559
Charlestown				3								1			1		15			56	76
Coventry		1	3	9			2	1							6					286	308
Cranston	17	41	18	116		4	21	26	52	5	2	22	7		43	41	3	1	6	563	988
Cumberland	6		1	32		6	4					2		1	4	6		4	1	188	255
East Greenwich				1				5	1						2			2		39	50
East Providence	6	3		20	13	29	65		1	1		7	1		15	86				567	814
Exeter				1											1	1				43	46
Foster															2					27	29
Glocester									1			1			1	1				27	31
Hopkinton	1																1			91	93
Jamestown				1																18	19
Johnston	3	3	4	6	1	1	1	1	1	2	2	4			6	5			4	262	306
Lincoln	4	1	1	3	1	1					1		1		2	7			2	146	170
Little Compton																				4	4
Middletown	5	3		19	1		1					8			28	16	3			165	249
Narragansett				1												6	3			75	85
Newport	19	2		74	1	1	3	6		0		13	1	0	72	92	6	0	3	259	552
New Shoreham	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Kingstown	7	1		5	1			1					1		8	6	10		1	203	244
North Providence	14	10	7	41	1	8	8	2		2		4			21	33	1	1	2	235	390
North Smithfield				1						1					2					53	57
Pawtucket	227	119	95	546	12	407	79	5	5	4	3	20	17	3	151	199	6		4	1,044	2,946
Portsmouth				2								3			8	1	1			89	104
Providence	1,021	1,458	651	2,794	11	103	146	14	296	119	5	83	58	11	732	773	34	3	27	1,126	9,465
Richmond	2														2		2		1	77	84
Scituate												2								64	66
Smithfield				2		1		1								1			1	85	91
South Kingstown	1			4	1	1		11				10			16	11	11			157	223
Tiverton				1			1		2						1					133	144
Warren	6			1								1				3				82	91
Warwick	3	1	2	18		2	5	2	1	2	2	1	2	3	14	6	1	2		832	899
Westerly	1	2	2	5			1	7							1	1	2			325	347
West Greenwich															1				1	20	21
West Warwick	10	5	1	48	1	2	4	4	1	1		3			14	3	2	1	1	569	670
Woonsocket	277	31	6	69	15	2	8	7	4	38	15	12	1	3	60	84		2	29	1,096	1,759
State Total	1,804	1,739	972	4,508	63	651	394	94	367	175	30	204	92	24	1,248	1,413	102	18	84	9,698	23,680

SECTION II

WIC ELIGIBILITY AND ENROLLMENT

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

Goals 2004 Section II WIC Eligibility and Enrollment

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: Prompt implementation of revised income guidelines

Evaluation: Rhode Island Medicaid adopted the 2003 Revised income guidelines on April 1, 2003. RI WIC obtained permission to adopt the income guidelines as of April 1, 2003.

Plan: Adopt revised income eligibility guidelines at 185% of poverty level concurrent with the State's adoption for Medicaid. Obtain Regional Office approval of proposed guidelines in advance.

Objective 2: 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.

Plan: Identify training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, Data reports, management evaluations, and changes in rules, regulations, policies and procedures impacting local WIC sites.

Objective 3: Conduct training

Evaluation: Conducted monthly orientation and training for new WIC nutritionists and support staff (as needed), trained new breast-feeding peer counselors, provided three training sessions for WIC support staff, conducted four nutrition education training (avg. attendance 25), met with WIC local agency coordinators bi-monthly, and provided individual agency training during Management Evaluations (12 sites). Provided 3 staff trainings for nutritionist requested by local agencies. Over 90+ staff members attended the Team building and breastfeeding promotion trainings. Completed the RI WIC web site.

Plan: Conduct training quarterly for new WIC nutritionists and support staff, train new breast-feeding peer counselors and provide bi-monthly training for all peer counselors, conduct three per year training for WIC support staff, conduct quarterly nutrition education training for WIC and community nutrition staff, meet with WIC local agency coordinators bi-monthly.

Goals 2004 Section II WIC Eligibility and Enrollment

Objective 4: RItE Care integration

Evaluation: Collaborated within the Division of Family Health to improve and increase screening and referral to WIC / RItE Care / Food Stamps / FIP through integrated outreach efforts, training and further development of role of Family Resource Counselors. Continued to work with Dept of Human Services to determine potential of WIC referral via their pilot multi-program application.

Continued collaboration with Neighbor Health Plan of Rhode Island (major Rite Care provider). Continued to staff .25 FTE (Provider Outreach and Education Liaison position) to enhance communications with Rite Care Providers.

Plan: Continue coordination with Family Resource Counselors. Continue efforts to reduce duplication of services in obtaining WIC required screenings from RItE Care (Medicaid) providers. Work with DHS to provide a WIC release on the multi-program application to enhance the referral process to WIC. Continue with implementation and evaluation of Liaison / Provider initiative.

Objective 5: Assure enrollment of high priority applicants

Evaluation: WIC Client Services Unit, the Community Liaison Manager, and local agency WIC staff collaborated in the presentation of provider in-service trainings. Offered to new providers, practices with questions re: WIC services, and OB / GYN offices, these in-services enhanced communication between WIC and providers. The goal was improved collaboration, enhanced referral process, and feedback loops

The Statewide Outreach Committee, comprised of staff from each local WIC agency and HEALTH, sponsored an outreach event, "Walking with WIC" which was publicized in the newspaper and on local network stations. The committee continued to use the power point outreach presentation, at in-services, community referral sites, and at student presentations.

Plan: Continue work with WIC parent consultants and Communications in providing targeted outreach, including new / relocated WIC sites. Review and establish guidelines for integration of Patient Flow Analysis activities, and continue to provide technical assistance to ensure timely access to WIC services. Continue outreach efforts through managed care providers, and new providers serving the RItE Care populations through the Provider Liaison ¼ FTE position. Restructure outreach activities and reporting to better reach the high risk populations.

Objective 6: Streamline eligibility determination process

Goals 2004 Section II WIC Eligibility and Enrollment

- Evaluation:** Continued follow-up training of local agency WIC staff on use of adjunctive eligibility for WIC income verification. Upgraded software at local agency sites to increase intake efficiency. Implemented coordination system re: categorical and income eligibility between WIC and FRC program. Worked with Dept of Human Services in integration of WIC referral process into their pilot joint eligibility project. The KidsNet pilot project did increase the identification of elevated blood lead levels in WIC.
- Plan:** Continue to support local agencies' efforts in streamlining determination process. Review documentation requirements to ensure compliance with regulations while simplifying determination process. Move forward on implementing Kidsnet in all WIC sites , to identify risks associated with elevated blood lead levels.

Objective 7: Separation of Duties

- Evaluation:** The State Agency incorporates SOD monitoring into the biennial Management Evaluations performed. Six (6) local agency management evaluations were completed. One WIC local agency was cited for SOD non-compliance in FY 2003. Training was provided to the local agency around SOD and the agency did provide a plan of correction.
- 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 8: Coordinate with RI Department of Health Minority Health Initiatives

- Evaluation:** Continued collaborated with Cultural Competence Coordinator to address cultural awareness and sensitivity issues among State and local WIC staff.
- Plan:** Continue coordination of work with Minority Health Office in addressing needs of non-English speaking, and minority communities. In collaboration with the Division of Family Health Data and Evaluation Unit, develop analytical tools to identify health disparities among ethnic/racial groups of WIC participants.

Determination of income

Objective 1: Increase efficiency and accuracy in determination of income

- Evaluation:** Provided training on adjunctive eligibility, assisted local agencies in making determination in questionable cases. Provided case studies on income eligibility at Coordinators' meetings to train on adjunctive eligibility and e provided technical assistance on new WIC Federal Income Guidelines. Provided case studies to LA Coordinators around income determination during coordinators meetings this has helped with clarifying income determination. Over the past 3 years, Medicaid enrollment has increased from 65% to 81% among WIC participants.

Goals 2004 Section II WIC Eligibility and Enrollment

Plan: Continue assisting local agencies in making determination in questionable cases, provide technical assistance on new WIC Federal Income Guidelines, provide training to new WIC staff re: income determination policies and procedures, continue monitoring income screenings through management evaluations. Continue to provide case studies to Local Agency WIC Coordinators at their bi-monthly meetings.

nutritional Assessment

Objective 1: Monitor documentation of nutrition assessment for accuracy

Evaluation: Local WIC agencies conducted regularly scheduled quality assurance reviews of certification documentation (as outlined in their Nutrition Education Plans). These efforts were reviewed during Management Evaluations, conducted at required WIC agencies. All agencies reviewed were cited for not accurately assessing the nutritional status of the WIC participants. Training has been provided to all WIC nutrition staff on assessment of risk.

USDA standardized risk code reports were analyzed and shared with local WIC agencies. . Anthropometric measurement training is provided on an as needed basis.

Plan: Local agencies will conduct regularly scheduled quality assurance reviews of certification documentation (per Nutrition Education Plans). Management Evaluations will be conducted to monitor for documentation compliance. QWIC risk reports will be collected, analyzed, and reviewed with local WIC agencies; information will be used to target training, monitor on-going initiatives (breast-feeding support programs), re-direct efforts and develop new initiatives. Revisions and additions to allowed nutrition risk criteria will be implemented and staff will be informed and trained.

Objective 2: Dietary assessment tools

Evaluation: Rhode Island's dietary assessment tools are used statewide. Training on use of the tools is conducted by RI WIC Nutrition Coordinator for any new staff or those needing a review (usually noted at ME).

Plan: Continue to follow national initiative in the development of national dietary assessment models.

Objective 3: Coordinate procedures and criteria with other Division of Family Health programs to avoid duplication and enhance access.

Evaluation: WIC and the Women's Health Screening and Referral Program continued their coordination to enhance access to nutrition services. Evaluations of lead screening results among WIC children lead to collaboration in the review of nutrition / lead materials. Evaluated the WIC / Lead / KidsNet initiative with positive results in

Goals 2004 Section II WIC Eligibility and Enrollment

increasing information to WIC nutritionist and referrals to providers.. This will allow WIC local agency staff to view KidsNet lead screening results, and act on the findings.

Plan: Continue to work with lead program in ensuring that WIC eligible children with elevated lead levels are referred to WIC. Develop statewide Kids Net connection to enable local agency WIC staff access to lead screening results at the time of certification and recertification.

Objective4: Biochemical and Anthropometric screening

Evaluation: Upgraded infant and adult scales at local WIC agencies as needed. WIC continued to provide measurement training to new WIC staff, and monitored techniques during Management Evaluations. Provided training on new risk codes and training on new CDC growth charts (wt/length and BMI) .

Plan: Continue to provide technical assistance on the federal regulations related to blood screening. Provide on-going training to state and local agency WIC staff re: new Body Mass Index initiative from CDC. Continue to monitor measurements of children, allowing only light clothing, dry diapers and removing shoes. Training for measuring will be conducted at both support staff meetings and Nutrition Education meetings.

Minimize violations of Program rules and misuse of Program funds.

Objective 1: Warnings and sanctions

Plan: Continue to provide training to local WIC staff on importance of educating clients on their rights along with their responsibilities using the WIC rights and responsibilities information included on the WIC ID folder. Monitor participant knowledge of rights and responsibilities during Management Evaluations through parent consultant / participant interview process.

SECTION III

Food Delivery System

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

Goals 2004 Section III Food Delivery System

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: Financial Management Services Corp (FSMC) was awarded the recent banking services contract through the release of a competitive RFP.

Plan: Evaluate changes in banking needs related to the upcoming PARTNER's EDS project.

Automated Data Processing

Objective 2: Continue to evaluate and enhance MIS as a management tool.

Evaluation: MIS software development contract was awarded to PDA, Inc. Fiscal management, vendor management and caseload management modules were installed and tested.

Plan: Continue conversion process. Full rollout of the new software will continue through 2004. Present to USDA and NERO the 5 year strategic MIS plan which will focus on replacement of the local clinic software and hardware.

Conversion and Upgrade of Entire System Needed

Problem

Installed in 1991 -1992, the local agency and state agency software are obsolete versions no longer supported by the maker. Nightly communication of check and participant data are sometimes incomplete, requiring later reconstruction. System functionalities for vendor and fiscal management assurance of program integrity and assessment of participant data are rudimentary and labor intensive and many functions now deemed essential are lacking.

Objective 1: Complete the System Conversion and Replacement Plan

Plan: Continue rollout of the new Convansys software modules. Release and RFP for the local agency side of the system (as funding permits).

Management Tools - Financial Reporting

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

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reporting.

- Evaluation: Financial reports and other analytical tools continue to be difficult to generate in a non-integrated MIS.
- Plan: Rollout the new vendor, fiscal 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 QWIC MIS with clinic operations.

- Evaluation: Local agency staff turnover requires constant and continued technical assistance related to efficient patient flow, and maximum productivity of staff.
- Plan: Continue to utilize the Patient Flow Analysis Study to help support efficient and effective patient services at agencies. Monitor efficiencies and provide technical assistance during routine and management evaluation site visits. Monitor the appointment times.

Objective 2: Strengthen MIS capabilities in tracking non-participation, and redemption rates for local agencies.

- Evaluation: No reports currently track no-show, void and nonredemption rates by site.
- Plan: The new Covansys software will provide summary tracking reports, general and specific, for each clinic and statewide. Continue working with clinics to develop tools they can use for reminding participants (if necessary), such as mailing labels, calling lists, etc. Monitor change in rates. Work with agencies as needed to develop alternative strategies.

Objective 3: Limit access to check printing to a limited number of staff, and limit the check printing capabilities of certifying staff whenever possible.

- Evaluation: Check issuance assessments done completed as part of the management evaluation process. For FY '03, none of the six WIC agencies were cited for failure to maintain segregation of duty (SOD). Additional site visit reviews were conducted to monitor segregation of duties.
- Plan: Continue review of checks for issuing personnel; security of check stock; corrective action as needed. Provide technical assistance re: SOD implementation.

Operation of the Retail Vendor Management System

Goal: That all authorized participating WIC vendors will be a benefit to the efficient and

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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 2004.

Evaluation: Actual vendors as of 12/03, there were 63 large grocery stores, 11 medium grocery stores, 93 small grocery stores, 28 large pharmacies, 2 small pharmacies with 1 commissary. There was a total of 168 food retail vendors and 30 pharmacies.

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 an enrollment above the maximum.

Objective 2: Impose a minimum quarterly check redemption requirement for all authorized vendors equal to an amount of at least 25 (twenty five) checks.

Evaluation: The time and resources dedicated to vendor management is significant. Some stores have little or no activity and prove costly to the Program.

Plan: All vendor redemption activity will be tracked monthly and averaged on a quarterly basis (beginning in October of each fiscal year). Stores with less than the minimum amount of checks redeemed will be terminated unless participant access is determined necessary at the specific store location.

Vendor Management

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

Evaluation: The Vendor Software Module, including enhanced tracking of high risk and potentially high risk WIC vendors, is operational.

Plan: High risk vendor reports will be generated regularly and appropriate follow up will be taken.

Vendor Education and Training

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

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Evaluation: 28 training events were held for new vendors as part of the authorization process. 65 site visits were made during the FY 2003.

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 2004 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.

Objective 2: Enhance use of a maximum price pre-edit by check type to deny payments, thus increasing vendor collections.

Evaluation: Printed maximum price on checks was removed in FY 2003. Vendors have been notified that check prices will continue to be monitored by peer group category within a determined variance. In the case of rejected checks, vendor must justify price and HEALTH determine allowable reimbursement.

Plan: Utilize Vendor Management Module reports and bank data to perform price analysis by check type within vendor peer group in order to monitor and audit maximum check value within peer groups. (Operations Policy V-10 and V-11).

Objective 3: Reduce the number of checks authorized for re-deposit to maximize staff resources.

Plan: Restrict the types of improperly completed checks authorized for re-deposit to the bank.

Store Monitoring

Objective 1: Conduct a minimum of twelve investigations, at least two of which should be on non-high risk vendors.

Evaluation: A contract employee has been secured to perform compliance visits in FY 2004.

Plan: Utilize vendor analysis reports and complaint information to flag potential vendors

Goals 2004 Section III Food Delivery System

for compliance investigation.

Objective 2: Increase staff time for vendor compliance investigation management

Evaluation: Vendor compliance investigators need training and assistance related to effective investigation and collection of critical evidence.

Plan: Prepare a training and investigation procedures manual for new investigators.

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

Evaluation: A total of 65 on-site visits were performed in FY 2003.

Plan: Improve the number of routine visits to be conducted in FY 2004.

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: Communication of vendor action reports has been improved through the use of direct E-mail reporting

Plan: Continue to utilize E-mail notifications and use of federal STARS computer system to track federal 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 Vendor Task Force.

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.

Objective 2: Maintain periodic communication with Newport County vendors selected for participation in the New England PARTNERS EBT Pilot Project.

Evaluation: Vendors in the Newport County area have been visited and contacted regarding information updates on the pilot project and its timeline. A meeting with area vendors and New England PARTNERS was held in Spring, 2003.

Goals 2004 Section III Food Delivery System

Plan: Rhode Island's pilot project in Newport County is scheduled for 2005. Stores will continue to be updated via corporate contact, manager or owner and invited to pertinent meetings re: implementation of the EBT Pilot Project.

SECTION IV

State Agency Nutrition Education Plan

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

Goals 2004 Section IV Program Benefits

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

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

Year 2010 Objectives (16-6)

Objective 1: Increase to 90%, early entry (first trimester) into prenatal care.

Evaluation: More pregnant women in RI are receiving their prenatal care in the first trimester. In 1990, 86.7% of pregnant women received prenatal care in the first trimester and by 1999, the figure increased to 98.6%. (data from self-reported data on the birth certificate). In the core urban cities, 86.3% received adequate prenatal care. The rate of early entry into prenatal care varies among difference groups. During the five-year period 1996 – 2000, 90.8% of pregnant women received prenatal care in the first trimester. However, from 1996-1998, 86% received adequate prenatal care, compared with 78% of Black mothers, and 77% of Hispanic mothers.

Plan: Continue screening prenatal applicants for access to prenatal services, make appropriate referrals to health care providers as necessary. Continue collaboration with the Women's Screening Program to enhance early entry into WIC for pregnant women. Continue development of new outreach initiative to educate new Rite Care prenatal providers about WIC services.

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, and work with Kids Net to implementation of the health data tracking and referral system.

Healthy People 2010

Objective 1: Increase to 95%, access to primary health care.

Evaluation: As of September, 2003, 93.8% of WIC participants were insured. 81% were on Medicaid (managed care RITE Care Program), and 12.8% were privately insured. 5.4% of the WIC participants were referred to Rite Care managed Medicaid program. Training was provided to all local agency staff on the new Rite Care

Goals 2004 Section IV Program Benefits

Eligibility criteria.

Plan: With state budget constraints, Medicaid is charging a premium for some Rite Care recipients. If the premium is unpaid, the recipient is dropped from the Rite Care Program. WIC will track Rite Care enrollment to assess the impact of premiums in continued enrollment. Continue referrals to Rite Care managed Medicaid program for uninsured applicants. Develop and run report which list those WIC participants without health insurance for follow-up contact.

WIC Objective

Objective 1: WIC association with Priority I health care agencies

Plan: As managed care continues to impact R.I. Medicaid program, Priority 1 health care agencies with WIC sites were monitored to ensure continuity of service.

As more Medicaid / WIC participants obtained health care in new settings (HMO's, PPO's), local agencies continued to encourage on-going health care. Monitoring of WIC charts for documentation of health services and referrals continued during this transition period.

Plan: Continue to monitor stability of WIC sites in Priority 1 health care agencies.

Objective 2: Participate in Rite Care planning and service integration

Evaluation: Continued working with the Family Resource Counselor program, WIC ensured that referrals to health and social services was provided. Local WIC agencies continued to provide the majority of blood screening. Collaborated with the Women's Assessment Project to ensure that pregnant women are identified and referred to WIC early in the pregnancy. Continued to provide technical assistance on the blood screening schedules which are more closely aligned with standards of practice with recommendations by the AAP and CDC.

Plan: Continue to collaborate in the implementation of the new Women's Assessment Project and encourage providers to completed the WIC Medical Referral Forms to reduce duplication of screenings. Monitor Local Agency WIC Programs to ensure compliance with risk assessments , This will be done at Management Evaluations. Continue to collaborate with the RI Dept of Human Services in the pilot of joint services application process for WIC, child care, Food Stamps, FIP, Rite Care.

Goals 2004 Section IV Program Benefits

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

Year 2010 Objectives

Objective 1: (19-12) Reduce iron deficiency to less than 5% among children aged 1 – 2 years old, to 1% among children 2-4 years old and to 7% among women of childbearing age.

Evaluation: As of September, 2003, 8.3% of children and 14.3% of women on the WIC Program had low hemoglobin levels. Participants continued to receive targeted counseling re: iron rich foods and their importance using the newly developed and translated nutrition education materials.

Plan: Continue providing targeted nutrition education re: iron nutrition. Continue WIC caseload expansion (if feasible) to prevent iron deficiency by reaching more children aged one through 4. Continue to expand to statewide Kids Net access at local agency to provide lead blood level test results at WIC certification and recertification. (adequate iron nutrition is a barrier to lead poisoning). .

Objective 2: (19-11) Increase calcium intake of persons 2 years and older so at least 75% meet dietary recommendations for calcium.

Evaluation: In September, 2003, 6.25% of children had inadequate calcium intakes, Of pregnant and breastfeeding women, 49.2% failed to meet the dietary recommendations for calcium. Women continued to receive targeted nutrition education re: calcium sources and the importance in their diet. Low and lactose-free dairy products were provided to lactose intolerant WIC participants. Food packages with calcium fortified orange juice were available for select women.

Plan: Continue providing targeted nutrition education re: calcium nutrition. Continue provision of alternate calcium sources (due to lactose intolerance, food or cultural preferences). Counsel WIC pregnant and lactating women on the importance of calcium in their diet and recommended daily intakes and calcium sources. Provide feedback on anticipated changes to the WIC Allowed Food Package.

Objective 3: Work towards increasing to at least 75% the proportion of parent and care givers who use feeding practices that prevent early childhood caries (ECC).

Goals 2004 Section IV Program Benefits

Evaluation: WIC nutritionists educated parents on the dangers of early childhood caries (ECC) Caregivers continued to receive counseling regarding proper feeding practices that prevent early childhood caries.

Plan: . Continue providing caregivers with information re: proper feeding practices that prevent early childhood caries.

Objective 4: (16-17) Increase abstinence from alcohol (to 94%), cigarettes (to 98%), and illicit drugs (to 100%) among pregnant women.

Evaluation: WIC implemented the new risk criteria related to tobacco use. In September, 2003, approximately 4.8% of pregnant women on WIC smoked. Illicit drug use is rarely identified as a risk due to attached stigma and fear of discovery. 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 5: 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. As of September, 2003 approximately 25.7% of prenatal women on WIC were risked with insufficient wt gain (loss), while .2% of postpartum women were risked with insufficient wt gain in their last pregnancy.

Plan: Continue providing targeted counseling on desirable weight gain to pregnant women, ensuring that high risk women receive required nutrition education contacts. Increase the inventory of available food package choices that will meet the needs of high risk clients.

Healthy People 2010 Objectives

Goal: Increase the span of healthy life for all Rhode Islanders, reduce health disparities among Rhode Islanders and achieve access to preventive services for all Rhode Islanders.

Goals 2004 Section IV Program Benefits

Objective 1: Increase healthy diet by reducing fat intake and increasing servings to fruits and vegetables to 5 or more servings per day, and grain products by 6 or more servings daily.

Evaluation: Counseled WIC participants on the importance of a balance diet along with the WIC foods to meet these goals, continued WIC participation in the Farmer's Market Nutrition Program to all WIC local agencies. Provided FMNP checks to all eligibles from May, 2003 to August, 2003. An additional Farmer's Market was added in Pawcatuk. Collaborated with Johnson and Wales University for "Veggin Out" cooking and nutrition education demonstrations at urban market sites At a total of eight locations. . The Veggin' Out Recipe Book was changed and offered at all Veggin' Out sessions.

Plan: Work to obtain additional FMNP funds for continuation and expansion of the FMNP to additional FM sites. Continue counseling participants on the importance of a balanced diet, and ways of incorporating fruits, vegetables and grains into their diets. Develop a mini-cookbook for legumes, peas and dried beans for distribution at WIC sites. .

Objective 2: Reduce tobacco exposure by reducing the prevalence of smoking in caretakers and reducing exposure to second hand smoke.

Evaluation: Counseled WIC participants on the dangers of exposure, coordinated WIC operations with smoking cessation programs to assist clients wishing to stop smoking, designated WIC clinics as "Smoke Free" zones.

Plan: Continue in these efforts

Objective 3: Reduce alcohol and other drug related health problems.

Evaluation: Counseled WIC participants of the dangers of substance abuse and coordinated WIC operations (when possible) with alcohol and drug treatment services.

Plan: Continue in these efforts

Objective 4: Reduce children's blood lead levels by reducing the prevalence of levels exceeding 10 mcg/dl by 50% and exceeding 20 mcg/dl by 75% among children through age 5 years.

Evaluation: Assisted in screening children, or referring for lead poisoning when possible, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screenings, worked with Lead Program to ensure that lead burdened children were referred to WIC through distribution of WIC outreach materials to families of lead burdened children. WIC/Lead materials were developed by HEALTH's communications unit and are used in WIC LA and within the lead program..

Goals 2004 Section IV Program Benefits

Plan: Continue with these efforts. . Expansion of providing Kidsnet access to all Local Agency Wic sites for better lead screening and nutrition intervention.

Objective 5: Improve oral health by preventing dental caries.

Evaluation Care givers continued to receive counseling regarding proper feeding practices that prevent early childhood caries. Training was provided to both nutrition and support staff on early childhood caries.

Plan: If funding is available, offer infant wash cloths and tooth brushes for children in the Wic program. Continue to provide training on an as needed basis on Oral Health.. Continue to counsel care-givers re: proper feeding practices which prevent early childhood caries. Refer WIC participants to dental care providers as needed.

Objective 6: Reduce poor birth outcomes by reducing the incidence of low birth weight infants, reducing tobacco and illicit substance use by pregnant women.

Evaluation: As of September, 2003, 14.3% of infants on the WIC program were premature or low birth weight infants. WIC counseled WIC pregnant women on the effect smoking and drug use has on the birth outcome and referred participants (when appropriate) to abuse treatment centers and/or smoking cessation programs, instructed clients on optimal weight gain during pregnancy, and monitored high risk participants for optimal weight gain during their pregnancy.

Plan: Continue to analyze data in more detail. Continue with WIC referrals, counseling and monitoring

R.I. WIC Objectives

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

Evaluation: Reviewed and evaluated FY 2003 Nutrition Education Plans submitted by the 13 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, are reviewing the quality assurance program used as a 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. Revised 2004 Nutrition Education Plan to clarify needs for self-assessment.

Plan: Continue with review and evaluation of Nutrition Education Plans, monitoring quality assurance and self-monitoring systems.

Goals 2004 Section IV Program Benefits

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

Evaluation: Provided series of nutrition meetings and training for nutritionists (quarterly), breastfeeding peer counselors (quarterly and new peer counselor training), WIC coordinators (bi-monthly), local agency support staff series (3 times per year), and new staff training offered monthly. The annual meeting addressed civil rights, program integrity, and customer service and program procedures. Topics for trainings were based on staff requests and surveys, needs identified through management evaluations, policy and procedural changes, latest research.

WIC support staff received training in the provision of second nutrition education contacts, enabling them to provide low-risk participants with specific nutrition education based on topics pre-selected by the CPA.

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.

WIC support staff will be provided training in low-risk nutrition education contacts (SNEC). SNEC trainings will be reviewed for effectiveness in the WIC clinic..

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, Focus groups were conducted with select WIC participants to improve access and quality of WIC services. 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.

Objective 5: Develop and test pilot group nutrition education contacts for WIC participants, to maximize nutrition education time.

Goals 2004 Section IV Program Benefits

Evaluation: Several Breastfeeding Peer Counselors have implemented group contacts (as space permits in local agencies) to promote and support breastfeeding.

Plan: Continue to support expansion of group nutrition education contacts.

Breastfeeding Promotion

Goal Increase breastfeeding initiation and duration

Year 2010 Objective

Work towards increasing to at least 75% the proportion of WIC mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding their 5 to 6 month old babies.

Objective 1: To continue TLC project which promotes breastfeeding by offering in-hospital counselors, with follow-up support services to WIC participants.

Evaluation: Hospital based support services were available 7 days per week. Referrals are made by WIC TLC Counselors to WIC Breastfeeding Peer Counselors for follow-up after hospital discharge.

Plan: Improve two-way communication methods between hospital based TLC Counselors and agency based Breastfeeding Peer Counselors regarding referrals.

Objective 2: To develop computer generated reports which provide information on the incidence and duration of breastfeeding. The breastfeeding rate will be determined as the total number of breastfeeding women divided by the total number of infants.

Evaluation: Reports have been generated on a monthly basis to provide overall WIC breastfeeding rates both at the local agency level and state level.

Plan: As new WIC software is developed, develop a computer generated report that will determine breastfeeding *duration* rates at the local agency and state level for 3 months, 6 months, 9 months, and 12 months.

Objective 3: To expand and improve the effectiveness of the Breastfeeding Peer Counseling Program ("Mother to Mother").

Evaluation: The Peer Counselor Program currently provides services at 11 WIC sites. Breastfeeding training was provided to all staff, helping them to identify barriers to breastfeeding specifically related to WIC. Statewide WIC breastfeeding rates have increased steadily over the past year from 11.6% (9/99) to 15.6% as of 9/03..

Plan: Continue to monitor WIC breastfeeding rates on a monthly basis. Develop a

Goals 2004 Section IV Program Benefits

comprehensive standardized Peer Counselor Manual to include both training materials and operational policies and procedures. Provide quarterly trainings for peer counselors offered by State WIC Staff and offer other training opportunities outside of WIC. Implement and evaluate the effectiveness of Breastfeeding Classes designed for all prenatal participants as a breastfeeding promotion method.

Objective 4: All local agencies will designate a WIC nutritionist to serve as the Local Agency Breastfeeding Coordinator.

Evaluation: All local WIC sites designated a Breastfeeding Coordinator

Plan: Ensure that Breastfeeding Coordinators are conduits for sharing of breastfeeding support and promotion information, clinical updates, and breastfeeding data sharing.

Objective 5: Assist in development and support of statewide infrastructure which support and promote breastfeeding.

Evaluation: Participated and supported the on-going efforts of the RI Breastfeeding Coalition in the support-promotion of breastfeeding by attending monthly meetings and assisting in special projects. Distributed the revised 2003 Breastfeeding Resource Directory for Health Care Professionals. Partnered with several agencies and organizations for the 2003 WIC World Breastfeeding Week Event at Lincoln Woods.

Plan: Continue support and participation of R.I. Breastfeeding Coalition, distribution of latest edition of the Breastfeeding Resource Guide, promotion of World Breastfeeding Week and provide leadership for implementation of structured Breastfeeding initiatives within the Local Agency WIC Programs..

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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: Set policy for reviewing the WIC Allowed food lists, incorporating timelines, market availability, funding restrictions, local agency and WIC Client input. The WIC Parent consultant surveyed parents on the types of foods they purchase on WIC.

Plan: Complete food package programming. Add to WIC food package tailoring guide those packages that meet program and client needs. Complete the review of WIC Allowed Food List evaluation. The new WIC software will increase the ability of the nutritionist to better tailor food packages to meet the needs of their clients.

Objective 2: Provide alternate sources of calcium

Evaluation: Calcium fortified juice is available to women's food package.

Objective 3: WIC Nutrition Risk Criteria

Evaluation: Implemented revisions to the WIC Nutrition Risk Criteria. Provided on-going technical assistance in implementing the risks.

Plan: Implement new risks as needed.

SECTION V

Outreach and Coordination

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

Goals 2004 Section V Outreach And Coordination

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

Objective 1: Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy and the proportion of pregnant women and infants who receive risk-appropriate care.

Evaluation: Statewide, delayed prenatal care rates have dropped by almost 50% over the past 10 year. Vital Records data for 1996-2000 show a state-wide rate of 9.2%, the best in the country. However, core cities have a rate of 13.7%. There are, however, significant differences along racial/ethnic lines. During 1996 – 1998, 86% of White mothers received adequate prenatal care. The rate for African Americans (78%) was 78%. For Hispanic women, it was 77%. WIC provided referrals to Rite Care and Rite Start for uninsured pregnant women to improve access to health care. 95% of WIC participants have health insurance in RI.

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

Objective 2: Increase to at least 75% the proportion of primary care providers who provide nutrition assessment and counseling and/or referral to qualified nutritionist or dietitians.

Evaluation: WIC Outreach information was distributed by Neighborhood Health Plan, United Health Care, and Blue Chip Plan. The WIC Provider relation's position continues to provide physicians information about WIC and the Kidsnet program. The WIC provider relations position along with local agency staff, provided in-services to physicians clarifying the WIC eligible population and WIC policies and procedures. On-going coordination continues with Division of Family Health program (Early Intervention, Lead Program, Kids Net) to improve access to needed services.

Plan: Ensure referral of all appropriate hospital and health center patients to clinics and ensure that WIC nutrition services are included in team managed care for patients. Coordinate WIC risk assessment procedures and WIC risk-criteria definition with other Division of Family Health programs so as to complement and not duplicate nutrition assessments for pediatric and prenatal clients. Contact, at least annually, by

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phone, mail, or visit local health care providers to educate, solicit referrals and encourage sharing of information. Target providers who serve Ritecare populations and provide prenatal care.

Healthy People 2010 Objective 1-5

Objective 1: **Increase the proportion of persons with a usual primary care provider to 85%.**

Evaluation: Continued to screen and refer applicants for health care needs, and provided risk appropriate nutrition services. Provide information to families on new Rite Care age and income eligibility.

Plan: Identify all high-risk areas in Rhode Island and target them for outreach to pregnant women. Bring women, infants and children into the health care system and provide risk-appropriate nutrition services. Analyze Local WIC Agency Risk Reports to identify local agencies' high-risk caseloads. Assist local agencies in targeting outreach effectiveness.

WIC Objectives

Objective 1: **The State and Department of Health have developed an automated tracking and follow up system to ensure a comprehensive approach to monitoring children's individual services and needs. The system is titled Kids Net.**

Overview: Enrollment of additional providers is continuing. WIC provides demographic and certain health data to KidsNet. Plans include developing data systems links to obtain participant/applicant information needed for WIC purposes to simplify client access to WIC by reducing duplicate information submission.

Kids Net is a designated public organization to receive WIC participant information only for purposes of establishing eligibility for services and conducting outreach to WIC participants, in conformance with 246.26, (d) of WIC regulations.

WIC is completing an automated immunization and lead outreach and referral link with KIDSNET which will accept out of compliance and shots due messages from KIDSNET for transmission to parents, reinforcement and follow-up.

WIC and KidsNet have established a KN transmission to WIC of lead screening results for follow-up and WIC eligibility determination.

Kids Net will provide WIC outreach information to potential WIC eligibles.

Evaluation: WIC continued to collaborate with Kids Net during the development phase of the Kids Net MIS. Completed the Evaluation of the Lead/Kidsnet/WIC pilot with very positive feedback.

Plan: Continue with Kids Net collaboration, working towards full implementation of system in 2003. Implementation of the Lead / Kidsnet / WIC pilot statewide.

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Objective 2: **Share relevant need data, with local agencies including socioeconomic and demographic data by census tract.**

Evaluation: Local WIC sites were able to request reports to assist in needs assessment and strategic planning. Periodic reports were provided to local WIC coordinators highlighting participant profiles (demographic and socioeconomic data) and use of certifying risks. Local WIC agencies were provided with reports highlighting their participant profiles by census tract at their request.

Plan: Continue to provide socioeconomic and demographic data by census track to focus outreach to under served areas.

Objective 3: **Saturate identified high risk areas with outreach materials, including posters and brochures in churches, Laundromats, grocery stores, resale shops, PSAs etc.**

Evaluation: Each local agency had a representative on the Statewide Outreach Committee who gave input to target high-risk. Attendance at these meetings was mandatory and monitored to ensure agency compliance. The committee generated a list high-risk outreach areas to target in collaboration with the Division of Family Health Communications team and mailings were done to childcare providers. The family health hotline monitors incoming calls from these target areas, the outreach committee meetings substitutes for submission of required Nut ed outreach plan.

Plan: To ensure beter outreach compliance Local agencies will be required to submit quarterly outreach reports to the state WIC office documenting their outreach efforts and intiatives. The state WIC office will collect and review the quarterly reports to ensure compliance. Failure to comply do so will result in local agencies citations by the state WIC office. . .

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 id any migrate workers in RI in 2002. 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

Note: Full funding may be necessary to serve those WIC clients who may be certified based only on migrancy due to the low priority level (as currently proposed).

Objective 5: **Solicit public and legislative support for WIC by promoting positive**

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accomplishments through press releases, human interest stories, presentations to groups and appearances on radio and television shows.

Evaluation: State WIC promoted WIC services through a statewide outreach event, presentations at community agencies, ESL & citizenship classes, faith-based events, farmer's market, health fairs and other public events. The state WIC office sponsored an obesity conference that was promoted by media. Breastfeeding was promoted through a statewide World Breastfeeding Week celebration and outreach efforts at local WIC agencies. The state Breastfeeding coordinator collaborated with community groups to pass legislation to support breastfeeding in the workplace. .

Plan: Continue with outreach efforts to solicit public and legislative support for WIC.

Objective 6: Publicize availability of WIC services and eligibility information to general population through monthly 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. We did not collaborate with the Division of Family Health in the implementation of an integrated RFP for outreach initiatives targeting under served populations. Continue outreach connection with kidsnet per WIC objective 1.

Plan: Continue outreach efforts as above.

Objective 7: Increase by 10% the proportion of all WIC pregnant women who enroll in the WIC program in the first trimester of pregnancy.

Evaluation: WIC Community Liaison focused on outreach visits to OB /GYN offices. FY' 2003 52.9% of pregnant women enrolled in WIC, where enrolled in the first tri-mester.

Plan: Continue target WIC outreach to health care providers, with particular emphasis on health care providers not associated with community health centers, this will be accomplished by our provider relations' person. Evaluate the current WIC data related to month of entry into WIC during pregnancy.

Objective 8: Enroll at least 85% of estimated eligible pregnant women in designated high priority areas. (Refer to Goals Section IV)

Evaluation: At a point in time, 74.5% of WIC eligible participants are being served statewide an increase from last years rate of 67%.

Plan: In collaboration with Family Planning, complete the development of a WIC /Family Planning brochure which would inform pregnant women of WIC when their pregnancy is confirmed. Continue visits and mailing to health care provider's offices once a year.

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Objective 9: Contact Rite Care (expanded Medicare program) HMOs and care providers to educate and solicit referrals for newly adjunctively eligible clients (185% to 250% of federal poverty level).

Evaluation: Collaborated with NHP to id high-risk pregnant women who would be adjunctively eligible for WIC due to Medicaid status. WIC parent consultant represented the WIC program to the Statewide Rite-Care committee. Rite Care providers were identified and targeted through MCO physician directories and were encouraged to distribute WIC materials at new site visits

Plan: Continue with outreach plan with NHP and establish relationships with other HMOs such as United Health and Blue Chip

Objective 10: Support partnerships between non-health center providers and WIC site staff.

Evaluation: Members of the WIC staff joined the provider relation's representative at provider's visits and assisted in educating providers about WIC eligibility and criteria guidelines. Provider needs were identified through this process and instrumental support was provided.

Plan: Continue with provider visits and integrate an evaluation component into these visits to elicit provider feedback on the WIC provider relationship. Evaluate provider interest in an annual forum to assess and address provider needs.

Objective 10: Monitor telephone calls to state agency by line used and source of referral.

Evaluation: 1581 WIC related calls were received from October 1, 2002 to September 30, 2003 this is down from FY '02 which had 1798 calls. . . Spanish speaking callers increased from 199 to 293.

Plan: Continue to periodically evaluate telephone calls to state agency by line used and source of referral.

Objective 11: Monitor use of referral fields on QWIC system, which document how a WIC applicant heard of WIC.

Evaluation Plan not met in 2003 due to further training needed of the local agency staff on documentation of referral source data in qwic system. WIC staff document referrals in the SOAP note not the QWIC system.

Plan: As new software is developed, this will be a required field for Local Agency Wic staff.. Prepare and analyze local agency use of QWIC system re: type and frequency of referrals documented on QWIC system. Provide technical assistance as needed.

Objective 12: Compare WIC referral data with data collected by Rite Care.

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Evaluation: Developed release form for combined RIte Care application for automatic adjunctive WIC eligibility. This form is pending approval by the Department of Human Services. This form will facilitate automatic transfer of WIC adjunctive eligibility info to be use for local agencies certification.

Plan: To follow through with data sharing strategies to further improve WIC referrals. After implementation of form use, the state WIC office will monitor QWIC data for increases in RIte-Care eligible WIC participants.

Objective 13: Distribute 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.

Plan: Confirm and document status of Homeless shelters and organizations as WIC eligible facilities. Continue to encourage and support local agency outreach to shelters and organizations serving the homeless.

Objective 14: Provide all local agencies with up-to-date lists of homeless facilities in their vicinity, which comply with required conditions.

Evaluation: The state WIC office distributed Emergency Services Directory from Travelers' Aid to local WIC agencies.

Plan: The state WIC office will develop and distribute a list of WIC friendly homeless shelters and organizations to local WIC agencies along with WIC friendly criteria.

Objective 15: Review for any barriers to service for children in foster care or protective services care and revise policies and procedures to improve access.

Evaluation: Client Services Unit continued to act as liaison for foster parents/foster services and local WIC sites. Provided technical assistance to local agencies re: foster services to ensure continuity of service. Provided WIC information to DCYF so they can instruct workers on WIC and that information can be given to foster parents.

Plan: Continue to review and respond to any barriers to service for children in foster care or protective services. Prepare at least once a year an article for the foster parents' newsletter, or a mailing to all foster parents.

Objective 16 Develop and carry out effective outreach to Native Americans in consultation with the Narragansett Indian Tribe, the Rhode Island Indian Council and HEALTH Minority Health Office.

Evaluation: Preliminary development of options was cooperatively developed with the NIHC

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nutrition services unit in FY '03.

Plan: Continue in efforts with the NIHC in increasing access to WIC services, working with the HEALTH Minority Health Office.

Objective 18: Distribute outreach videotape to WIC agencies and other agencies in the outreach network, as appropriate.

Evaluation: The WIC outreach power point presentation was used during inservices at providers offices and at trainings for other community agencies. . Each WIC Local Agency continues to use the presentation within their service area.

Objective 19: Provide assistance to prepare / provide targeted outreach to terminated WIC participants.

Prepare / provide postcards and computer generated labels with reminders to all terminated participants, to improve participant retention rates.

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 Objectives

Objective 1: Reduce the prevalence of blood lead levels exceeding 10ug/dL to 0 in children aged 1-5.

Evaluation: Assisted in screening and/or referring to health care providers for blood lead levels, documented and forwarded abnormal blood screening results, including elevated lead levels to health care providers, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screening. Evaluated the pilot project with Kidsnet re: assessment of child's lead screening status, with appropriate education, referrals and WIC services.

Plan: Continue with these efforts, investigate inclusion of WIC referral information on lead screening test slips sent to health care providers, and evaluate WIC enrollment of children with lead poisoning. Continue the Kidsnet / WIC lead initiative to assess lead status statewide.

Health People 2010 Objectives 16-19

Objective 2: Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old, and to 25% at 1 year.

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Evaluation and Plan: Refer to Section IV, Breastfeeding Promotion

Objective 3: Reduce the incidence of fetal alcohol syndrome to no more than 0.12 per 1,000 live births.

Plan: Continue to screen, counsel and refer WIC applicants re: the dangers of alcohol use during pregnant, and fetal alcohol syndrome. Ensure that local WIC agencies are familiar with substance abuse service providers in their communities.

Healthy People 2010 Objective 16 - 17

Objective 4: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women to:

Alcohol – 94%

Binge Drinking – 100%

Cigarette Smoking – 98%

Illicit Drugs – 100%

Evaluation: Evaluated policies and procedures that coordinate operations with and facilitate referrals to and from programs such as special counseling services, EFNEP, DCYF, Food Stamp Program, TANF, Medicaid, Child Support Enforcement Program and Title V funded programs and local breastfeeding support programs. Monitored efforts during local agency management evaluations.

Plan: Continue efforts.

Objective 5: Participate in 90% of planning meetings for Healthy Mothers/Healthy Babies Coalition, R.I. Breastfeeding Coalition, KidsNet, the RI Food Security Coalition and other MCH/DOH advisory committees.

Evaluation: Recruited and hired a new state Breastfeeding Coordinator and public health nutritionist. Continue efforts outlined above.

Plan: Continue with efforts.

Objective 6: Train local agency staff in scheduling certification, recertification, check-pickup and nutrition education appointments for the convenience of clients and to optimize opportunities for nutrition education. Schedule WIC appointments, as much as possible, with other local agency clinic visits and where possible combine intake procedures for other services with WIC. Monitor health appointments.

Evaluation: Continued to use results of Patient Flow Analysis, client surveys and Management Evaluations to target training for local staff re: clinic efficiency and client satisfaction issues.

Plan: Continue with efforts.

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Objective 7: To improve access in high needs areas, investigate and, if feasible and cost effective, provide coordinated WIC services through HMO and PPO sites. If not feasible, develop and implement coordinated referral system from HMO and PPO sites established WIC sites, and improve ability of current infrastructure to handle increased demand.

Plan: Continue with current efforts in improving access to WIC through coordination with HMO and PPO sites, and Narragansett Health Center.

Objective 8: Ensure referral of all appropriate hospital and health center patients to WIC clinics and ensure that WIC nutrition services are included in team-managed care for participants.

Evaluation: Continued collaboration with Family Resource Counselors who perform some pre-screening for WIC and Medicaid outreach in health centers. Provided inservices to local health centers on the WIC program as requested by the health centers. Monitored referral systems during local agency Management Evaluations.

Plan: Continue with efforts. .

Objective 9: 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: Continue coordination with Kids Net implementation, and screening and referrals to Medicaid (including WIC families with children up to age 18 now eligible for RIte Care)

Objective 10: Provide written information concerning the Food Stamp Program, Family Independence Program, the Child Support Enforcement Program and Medicaid income eligibility to WIC applicants.

Evaluation: Distributed pamphlet which gives information on the above programs and RI's RIte Care Program, and training was provided to local agencies on an as needed basis (i.e. new staff)..

Plan: Continue efforts for distribution. Revise current pamphlet.

Objective 11: Update, annually, eligibility requirements of Family Independence Program, Food Stamps and Medicaid and disseminate information to local agency staff.

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Evaluation: Information was updated in the Procedure Manual, and new income guidelines were effective April 1, 2003.

Plan: Continue efforts

Objective 12: Contact, at least annually, by phone or mail, local health care providers to educate, solicit referrals and encourage sharing of information.

Evaluation: Monitored local agencies outreach efforts via the management evaluation and the Nutrition Education Plan. Tracking system development to monitor progress. Outreach to health care providers conducted via office visits, mailings and provision of outreach materials

Plan: Continue efforts. . Develop and outreach packet, including social marketing principles that are effective, easy to use, inexpensive and provide practical example of outreach methods that local agencies may use. Develop a new outreach monitoring form. Use newly developed tools as WIC Provider Liaison Manager contacts providers.

HP 2010 Objective 21

Objective 13: Achieve immunization coverage of at least 90% among children 19 – 35 months of age.

Evaluation: At WIC sites, staff inquired as to immunization status of WIC children and encouraged caretakers to have children immunized, and referred child to health provider if necessary. 95% of RI WIC participants have health insurance. Collaborated in the expansion of Kids Net, which will enable statewide tracking of the immunization status of children.

Plan: Implement mandated immunization screening process. Continue with immunization efforts in collaboration with the Immunization Program, evaluate effectiveness of collaboration, work to obtain additional funding to support WIC clinics programming and hardware needs for Kids Nets implementation.

Objective 14: Explore available electronic communications devices and systems to communicate between helping agencies.

Evaluation: Attended meetings of regional EBT executive committee (New England Partners) and Kidsnet Planning Committee. Continued to participate in the development of electronic sharing of eligibility information between agencies (see Kids Net, Outreach Obj. 4).

Plan: Continue development of EBT pilot project, and collaboration with Kids Net.

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JP 2010 Objective 19 – 18 Food Security

Objective 15: Increase food security among US households to 94%, and in so doing reduce Hunger.

Evaluation: The RI Food Security Monitoring Project (RIFSMP) estimated that 24.4% of households residing in poverty census tracts in RI were food insecure in 1999. The WIC Participant Survey results from '96 – '00 indicated that about 75% of WIC participants surveyed worry they will run out of money to buy food and only 50% indicated they could “often” eat properly.

Plan: To continue assessing food insecurity indicators on the annual WIC Participant Survey and to continue annual statewide monitoring activities of the RIFSMP. Participate in the statewide efforts of the RI Food Security Coalition and other food and nutrition programs that are working to improve food security among low-income Rhode Island individuals and families.

STATEMENT ON SPECIAL POPULATIONS

American Indians

The 1990 census indicates the American Indian population of Rhode Island to be 3987. Based on socioeconomic data all categorically eligible Indians may be eligible. Statewide, 26% of American Indians are below poverty in the 1990 census and 50.3% of American Indians ages 0 to five.

Past data indicated that most Rhode Island Indians were served by the Thundermist Health Center of South County or Wood River Health Services. Recent census data shows that Indians 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 plans 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.

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SECTION VI

Financial Management

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

Goals 2004 Section VI Financial Management

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 - Per participant food costs have increased in FY 2003. RI WIC implemented revisions in the WIC Approved Food List in FY'02 by restricting milk selections to least expensive, the addition of private labels cereals and the removal of refrigerated juices. However, the loss of the Northeast Dairy Compact rebate, increased breastfeeding rates, increased formula costs, and increased cheese costs have increased the average cost of the food package.

Plan: With the implementation of the new Vendor Management software module, food cost analysis will be expanded and include peer group comparisons. Continue efforts.

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: In FY'02 WIC eligible foods were reviewed for inclusion on the RI WIC Allowed foods list. Focus groups with participants determined that the additional of private label cereals would enhance the perceived value of the WIC food list.. The addition of "least expensive milk" was considered a neutral issue. Implemented the new WIC allowed food list to enhance cost containment while using the new list as a marketing tool to retain current WIC participants and promote the value of the WIC food benefit package among applicants.

Plan: Continue food review efforts.

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Food Price Reduction Initiatives

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. It would seem prudent to explore rebate cost savings for other foods, even if it meant some restriction of brand choice.

To the extent that a WIC foods cost containment system may place constraints on participant choice, it will be necessary to work closely with the participants and vendors in order to establish the most beneficial system; balancing off patient choice and convenience, impact on vendors, financial implications and opportunity for services to additional needy persons.

Objective 1: Solicit comments on proposed methods of containing costs of WIC foods concerning the impact on health/nutritional needs of participants, effects on Program attractiveness, increasing the number served through reducing costs and the relative merits of different methods and the present purchase system.

Objective 2: Solicit and evaluate the comments of medical and nutritional professionals, participants, vendors and others and secure the acceptance by such groups of a WIC foods cost containment process

Objective 3: To make a determination whether the adoption of a cost containment system is in the interests of the Rhode Island WIC Program, both in the short and long terms.

Plan: Continue comment and evaluation process in the finalization of the WIC Allowed Foods List. Once implemented, track the impact of the changes on food costs, participation rates and retention rates.

If a determination, following thorough evaluation, is made to adopt food cost containment rebate initiatives, the following objectives will be pursued:

Objective 4: Determine which WIC food types (ex. cereal, juice, peanut butter, etc.) lend themselves to cost containment by limiting which can be purchased to those for which a rebate or other cost reduction can be achieved.

Objective 5: Based on an analysis of all information available, and best administrative judgment by the state agency, request for proposal specifications will be issued concerning food cost containment methods.

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- Objective 6 :** Selection of the cost containment system which best meets client needs, in light of the most efficient and effective administration of the Program.
- Objective 7 :** Evaluation of client nutrition and health factors and establishment of guidelines to ensure that needed foods are available.
- Objective 8 :** Prior to implementation of the system selected, a final decision, based on a review of all available information and relevant factors, to adopt cost containment will be made if determined to still be in the best interests of the RI WIC Program.
- Objective 9 :** Implementation of cost containment system
- Objective 10:** Periodic review of the operation of the cost containment and state agency decision on system adjustments, revisions or termination as appropriate.

Description of Cost Containment Initiative

The Rhode Island WIC Program is proposing to adopt specific guidelines and criteria for selecting limited food brands for purchase in the Rhode Island WIC Program. Such guidelines and criteria will implement the relative cost criteria for selection of WIC Allowed Foods mentioned in the State Operations Manual, Section 4. This proposal is also in accordance with the State Plan provision for review of WIC Allowed Foods for inclusion of additional items or removal of items that do not meet state criteria.

The Department is proposing a method of selecting food brands for inclusion as WIC Allowed Foods by which the most efficient and effective brand selection and cost containment system for the WIC Program can be derived through the options described later. In addition, the Department wishes to distribute standard foods through the retail distribution system.

By this method of selecting food brands based on relative cost, the Department seeks to expand its services to serve currently unserved, but eligible, populations. This would be accomplished through either a Sole Source or Multi-source rebate system, or a combination bid of these, and other methods.

The state may offer manufacturers of WIC foods the opportunity to bid on a sole source and/or multi-source rebate systems. Comparisons shall be made among all bids received and based on these comparisons, the decision will be made whether to adopt a sole source system, or a multisource system. The Division of Purchases has indicated that such bids may be issued by the HEALTH. The rebate bid process and the operation of the system shall be as follows:

Sole Source Rebate System

For a specific food type, or form or composition, the product(s) of only one manufacturer will be designated as the primary brand(s) for purchase in the WIC Program. The designation will be based

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upon the rebate bid which will yield the lowest net cost for the food type taking into account the amount of the rebate bid, the wholesale price and future cost guarantees, participant acceptance, variety of types and choices, statewide availability and established market share.

Multi-source Rebate System

The products of all manufacturers for which the Rhode Island WIC Program receives a minimum acceptable rebate amount or price reduction or which do not have a cost/price above a stipulated level, would be authorized for purchase with WIC checks. Manufacturers will be billed for purchases of that manufacturer's brand(s) in accordance with documented market shares. The state shall make such determinations needed to resolve any market share differences of varying documentations submitted.

A manufacturer may bid, and be awarded, a market share which exceeds its documented market share.

Award(s)

A. Sole Source Bid:

All sole source bids will be compared to each other and the bid yielding the lowest net cost for a stipulated minimum variety of the foods.

B. Multi-source Bid:

1. If a multi-source bid is also sought, the lowest net cost sole source bid shall become the standard against which all bids received for any multi-source option will be compared.
2. All multi-source bids will be evaluated and a determination of combined costs will be made based on the bids, wholesale prices, future cost guarantees and the bidders' market shares.
3. Both the sole source and the multi-source bids being evaluated will be further adjusted for identified costs and savings related to the sole source system in the one case and the multi-source system in the other to determine for each system a total annual food type system cost. The total annual system cost for sole source and multi-source will be compared to see which system and bid(s) will be implemented, provided the bids assure a satisfactory variety of product.

C. Awards

To select allowed brands, sales data or a participant survey will be consulted in making a final determination. Contractual Agreement(s) will be entered into between the state and the manufacturers awarded the bid(s).

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D. Refusal of Bids

The State may refuse all bids if the responses are inadequate to achieve the objectives of this Initiative and cancel, postpone, revise or retry the Initiative.

Alternative Proposals and Methods

The state may accept and consider alternative cost containment proposals during the state plan comment, proposal development, and bid period. The State will consider such alternative proposals if equivalent or better as to the cost containment savings, contribution to the stability of the Program, safeguards and other such factors related to the efficient and effective administration of the Program.

The method of consideration of such alternatives and comparison against the sole source/multi-source proposal in this State Plan will be determined by the State depending on the nature of such alternative proposal(s).

In addition, the State will exclude from approval any product whose cost or price exceeds a stipulated amount or percent above the average cost or price for the products of its type which meet all the WIC food criteria.

WIC Foods to be Procured.

Adult cereal

Infant cereal

Juice

Peanut butter

All companies known to the Office of Women, Infants and Children to manufacture foods meeting the requirements of the invitation to bid will be offered an opportunity to bid.

Accountability System.

The number of units to be rebated will be determined from the monthly check reconciliation that lists checks redeemed during a given month.

The reconciliation covers checks paid during the preceding month. Bills based upon checks paid will be prepared and sent to the contractor(s) by the end of the month in which the reconciliation is received. The contractor will submit payment to the Department within fifteen calendar days of the date of the Department's invoice. A penalty, as stipulated in the contract, will be charged on any unpaid balance until such time as payment is received the Department.

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

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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. Fee schedules for vendor authorization and excessive monitoring activities will be investigated.

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.

Objective 3: Investigation of establishment of a fee schedule for vendor authorization activities such as application fees, enrollment fees, renewal fees and fees for monitoring activities following a final warning of a violation.

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 2004, 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

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

Plan: Cross-train 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 is still in the testing phase, but should become operable by the end of FY 2004.

Goal: To pilot electronic transmission of WIC local agency monthly expenditure reports as a means to facilitate processing of payments and to reduce maintenance of paper backup of reports.

Objective: Develop electronic filing mechanism for local agency reporting of WIC Monthly Expenditure Reports - Nutrition Services and Administration

Evaluation: Covansys financial management module has been developed. The system will allow the import of transactions from the RISAIL system. However, due to cost constraints, RI WIC was unable to include the ability to transmit bills electronically.

Plan: Investigate the use of web technology to allow entry of billing data from local agencies to the state agency.

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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: Received the Audit Report for State FY' 02. The Audit Exit Conference revealed no material weaknesses or findings.

Plan: Prepare for FY '03 audit cycle focusing on impact of RISAIL implementation.

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 '03 findings of an independent audit for each local agency was scheduled. **Objective 3 - Monitor compliance with new A-133 guidelines for local agency audits.**

Plan: Notify local agencies of the change in guidelines.

Evaluation: Since this change does not take effect until 2004, no changes are necessary at this time.

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

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length and will be education and training oriented.

SECTION VII

Monitoring

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

Goals 2004 Section VII Monitoring

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 '03. Management evaluation findings were transmitted to executive directors and WIC Coordinators. Corrective plans were developed, reviewed and approved by the State agency.

Plan: Schedule and complete monitoring visits as required. Focus will be placed on the appropriate risk assessment, accurate assessment of BMI and physical presence regulations. Findings from previous evaluations will be used in assessing training needs of local agency staff.

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.

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

Objective 3: Conduct additional review activities, as are needed, to ensure local agency compliance with changed or additional federal or state requirements, directives or guidance.

Evaluation: Follow-up activities related to at risk of overweight and overweight children were conducted. This included additional technical assistance and feedback on risk criteria selection use, segregation of duties and other topics.

Plan: Provide additional technical assistance in the accurately identifying risks of income, residency and ID, and physical presence.

Objective 4: Assist local agencies in developing and establishing self assessment management evaluation systems. These systems will be implemented to review their operations and those of associated clinics on a yearly basis.

Goals 2004 Section VII Monitoring

Plan: Focus on self-assessment process during management evaluations. Provide technical assistance in the development, implementation and use of the assessment process.

Objective 5: 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 6: 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.

SECTION VIII

Civil Rights and Appeal

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

Goals 2004 Section VIII Civil Rights And Appeal

VIII

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 not officially consider any new agencies this year. Requirements are set forth in the Operations Manual.

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. No agencies were cited deficiencies in this area in FY 2003.

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.

Goals 2004 Section VIII Civil Rights And Appeal

Evaluation: One instance of a report of a possible civil rights noncompliance was reported in FY 2003 and the investigation was conducted by the RI Human Rights Commission at the request of the WIC participant. Any further investigation by will will be if the client contacts the State WIC Office. . . All nondiscrimination requirements were met. The Annual WIC Training Conference included training on civil rights and cultural competence. It was attended by 95% of state and local agency WIC staff. State WIC staff attended cultural competence training as part of a Departmental initiative.

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.

Goals 2004 Section VIII Civil Rights And Appeal

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

Goals 2003 Section IX Public Input/Notification

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. These comments are then reviewed by the WIC Program Administration. 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 2003, 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. These comments are then reviewed by the WIC Program Administration.

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 Nutrition Program Services
State Plan of Operations and Administration

Volume II

Revisions and Additions to Procedure Manual

213 NUTRITIONAL ASSESSMENT

A. Assessment Procedures

Revised 12/98

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) *for newborn infants certified as Priority II (see number 3 below).*
 - (b) *if the agency determines that presence would present an unreasonable barrier to participation, a local agency may waive the physical presence clause for an infant or child who:*
 - (I) *was present at the initial certification visit; and is receiving ongoing health care from a provider other than the local agency; or*
 - (ii) *was present at the initial certification visit; was present at a certification or recertification determination within the 1-year period ending on the date of the certification or recertification determination described above (I); and has one or more parents who work.*

In the case of severe hardship contact the State WIC Agency.

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.
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. Either the payee or the alternate shopper may pick up the first set of

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checks for a preliminary infant. Such infants should be given benefits to six weeks of life only, to ensure that complete nutritional assessment data will be secured within a reasonable time. Benefits should not be issued after the first six weeks unless the nutritional assessment is complete.

Revised 12/00

4. *Anthropometric measurements may not be more than 60 days old prior to certification, and blood work (hemoglobin/hematocrit) must be no older than 90 days from the date of the WIC certification. Lead screening results may not be more than 180 days old. Collected data must be reflective of the category.*
5. 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 (WIC-49)
 - ✓ Infant or Child NCHS Growth Grids (WIC-47A and B, WIC-48A and B)
 - ✓ Nutrition and Risk Assessment Form for Infants and Children, ~~and, Women and~~
Women (WIC 3B, 3C, 3D, 3E)

B. The assessment includes all the following areas:

1. An individual history that includes:
 - (a) Dietary history obtained through the use of:
 - (i) Dietary recall and food frequency.
 - (ii) Exploration of food preferences, 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.

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- (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

Revision implemented 11/96

- (C) *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).*

Revision implemented 3/98

Note: Scales 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.

Revised 12/00

3. *Laboratory Analyses:*

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(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 acceptable 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).*
- *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.*

(iv) *Child:*

- *Children need bloodwork at their initial certification as a child*
- *Additionally, bloodwork is required between 15 and 18 months*
- *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*

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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.*
- *The date, bloodwork is recorded in the record will be documented in the chart.*

Example:

*CHILD (9-12 months) Blood test is required. Results are normal.
CERTIFICATION:*

*CHILD (15-18 months) New blood test is required. Results are normal.
RECERTIFICATION*

*CHILD (21-24 months) New blood test is not required, because results
RECERTIFICATION were normal at last certification.*

*CHILD (27 –30 months) New blood test is required. Blood test was not
RECERTIFICATION: 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:

- Notations in the participant's file with respect to nutrition risk factors listed and priority as appropriate.*
- Document the date the nutrition risk data were taken if different from the date of certification.*
- Inform the woman or parent/guardian of the outcome and meaning of the blood test.*
- Provide follow-up nutrition education, if appropriate.*

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- 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 be more than 180 days old if used as a certifying risk.

- (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.

Note: Blood screening equipment must be calibrated according to the manufacturer's schedule and procedures. Document daily calibration results on WIC-86 Calibration Log.

Added 1 / 04

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:

<u>Age:</u>	<u>Minimum Number of DTaP</u>
<u>3 months</u>	<u>1</u>
<u>5 months</u>	<u>2</u>
<u>7 months</u>	<u>3</u>
<u>19 months</u>	<u>4</u>

- 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. 4.** The Competent Professional Authority records the results of the assessment on the appropriate Nutritional Risk Criteria Sheet.

Clarified 2/97

- 6.5.** *The Competent Professional Authority determines the applicant's nutritional risk. See appendix 200 for approved WIC Risk Criteria for Women, Infants and Children (WIC - 3AA and WIC-3AB).*

- 7.6.** The Nutritional Risk Criteria Sheet and other documents used in determining nutritional risk are placed in the applicant's file. Agencies whose WIC records are integrated with their agency's medical records will maintain documents used in

determining nutritional risk in the participant's individual medical record.

- 7.8. 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: WIC-3AA, WIC-3AB. In all cases, assess for and select the highest priority for which a person is qualified. The QWIC 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.
- P: Applicants who are eligible based on a prevent regression risk factor.

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.

3. Regression- A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the supplemental foods or nutrition education. Such participant should be placed in the lowest priority for his/her category.

Persons may be certified for regression if benefits are to be issued in consecutive months between the previous and next certification periods (i.e. no "break" in receipt of benefits). **Regression cannot be used for a person being added to the Program.** Regression may not be used a second consecutive time.

Exceptions to this rule may only be made when a local agency documents to the state agency a special need for a person to remain on the Program and receives approval from the state agency. Priority II infants may not be recertified for regression.

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.

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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

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

220 - COMPLETING CERTIFICATION221 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.

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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

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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. VOC Card
4. Check Stubs
5. 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 on the form:

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 and the WIC Information And Rules (WIC-19) form. These include 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)

Added 1 / 04

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

REV.9/98

No one may pick up or cash WIC checks without a WIC Identification Folder, authorizing that person to do so. These folders are either regular folders or temporary, thirty (30) day folders. *If the person picking up checks for the first time at a clinic, official photo identification must be presented.*

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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.

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(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*

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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. Issues only one month of checks at this time.*
- (vi) *Put a Priority One message 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 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.
2. 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).
2. Postpartum women may be certified for up to 6 months postpartum.
3. Breastfeeding women shall be certified at intervals of approximately 6 months ending with the breastfeeding infant'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.

Revised 12/00

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*

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date of certification. Elevated blood lead data may be up to six months old.

Medical data on pregnant, breastfeeding, and postpartum women must both be taken within 90 days of certification and 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

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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.

240 PARTICIPATION PROCEDURES241 Participant Transfers and I.D. Number Changes

A. Verification of Certification Cards

Verification of Certification (VOC) Cards are used in each of the Rhode Island WIC Programs. These cards are completed for WIC participants who are relocating to areas outside the State of Rhode Island or those eligible for the WIC Overseas Program.

WIC participants from other jurisdictions with current Verification of Certification cards or Department of Defense Verification of Certification Card (VOC), must be enrolled in local agency programs in the next available funded opening. If placed on a waiting list, the transferring participant shall be placed ahead of all waiting applicants regardless of their nutritional risk criteria.

The local agency must accept verification of certification as proof of eligibility until expiration of the certification period.

If the applicant lacks a VOC card, local staff may call or write to the transferring agency to obtain or verify needed information. If required by the out of state agency, send an Authorization To Obtain Confidential Information form (WIC-24) signed by the caretaker/applicant. Such Transfers are to be enrolled as soon as information is sufficient.

B. In State Agency Transfers

1. Transferring Agency

- (a) When a participant requests a transfer to another agency, select the appropriate agency for transfer.
- (b) Call to notify the receiving agency of the transfer and to give the participant's name and I.D. number. Make an appointment for the participant at the receiving agency, if appropriate. If participant is due to recertify the same month, the Payee should keep the existing recertification appointment(s) and then transfer.

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If checks are due to be issued, give one month, thereby giving receiving agency time to get client into QWIC system.

- (c) Do not terminate the transferring participant from your caseload. The computer will do it automatically when the participant is added to another agency's caseload. Put a termination notice in the chart and give one to the participant.

(Note: The receiving agency must put the participant's I.D. number into the computer when adding the participant.)

2. Receiving Agency

- (a) When receiving a participant transfer, enter the participant number into the computer. The participant must receive the next available opening, regardless of priority. Use the full 8 digit number from the old agency and enter "M" for moved on the Intake screen.
- (b) Document proof of residency and identity on the Eligibility Agreement form. Have Payee sign the Eligibility Agreement and give a Proxy form to be completed.
- (c) Note completed transfer in the progress note. Issue an ID Folder to the participant.

NOTE!! The Receiving Agency must wait a day before requesting transfer because of the possibility of conflicting transactions by the computer.

C. Out of State Transfers

1. Transferring Agency

- (a) If a participant requests a transfer out of state, determine the date of the move and the last set of checks to be issued from the transferring agency. Checks may be issued up to the day the person moves from the state.
- (b) Complete a VOC card and give it to the participant after issuing the

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last set of checks and record the VOC card on the VOC card register. Follow instructions as follows:

- i) The payee signature must be completed before the VOC card leaves the agency. If a payee cannot request a VOC card The payee signature must be completed in person, the card must be sent to the specified out-of-state agency directly. Only the receiving agency or the payee may make this request.
 - ii) The " First day to use" noted on checks last received by the participant should be listed on the VOC card.
 - (iii) A description of the food package must be written out.
 - (iv) Write out the nutritional risk criteria, do not use codes.
 - (v) The person completing the VOC card is the local agency official. The official's name should be printed clearly above his/her signature on the back of the card.
 - (vi) The name of the receiving agency may be completed if it is known.
- (c) Terminate the participant.
- (d) If a transferring participant or a WIC program in another state requests any information about a participant, such information may be transferred either to the participant (or guardian), or, for purposes of coordination of health care, to qualified personnel and health care providers within the health care system. No information may be given to any other party unless the request is made by the participant/guardian or a proper release of information form is received (Section 243).

2. Receiving Agency

- (a) When receiving a participant transfer, enter the participant on the computer. The participant must receive the next available opening, regardless of priority. In the Intake screen put "M" in the action space

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and the transferring state in the previous site space. If the VOC Card is incomplete, attempt to verify missing information. However, if the VOC card includes the minimum requirements of the participant name, when the certification period ends, and the name and address of the local agency, the next available opening must be given to the participant. Individuals presenting a valid VOC card must provide proof of residency and identity.

- (b) Document Proof of residency and identity on the Eligibility Agreement form. Have Payee sign an Eligibility Agreement for any person transferring into the agency. Also give Payee A Proxy form to be completed.
- (c) Staple the VOC card to the participant chart if out of state and note completed transfer in the progress note. Issue an ID folder to the participant.

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D. Department of Defense WIC Overseas Program

The Department of Defense (DoD) is authorized by law to establish and operate a program like WIC, using DoD funds, for United States (U.S.) active duty military personnel and other support staff stationed overseas and their dependents.

The Transferring Agency

1. State and local agencies must issue WIC VOC cards to WIC participant affiliated with the military who will be transferred overseas.
2. WIC clinics are not responsible for screening and determining eligibility for WIC Overseas Program eligibility.
3. WIC participants issued VOC cards when they transfer overseas must be instructed of the following:
 - a. There is no guarantee that the WIC Overseas Program will be operational at the overseas site where they will be transferred
 - b. By law only certain individuals are eligible for the WIC Overseas Program
 - c. Issuance of a WIC VOC card does not guarantee continued eligibility and participation in the WIC Overseas Program.
4. All information on the VOC card must be completed, because WIC Overseas Program personnel cannot readily contact a WIC Program to obtain further information. All VOC cards must contain the following:
 - a. The name of the participant

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- b. *The date the certification was performed*
- c. *The date income eligibility was last determined*
- d. *The nutrition risk conditions of the participant*
- e. *The date the certification period expires*
- f. *The signature and printed or typed name of the certifying local agency official*
- g. *The name and address of the certifying local agency*
- h. *An identification number or some other means of accountability*

Special emphasis should be placed on ensuring local agencies specify the nutrition risk conditions on the VOC card and avoid the use of codes.

5. Follow the procedures described for an out of state transfer.

Acceptance of WIC Overseas Program VOC Cards

1. *State and local agencies must accept a valid Wic Overseas Program VOC card presented at a WIC clinic by WIC Overseas Program participants returning to the U.S. from an overseas assignment.*
2. *In accepting a VOC card, minimally the following elements on the cards are absolutely essential:*

- a. *The participants's name*
- b. *The date the participant was certified*
- c. *The date that the current certification period expires*

WIC Overseas Program participants arriving in a WIC clinic and showing a VOC card with only these three pieces of information should be treated just as if the VOC card with only these three pieces of information should be treated just as if the VOC card contains all of the required information.

3. *Individuals presenting a valid VOC card must provide proof of residency and identity, with limited exception, in accordance with WIC Program regulations and policies.*
4. *Follow the procedure for an out of state transfer as outlined above.*

E. Important Points About Transfers

1. **Do not** transfer a participant during the month recertification is due if transfer is within state.
2. Submit an original VOC card register to the state WIC office when it is completed to its capacity or at least once every six months and retain a copy for your records.

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3. Some states certify infants up to their first birthdays. If a VOC card is received with a certification period that extends beyond six months, that certification period must be granted. The state agency should be notified of all cases involving extended certification periods.
4. Keep all un-issued VOC cards locked up at all times.

242 Program Violations or Abuse/Multiple Participation

A. Local Agency Procedures for Minimizing or Determining Abuse or Violations

As the primary contact with participants, and source of information given to participants, local agencies play a crucial role in preventing, uncovering, and correcting participant violations of Program procedures. Local agency activities should include the following:

1. Careful documentation of income, nutritional risk, and other eligibility data.
2. Educational efforts and provision of materials aimed at making participants aware of Program rules, regulations, and correct redemption practices, and of the importance of these rules to themselves and the Program.
3. Review of check redemption practices and utilization of supplemental foods.
4. Developing a relationship with participants, based on mutual concern and interest in the nutritional benefits and integrity of the Program, which encourages the flow of information regarding participant and vendor practices through:
 - a. periodic interviews regarding shopping and redemption practices and vendor practices.
 - b. specific interviews when requested by the state agency

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regarding specific concerns.

- c. reporting data obtained in a usable manner to establish conclusions about participant or vendor practices and as evidence in subsequent actions.
- d. obtaining statements from participants when an investigative action has been initiated.

B. Program Abuse

(All references to "Participant" also apply to any parent, guardian, payee, applicant, or alternate shopper as appropriate).

1. Definition of Abuse and Violation

CATEGORY I

Participant abuse of the Program, Category I, includes, but is not limited to, knowing and deliberate:

- a. Misrepresentation of circumstances or concealing or withholding information to obtain benefits.
- b. Sale or exchange of supplemental foods or food instruments with any individuals or entities except those duly authorized to receive checks or foods and in accordance with WIC Program rules.
- c. Receipt of credit or refund in exchange for WIC food instruments or food items from any party.
- d. Dual/Multiple Participation (C below).
- e. Committing a Category II violation after having been warned or disqualified for a previous Category I or II violation or committing a total of three Category II violations separately or in combination.
- f. Committing two Category III violations following any disqualification for violation(s).

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- g. Physical abuse, or threat of physical abuse of Program, clinic, or vendor staff.
- h. Failure by the participant to utilize, or failure of the payee to make available to the participant, the supplemental foods in any month.
- 6/98 i. *Participating in WIC at any local agency while disqualified at any local agency.*

CATEGORY II

Violations of Program rules, Category II, shall include but not be limited to committing or attempting:

- a. Misuse of food instruments or supplemental foods, other than a Category I violation.
 - b. Purchasing food or other items other than the authorized allowed WIC supplemental foods.
 - c. Redemption of checks outside the use dates listed on the check.
 - d. Redemption of WIC checks after they have been reported lost/stolen.
 - e. Committing a Category III violation after having been warned or disqualified for any violation or committing a total of three Category III violations, separately or in combination.
 - f. Signing the check before the price of the WIC food is entered on the check or when not in the presence of the store personnel.
 - g. Redeeming WIC checks with anyone other than a vendor which is authorized to accept Rhode Island WIC checks.
2. Procedures
- a. When evidence of possible abuse or violations is uncovered,

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the local agency shall consult with state agency staff concerning a course of action.

- b. When the evidence is lacking, or when further action is counter to the effective and efficient administration of the Program action by the local agency may be deferred or halted. Further efforts may be made to verify or monitor possible abuse or violation.
- c. If a finding of abuse cannot be substantiated, or if other mitigating circumstances exist, the local agency will counsel the participant:
 - i. Inform the participant that there is some evidence that abuse or violation may have or has taken place.
 - ii. A participant may not be required to admit to guilt.
 - iii. Warn the participant that any information given may be used against him/her in determining sanctions or in any appeal proceedings.
 - iv. Inform the participant as to the practice or practices which are abuses or violations of the Program and the penalties of disqualification and/or prosecutions which such practices may result in. Describe the correct procedures to be followed by participants in obtaining and utilizing benefits, including the reasons.
 - v. Offer the opportunity to ask any questions concerning the matter.
 - vi. The content of the counseling session, any warnings and the participant's response should be carefully documented in the record. If requested, forward a copy to the state agency.
 - vii. If the participant refuses to cooperate with the counseling process, review the case for possible disqualification from the Program, based on the available evidence.

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- d. If a finding of abuse or violation can be substantiated, sanction procedures may be initiated.
- e. If needed, the local agency may request advice or assistance from the state agency, at any point.

3. Sanctions

- a. Authority - Local agency appropriate sanctions for abuse or violations of the Program in accordance with this procedure. The local agency shall confer with the state agency, before imposing any sanction. The State Agency reserves the authority, in particular instances, to direct that sanctions be imposed by the local agency or that sanctions be modified or not imposed.
- b. When sanctions are to be imposed, the local agency shall notify the participant by registered mail, return receipt requested, that there is evidence that he/she has engaged in violation(s) or abuse of the Program. Notice of imposition of the sanction may be included or deferred until further steps are completed.
- c. The participant should be advised of the sanction to be imposed for the abuse or violation, and/or the effective date of the sanction (giving at least fifteen day's notice). He/she should be offered an opportunity prior to the imposition or effective date of the sanction to meet in conference to present any information or evidence that the information is in error, that the violation did not take place, that extenuating circumstances exist, or that severe hardship or serious health risk may result from Program disqualification.
- d. The competent professional authority shall determine whether a serious health risk may result from Program disqualification.
- e. The local agency may consider a serious health risk to the participant and other relevant factors in determining whether or not the sanction should be waived in a particular case.

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- f. If restitution by the participant is required under section 246.23(c) of USDA Regulations such restitution will be in cash and will equal the value of Program benefits improperly issued unless it is determined that the recovery would not be cost effective.

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- g. If not waived or modified, the following sanctions shall apply:

Category I - Disqualification for three months *and, if appropriate, restitution of the value of benefits improperly issued.*

Category II - Disqualification for one month *and, if appropriate, restitution of the value of any benefits improperly received.*

- h. In the event of physical abuse or threat of physical abuse of staff (1.,f., above), the sanction may be imposed without offering a conference as above (3, c), or despite a determination of health risk (3, d), if appropriate to protect the safety of staff. Notify the participant as in 3, j below. Such abuse during a certification appointment may prevent the completion of the certification/recertification and lead to denial of eligibility or failure to recertify.
- i. Before disqualifying a child participant, the local agency may determine whether the abusive person can be excluded from the agency and an acceptable alternative payee utilized.
- j. If not already accomplished, the participant shall be given fifteen day notification by certified mail, return receipt requested, of the implementation of the disqualification from the Program. Any notice of violation or disqualification shall include the Fair Hearing statement, request, and information forms. Specify the date that the person may reapply for the Program. This date should allow for enough time in advance of the end of the disqualification period for the person to be reinstated in the following month.
- k. After this period, the local agency shall review the eligibility

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of the participant as a new applicant.

C. Dual/Multiple Participation

1. The Rhode Island Department of Health WIC Office and local agencies should print down daily and monthly printouts of all possible dual participants.
2. The WIC computer system will not allow checks to be printed for a participant listed as a possible dual participation until local agency staff enter into the computer that the listing has been resolved.
3. Whether discovered through participation reports or other sources, once dual participation is verified, do not issue checks. The local agency with which the participant has the next scheduled appointment or check pickup shall:
 - (a) Discuss dual participation with participant.
 - (b) Inform participant that dual participation is not allowed.
 - (c) Have participant determine which agency he/she prefers.
 - (d) Retrieve WIC ID folder of other agency and send it to the Rhode Island Department of Health WIC Office.
 - (e) Determine with the state agency whether checks should be issued. The dual benefits received should, in most cases, be applied towards the current or next month.
 - (f) Notify in writing the state agency as to local agency preference, and steps that have been taken.
 - (g) Terminate the participant from one agency.
4. The circumstances of the dual participation will be reviewed by a state supervisor and local agency liaison and the local agency. This review will especially include a determination as to whether the child participants have been receiving the supplemental foods.
5. The state and local agency shall then determine the severity of the

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violation, procedures to be followed, and sanctions, if any, to be imposed (see procedures for B. Program Abuse, above and D, Other Violations...,below).

6. If the participant refuses reduction of service to one local agency or persistently denies dual participation, in the face of conclusive evidence or there is evidence of deliberate dual participation, a supervisor at the State agency and the WIC coordinator at the local agencies involved shall review the case for disqualification from the Program.

D. Other Violations of Program Rules

CATEGORY III

1. Violations of Program rules, Category III, shall include but not be limited to:
 - a. The violations described above where evidence indicates absence of intent or deliberateness or where other extenuating circumstances would not support a conclusion of Program abuse.
 - b. Failure by the participant to utilize, or failure of the payee to make available to the participant, all of the supplemental foods in any month.
 - c. Failure to inform the local agency of a change in address, residence, or other circumstances which might have an effect on eligibility.
 - d. Failing to report any unused WIC foods to the local agency WIC staff.
 - e. Any other violation of Program regulations, rules, or procedures, not classified as Category I or II.
 - f. Attempting any violation of Program rules.
2. When there is reasonable evidence of such violations, the local

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agency will notify the participant (contact, telephone, mail etc.) and offer an interview to consult with and counsel the participant covering relevant topics, such as:

- a. What occurred and where in a manner indicating that the participant is given the benefit of the doubt.
- b. Advise the participant that the practice is in violation of Program regulations or procedures and warn that person that any information given may be used against him/her in determining sanctions or penalties or in any subsequent appeal procedure, and of the penalties that may be instituted for such practices.
- c. Counsel and educate the participant on the proper procedures to be used, indicating the correct procedures and why they are necessary. Offer the participant the opportunity to ask any questions and answer them.
- d. A determination will then be made of the participant's intention, the severity of any violation, and of the participant's cooperation in attempting to change the practices. The local agency will then take appropriate additional measures as warranted.
- e. Additional measures may include:
 - i. A warning letter, indicating further violations would be grounds for more severe penalties or for establishing a case of abuse.
 - ii. Cancellation of checks or reduction or deletion of items in the food package as determined by the competent professional authority as being unusable, unneeded, excess benefits, or not being made available to the participant.
 - iii. Disqualification for one month if the investigation or review reveals that the participant is ineligible or violates Program rules, regulations, or requirements twice within a 24 month period. Disqualification for

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three months for three violations within a 24 month period.

11/98

- iv. *If restitution by the participant is required under section 246.23(c) of USDA Regulations such restitution will be in cash and will equal the value of Program benefits improperly issued unless it is determined that the recovery would not be cost effective.*

- f. Document in the record the efforts for counseling, content, and the response of the participant.

E. Prosecution of Fraud and Abuse

1. All instances of fraud, abuse, misrepresentation, etc. must be reported to the State WIC Office.
2. The State Agency may, at its discretion, refer cases which appear to violate the provisions of RIGL Section 23-13-17 may be referred to federal, state or local authorities for prosecution.

F. USDA "Whistle Blower Hotline" for Fraud Control

Reports of fraud or abuse are usually handled by the local or state agency. Participants or other citizens may, if they prefer, report suspected fraud by stores or participants to the USDA by calling the toll free hotline (1-800-424-9121) or writing to:

United States Department of Agriculture
Office of Inspector General
PO Box 23399
Washington, DC 20024

They may remain anonymous. They should try to give details of the fraud or abuse such as names, places, times and other information.

243 Guidelines for WIC Medical Record Organization

Each local agency should have a method of organizing records which is suitable to the

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individual needs of the agency. (Note: See Section 600 re: Retention of Records)

The advantages of having a system of WIC medical record organization are as follow:

1. All records are in uniform order
2. Local agency personnel know where to find forms
3. Records are organized for outside auditors
4. Easy to recognize missing forms
5. If record is bound, less likely to lose forms

A medical record has many purposes, below a few are listed:

1. Communicates with other members of the health care team such as nurses, social workers, clerks, nutritionists. Verbal communication is informative but is often sporadic due to time limitations. Verbal communication never replaces the need for written documentation which has the potential to reach all members of the health care team.
2. Monitors a participant's progress while participating on the Program.
3. Integrates care for the individual participant. Promotes and assists coordination between WIC staff and health care team.
4. Documents communications with participant.
5. Refreshes memory regarding participant before a recertification or second nutrition education visit. Ideally, previous SOAP notes should be reviewed before seeing the participant. This makes the patient feel comfortable and it reinforces that the nutritionist cares about the patient.
6. Documents compliance with professional, legal and regulatory standards. Provides protection against liability and sanctions. Permits quality assurance.

Many WIC medical record formats are possible. Records may be bound in the center or at the top of the folder. If individual agencies would like assistance in designing a system suitable tot he needs of their agency contact the state WIC office.

The following are recommendations of recognized authorities and this office in terms of medical records:

1. All progress notes and high risk care plans should be together and in chronological order in the medical record. The progress notes should read like a book: First visit, in the beginning, to most recent visit, in the end of the book.

An individual page is not needed for each visit. Use of both the back and front of the progress note pages will decrease the overall number of pages in the record. Scrap paper should not be used to write progress notes.

2. Have all WIC forms from the certification period together in the supporting documents section of the medical record. Each agency should establish an order for the WIC forms in the medical record and have all records in this order for subsequent certifications.

Progress Notes (WIC Nutrition and Risk Assessment forms WIC -3B, 3C, 3D, 3E).

The dictionary definition of progression is sequence. SOAP notes should show a progression or sequence of events from first visit to termination from the Program. All significant actions or sessions with the participant should be recorded in the progress notes. Local agency nutritionists should record DNKAS, terminations, non-standard food package changes, transfers into or out of an agency, and prorating of checks.

Each progress note should have a full date - a month, day and year. To complete the note, the individual writing the note should write his/her full first and last name and title if it was the first time they have seen the participant. For subsequent visits the individual's first initial and full last name is an acceptable signature for the note.

Progress Note Dos:

1. Do record information in chronological order.
2. Do accurately and carefully record data obtained through interview, observation, and measurements.
3. Do be brief without sacrificing essential information or facts.
4. Do document opinion if it is your professional opinion.

5. Do record all visits with the participant.

Progress Note Do Nots:

1. Do not use white out in progress note or in any part of the WIC record. If a mistake is made, draw one line through the mistake, initial it and write correct information.
2. Do not use professional jargon as those outside the profession may not understand.
3. Do not use unconventional abbreviations. Refer to following list of accepted abbreviations - use only these in the progress notes.
4. Do not be critical of treatment carried out by others.
5. Do not make remarks that would indicate bias against the participant.

Progress notes are to be done using the SOAP format. SOAP note format should include the following:

- S: Subjective information that the CPA observes ie: overweight, underweight, etc.
- O: Objective information that is measurable ie: height, weight, hematocrit, etc.
- A: Assessment. Write an assessment of the client's nutritional status based on the subjective and objective information.
- P: Plan. Set out the plan of care and action for the client to address the issues and conditions identified in the assessment.

Supporting documents

The following is a listing of some WIC forms which will be found in the supporting documents section of the WIC medical record and recommendations for their use.

1. WIC Nutrition and Risk Assessment Forms (WIC 3B, 3C, 3D, 3E)
2. Eligibility Agreement - a copy of this form must be filed in each participant record for every certification. Also, if two family members are in for certification on separate days, a new agreement needs to be filled out for each day's appointment.
3. Proxy form - one form is required for each family. The form must list all participants

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receiving WIC in that family. If the copy will be kept only in one family member's record, it must be cross-referenced in the remaining family members' records. If a new proxy is desired, a new form must be completed and all old forms are to be kept as a permanent part of the record. If a payee does not want an alternate shopper, a copy of the proxy form should be signed by the payee with none listed as the alternate shopper.

4. Recertification notices- recertification notices must be kept in the record. If the physician sends information in for the participant that form must also be filed in the record.
5. Termination/denial notice - a copy must be kept in each participant record.
6. Medical verification for special formula or medical conditions must become a permanent part of the medical record.

244 Confidentiality and Release of Health Care Information

A. Confidential health care information means all information relating to a patient's health care history, diagnosis, condition, treatment or evaluation. Disclosure of other information obtained from applicants or participants, including name or address, is also to be restricted as described below.

B. Limitations on Disclosure

- (1) Each agency shall restrict the use of disclosure of information obtained from Program applicants or participants to persons directly connected with the administration or enforcement of the Program and to those public health or helping organizations listed on the Participant Agreement which the state agency has designated, for purposes of establishing eligibility for other programs or services which may be of help to the participants for such programs.
- (2) Any person seeking permission to inspect WIC records shall provide his identity and shall state his reasons for making such a request.
- (3) A patient's confidential health care information shall not be released or transferred without the written consent of such patient or his authorized representative, on a consent form meeting designated requirements. (See (4) below).
- (4) Consent forms for the release or transfer of confidential health care information shall contain the following information.

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- (a) A statement of the need for and proposed uses of such information.
- (b) A statement that all information is to be released or clearly indicating the extent of the information to be released.
- (c) A statement that such information will not be given, sold, transferred or in any way relayed to any other person not specified in the consent form or notice without first obtaining the individual's additional written consent on a form stating the need for the proposed new use of such information or the need for its transfer.
- (d) A statement that the consent for release or transfer of information may be withdrawn at any future time.

C. Use of WIC Eligibility Agreement Release of Confidential Information

- 1. The patient, or the patient's authorized representative, should be given a copy of the Eligibility Agreement in the appropriate language, to read. If he or she is unable to read, and understand the form, an appropriate explanation of its contents should be given, so that the rights of confidentiality are understood.
- 2. All WIC applicants or their guardians must sign an English language eligibility Agreement form which must be filed in their records. The completed form in the record will suffice for requests by federal, state, or local Rhode Island WIC Program agencies or authorized agents, staff, or representatives, or authorized agents of the Rhode Island Department of Health. The form must be witnessed and signed by a WIC staff person.
- 3. An Eligibility Agreement form, if the patient is unable to sign it, must be signed by the patient's authorized representative. Parents or authorized representatives may sign for or on behalf of minors. For persons legally incompetent to affix their own signature, a reason why the patient cannot sign must be supplied.
- 4. An Eligibility Agreement form, in the event that the patient is competent but cannot sign by written signature should be marked by the patient with an (x). Such signature must be witnessed and signed that the patient is unable to affix her written signature.

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5. For WIC related confidentiality purposes, the form need only be signed once, unless there is a participant or payee name change, a change in guardianship or the release is withdrawn in writing. A copy of any such withdrawal must be filed in the record. Invalid release forms should be voided and kept in the record.
6. If the consent is withdrawn, however, the agency must review whether the withdrawal prohibits the determination of eligibility or Program compliance, or whether information is denied that is needed to implement, administer, enforce, or monitor the Program. Such withdrawal may be grounds to terminate participation.
7. A patient's confidential health care information shall not be released or transferred without presenting the written consent of such patient or his authorized representative, on a consent form meeting designated requirements (see B. (4) above).
8. A WIC patient or the authorized representative of such WIC patient may review the patient's record at any time so long as it is in the presence of a WIC official or competent professional authority. Copies of health care information appropriate for release, subject to the execution of a proper authorization, may be supplied, upon request, to the patient or patient's authorized representative at the usual or customary cost.

Added 1/20/04

D. The WIC Eligibility Agreement (WIC -5) provides consent for releasing medical, nutritional and/or demographic information from the WIC record to:

- 1. Public Welfare Programs through the RI Department of Human Services – Food Stamps, Medicaid and Family Independence Program,*
 - 2. Public Health Programs through the RI Department of Health –Early Intervention, Lead Poisoning Prevention and Family Outreach Programs*
 - 3. University of Rhode Island – Cooperative Extension Program,*
 - 4. Other programs the participant agrees to be referred to,*
 - 5. The participant's health care provider.*
- i. The WIC Eligibility Agreement does not provide consent for WIC data to be shared with third party entities. An example of a third party entity would be Head Start or Lead Centers.*
- ii. To obtain parental / guardian consent for sharing WIC data with third party entities, an additional written consent form is required (WIC –*

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101).

- iii. *The Third Party Program Release Authorization Form (WIC 101) should not be given until the WIC applicant's eligibility has been determined. The participant or the participant's authorized representative's decision to authorize or deny release of WIC Program information to a Third Party should have no impact of their eligibility determination...*
- iv. *The participant, or the participant's authorized representative, should be given a copy of the Release Authorization Form in the appropriate language, to read. If he or she is unable to read, and understand the form, an appropriate explanation of its contents should be given, so that the rights of confidentiality are understood.*
- v. *Once the WIC – 101 has been completed it must be updated by the parent / guardian at subsequent re-certifications and kept on file.*
- vi. *If the consent is denied, the agency must forward this information to the State WIC Office on a regular basis.*
- vii. *This permission may be withdrawn in writing at any time.*

E. Penalties

- 1. Under the Rhode Island Confidentiality of Health Care Information Act (5-37.3) the following penalties apply:
 - (a) Civil Penalties--"Anyone who violates the provisions of this chapter may be held liable for actual and exemplary damages."
 - (b) Criminal Penalties--"Anyone who intentionally and knowingly violates the provisions of this chapter shall, upon conviction, be fined not more than one thousand dollars (\$1,000), or imprisoned for not more than six (6) months or both."
 - (c) "The civil and criminal penalties above shall also be applicable to anyone who obtains confidential health care information through the commission of a crime."
 - (d) "Attorney's fees may be awarded, at the discretion of the court, to

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the successful party in any action under this chapter.>"

2. Local agencies which violate state or federal laws or regulations concerning confidentiality can be subject to penalties as provided for in the WIC Local Agency Agreement and said laws and regulations

Appendix Section 200

Form / Information	Page	
<i>WIC - 2A Medical Information, Women</i>	200app-2	<i>Revised</i>
<i>WIC - 2B Medical Information, Infants/Children</i>	200app-4	<i>Revised</i>
WIC - 3AA WIC Risk Criteria	200app-6	
<i>WIC - 3B WIC Certification Form, Infants</i>	200app-27	<i>Revised</i>
<i>WIC - 3M Mid Certification Follow up Form, Infants</i>	200app-31	<i>Revised</i>
<i>WIC - 3C WIC Certification Form, Children</i>	200app-33	<i>Revised</i>
<i>WIC - 3D WIC Certification Form, Prenatal Women</i>	200app-36	<i>Revised</i>
<i>WIC - 3E WIC Certification Form, Postpartum & Breastfeeding Women</i>	200app-40	<i>Revised</i>
<i>WIC - 5 Eligibility Agreement</i>	200app-43	<i>Revised</i>
WIC - 7A WIC Approved Food Guide	200app-44	
WIC - 7 ID Folder	200app-46	
WIC - 7C Proxy Form	200app-47	
WIC - 8 Reapplication Notice	200app-49	
<i>WIC - 9A Denial of Eligibility/ Program Termination</i>	200app-50	<i>Revised</i>
WIC - 11 Verification of Certification Card	200app-51	
WIC - 11B VOC Inventory Sheet	200app-51	
WIC - 20 Income Determination Sheet	200app-52	
WIC - 21 Federal Income Guidelines	200app-53	
WIC - 24 Authorization to Obtain Confidential Information	200app-54	
WIC - 46 WIC Outreach Brochure	200app-55	
<i>WIC - 47A Growth Charts, Girls 0 to 36 months</i>	200app-57	<i>Revised</i>
<i>WIC - 47B Growth Charts, Girls 2 to 18 years</i>	200app-61	<i>Revised</i>
<i>WIC - 48A Growth Charts, Boys 0 to 36 months</i>	200app-65	<i>Revised</i>
<i>WIC - 48B Growth Charts, Boys 2 to 18 years</i>	200app-69	<i>Revised</i>
WIC - 49 Prenatal Weight Gain Grid	200app-73	
WIC - 53A WIC Nutrition Education Supply Order Form	200app-74	
WIC - 59 Penalty Notice	200app-76	
WIC - 59A Warning Notice	200app-77	
WIC - 65 Health Provider Memo	200app-78	
WIC - 66 Progress Note	200app-79	
WIC - 67 WIC Nutrition Survey	200app-80	
WIC - 68 Question/Complaint Form	200app-81	
WIC - t2 Eligibility Training	200app-82	
WIC - t3 Nutrition Assessment Training	200app-83	
WIC - t4 Weights/Measures, Blood Screening Training	200app-84	
WIC - t5 QWIC Computer Training	200app-85	
Hematological / Anthropometric Measurement Services	200app-86	
WIC - 86 Calibration Log (Hemocue and Scales)	200app-87	
WIC - 89 Self Statement of Identity/Residency	200app-89	
WIC - 89A Self Statement of Income	200app-90	
Sample Letter	200app-91	
<i>WIC - 101 Release of Information to Third Party</i>	200appl-92	<i>New</i>

Note: italicized forms have been revised



WIC ID#

State of Rhode Island
DEPARTMENT OF HEALTH
Rhode Island WIC Program

**HEALTH CARE PROVIDER
MEDICAL INFORMATION SHEET**

PATIENT INFORMATION

Patient Name

Date of Birth

Parent/Guardian Name

ALL INFANTS/CHILDREN

Date Collected	Date Collected
Weight	Hgb
Length/Height	Hct
	Blood Lead
# DtaP immunizations given to date	

INFANTS/CHILDREN < AGE 2

Birth Weight
Birth Length
Gestational age at birth: _____ wks

ALL WOMEN

Date Collected	Date Collected
Weight	Hgb
Height	Hct

PREGNANT

EDD
Pregravid Wt
G P TAB

POSTPARTUM

Wt at pregnancy end

SAB PT L

HEALTH/MEDICAL CONCERNS and RISK FACTORS

PATIENT'S PROVIDER

Signature (Include credentials: MD, APRN, PA, etc.)

Address

Date

Phone



State of Rhode Island
DEPARTMENT OF HEALTH
Rhode Island WIC Program



**PRIMARY HEALTH CARE PROVIDER
WOMEN'S MEDICAL INFORMATION SHEET**

PATIENT INFORMATION

Name	WIC ID#
DOB	WIC Agency Fax #

ALL WOMEN

Date Collected	Date Collected
Weight	Hgb
Height	Hct

PREGNANT

EDD	Wt at pregnancy end
Pregravid Wt	
G P TAB	SAB PT L

POSTPARTUM

RISKS IDENTIFIED (please check those risks that apply to the above named patient)

Anthropometric

☐ (A01) Underweight

Pregnant:	pregravid BMI < 19.8
Non-BF:	pregravid/current BMI < 18.5
Breastfeeding:	(<6 mo. postpartum): pregravid/current BMI < 18.5 (≥ 6 mo. postpartum): current BMI < 18.5

☐ (A11) Overweight

Pregnant:	pregravid BMI ≥ 26.1
Non-BF/Breastfeeding:	pregravid BMI ≥ 25

☐ (A31) Low Maternal Weight Gain or Loss during Pregnancy

☐ (A33) High Maternal Weight Gain

Biochemical

☐ (B01,B02) Anemia

Trimesters 1 & 3:	Hgb < 11.0 g/dl; Hct < 33%
Trimester 2:	Hgb < 10.5 g/dl; Hct < 32%
Non-pregnant ≥ 18 years:	Hgb < 12.0 g/dl; Hct < 35.7%
Non-pregnant 15-17:	Hgb < 12.0 g/dl; Hct < 35.9%
Non-pregnant < 15:	Hgb < 11.8 g/dl; Hct < 35.7%

Clinical/Health/Medical

- ☐ (M41) Nutrient deficiency disease. Specify _____
- ☐ (M42) Chronic disease. Specify _____
- ☐ (M52) Nutritionally significant infectious disease. Specify _____
- ☐ (M53) Food Allergies
- ☐ (M71) Maternal Smoking
- ☐ (M72) Alcohol use ___ or Illegal Drug use ___

Obstetrical

- ☐ (P01) Hyperemesis Gravidarum
- ☐ (P02, P03) Gestational Diabetes: presence of ___; history of ___
- ☐ (P11) History of Preterm Delivery (≤ 37 weeks gestation) or Low Birth Weight (≤ 5 lb. 8 oz.)
- ☐ (P21) History of Fetal or Neonatal Loss
- ☐ (P39) History of Birth with Nutrition Related Congenital or Birth Defects
- ☐ (P32) Conception at < 16 months postpartum
- ☐ (P33) High Parity and Young Age
- ☐ (P34) Prenatal Care Beginning after First Trimester
- ☐ (P35) Multi-fetal Gestation
- ☐ (P36) Fetal Growth Restriction
- ☐ (P37) History of Birth of a Large Gestational Age Infant

PATIENT'S PHYSICIAN

Signature/Title	Address
Name (print)	Date

Rhode Island WIC Assessment and Certification Form – Infant WIC Program WIC-3B 7/03

Name	DOB	Visit Date
WIC ID#	Chart #	Physical Presence Date: _____ Initials: _____ Waiver Code: _____

S: Food habits, parental concerns of nutritional status, concerns or well-being of medical health

Doctor: _____ Last Visit Date: _____

DtaP Immunizations to date: _____

Breastfed / Feeding concerns? _____

Food allergy/intolerance? _____

Constipation/Diarrhea/Vomiting? _____

Intro to solids (spoon, bottle)? _____

Medications (prescription, vitamins, herbal remedies)? _____

Oral Health (dental care, bottle use)? _____

Recent illness/infections/medical concerns? _____

Food Security? _____

O: Also see growth chart, diet assessment, MIS

Information Obtained	Results	Date Obtained	Date Results Recorded
Weight			
Height			
BMI or Wt/Ht %ile			
Hgb / Hct			
Lead			

- Birth Weight _____
- Birth Length _____
- Premature: Y / N

- A: Risk Identified**
- | | | |
|---|--|---|
| ☐ A03 Low wt/ht | ☐ A41 Low birth wt | ☐ D10 Inadeq calories |
| ☐ A04 Lower wt/ht | ☐ A42 Prematurity | ☐ D11 Inappr feed prac |
| ☐ A14 At risk ovwt | ☐ A21 Short stature | ☐ L03 L04 L05 BF Inf |
| | ☐ D09 Exc calories | ☐ R71 WIC Mom |

Other risks: _____

P: Counseling / Education Provided

☐ Basic WIC Info	☐ Making baby food
☐ Infant Nutrition	☐ Table foods
☐ Overweight	☐ Self-feeding
☐ Underweight	☐ Weaning
☐ Growth Pattern	☐ Dental Care
☐ Breastfeeding	☐ Dietary iron
☐ Into to solids	☐ Immunizations

Other Topics: _____

Referrals:

- ☐ Health Care Provider
- ☐ Peer Counselor
- ☐ RiteCare
- ☐ Social Services
- ☐ Food Stamps
- ☐ Early Intervention
- ☐ Other

Follow-up Nutrition Education Contacts: _____

☐ Secondary Contact Date: _____
Topic: _____

☐ High Risk Contact Date: _____
HRCF: _____ Participant will: _____

Food Pkg	Planned Recert Date	Cert Date	File Complete or Pending?
Priority	CPA		

Updated 6/99

0 To 6 Months (49 Kcal/lb.)					6 To 12 Months (45 Kcal/lb.)			
Weight (lbs.)	Kcal Reg.	Formula Required Reg. (20 cal/oz.)	Below Reg. 20%	Above 20%	Weight (lbs.)	Kcal Reg.	Below Reg. 20%	Above Reg. 20%
7 lb.	343 cal.	17 oz.	274 cal	412 cal.	14 lbs.	630 cal.	504 cal.	756 cal.
8	392	20	314	470	15	675	540	810
9	441	22	353	529	16	720	576	864
10	490	25	392	588	17	765	612	918
11	539	27	431	647	18	810	648	972
12	588	29	470	706	19	855	684	1026
13	637	32	510	764	20	900	720	1080
14	686	34	549	823	21	945	756	1134
15	735	37	588	882	22	990	792	1188
16	784	39	627	941	23	1035	828	1242
17	833	42	666	1000	24	1080	864	1296
18	882	44	706	1058	25	1125	900	1350
19	931	47	745	1117	26	1170	936	1404
20	980	49	784	1176	27	1215	972	1458

From Food and Nutrition Board: Recommended Daily Dietary Allowances, 10th ed., Washington, DC, 1989, National Academy of Sciences, national Research Council. *Low Birth Weight and Small for Gestational Age Infants* Low Birth Weight and Small for Gestational Age Infants may have greater caloric requirements per unit of body weight. Caloric needs may vary from 48 to 59 Kcal/lb. From Committee on Nutrition of the Preterm Infant, ESP GAN, Oxford, England; Blackwell Scientific Publications; 1987

24 Hour recall			
Morning	Noon	Evening	Night

Food Frequency Questionnaire			Recommendations for Dietary Intake During Infancy							Assessment	
Age Intr. Food	Food	Kcal per oz. or Tbsp.	Intake	0-4 Mo.		4-6 Mo.	6-8 Mo.	8-10 Mo.	10-12 Mo.	Total Kcal OK /+ / --	
	Breastmilk (# Feeding/day)	20 cal / oz.		8-11	6-8	5-7	4-6	4-6	4-6		
	Formula Type _ cup _ bottle _ conc. _ RTF _ powder	20 cal / oz.		16 - 32 oz. 5 - 10 feedings		24 - 40 oz.	24 - 32 oz.	16 - 32 oz.	16- 24 oz.		
	Milk Type _ cup _ bottle	20 cal / oz. (whole milk)		Discourage until 1 year old							
	Infant Cereal If dry mixed with _ Jar _ Dry	11 cal / Tbsp 9 cal / Tbsp		0		2 - 4 Tbsp	2 - 8 Tbsp.	2 - 8 Tbsp.			
	Juice _ cup _ bottle infant reg	15 cal / oz.		0		2-4oz./day Use Cup (no citrus, tomato)	4oz./day	4 oz./day Add Citrus, tomato	4 oz./day		
	Fruit _ Homemade, (fresh, canned) _ Commercial, (strained or Jr.) _ Plain _ Tapioca (discourage)	5 cal / Tbsp 10 cal / Tbsp		0		0	2 - 8 Tbsp.	4-8 Tbsp.	6 - 8 Tbsp.		
	Fruit Desserts	11 cal / Tbsp		0		0	Discourage				
	Vegetables- daily (Vitamin A, 3-4 x wk) _ Homemade (fresh, froz., can) _ Commercial (plain, mixed, strained or Jr.)	5 cal / Tbsp		0		0	Mashed 4 - 8 Tbsp.	Ground 4-8 Tbsp.	6-8 Tbsp.		
	Potatoes, Rice, Pasta	12 cal / Tbsp		0		0		Rice, Pasta			
	Meats (Plain) _ Homemade _ Commercial (strained or Jr.)	16 cal / Tbsp		0		0	Intro puree or strained meats if added iron source needed 2 - 5 Tbsp.	Intro puree or strained meats 2- 5 Tbsp	4-6 Tbsp.		
	Cheese (American, Cheddar, other)	100 cal / oz.		0		0	0	cheese, yogurt Total 1-6T/ Day			
	1 lg. Egg = 77 Kcal Yolk = 59 cal White = 16cal	28 cal / Tbsp		0		0	0	Egg yolk pureed			
	High meat dinner (strained or Jr.) Vegetable meat Dinner (strained or Jr.) Meat Sticks	11 cal / Tbsp 9 cal / Tbsp 70 cal / jar		0		0	0	Discourage			
	Finger Foods (Zwieback, Saltine, Animal Cracker) 30 cal / 12 cal / 10 cal / each			0		0		Toast, Bagel, Crackers	Plain Bread		
	Other Foods			0		0					
	Other Liquids (Kool-aid, punch, HiC)	13 cal / oz.		0		0	0	0	0		
	Water (Plain) _ (Sugar, jello, Karo, Honey)			0		0	(If protein added to diet) 4-8 oz. Plain water				
	Vitamin/mineral supplement (rx or self) Type										

Approximate Measurements

1 Tbsp = 1/2 oz.
2 Tbsp = 1 oz.
4 Tbsp = 2 oz. = 1/4 cup
8 Tbsp = 4 oz. = 1/2 cup

Jars

2.5 oz. = 5 Tbsp
4 oz. = 8 Tbsp.
6 oz. = 12 Tbsp

Current Weight _____

Kcal Required / Weight _____

Total Kcal/ day _____

OK / + / -- _____

forms/WIC-3Bn 6/01

Progress Notes

Rhode Island WIC Assessment and Certification Form – Child WIC Program WIC-3C 7/03

Name	DOB	Visit Date
WIC ID#	Chart #	Physical Presence Date: _____ Initials: _____ Waiver Code: _____

S: Food Habits, Parental Concerns of Nutritional Status, Concerns or Well-Being of Med Health

Doctor: _____ Last Visit Date: _____

DtaP Immunizations to date: _____

Feeding concerns? _____

Food allergy/intolerance? _____

Constipation/Diarrhea? _____

Medications (prescription, vitamins, herbal remedies)? _____

Oral Health (dental care, bottle use)? _____

Pica? _____

Recent illness/infections/medical concerns? _____

Food Security? _____

O: Also see growth chart, diet assessment, MIS

Information Obtained	Date Obtained	Results	Date Results Recorded	
Weight				If < 2 years of age: • Birth Weight _____ • Premature: Y / N
Height				
BMI or Wt/Ht %ile				
Hgb / Hct				
Lead				

A: Risk Identified

☐ A03 Low wt/ht	☐ A21 Short stature	☐ D06 Inadeq grain
☐ A04 Lower wt/ht	☐ B01 Low hgb/hct	☐ D07 Inadeq fruit/veg
☐ A13 Overweight	☐ B02 Lower hgb/hct	☐ D08 Excess fats/sweets
☐ A14 At risk ovwt	☐ D04 Inadeq protein	☐ D25 Inapp feeding
	☐ D05 Inadeq dairy	

Other risks: _____

P: Counseling / Education Provided

☐ Basic WIC Info	☐ Healthy Snacks
☐ Pre-school Nutr	☐ Immunizations
☐ Overweight	☐ Weaning
☐ Underweight	☐ Table Foods
☐ Growth Pattern	☐ NBS/Dental Care
☐ Picky Eater	☐ Lead
☐ Anemia	☐ Self Feeding

Other Topics: _____

Referrals:

- ☐ Health Care Provider
- ☐ RIteCare
- ☐ Social Services
- ☐ Food Stamps
- ☐ Early Intervention
- ☐ Other

Follow-up Nutrition Education Contacts: _____

☐ Secondary Contact Date: _____
Topic: _____

☐ High Risk Contact Date: _____
HRCP: _____ Participant will: _____

Food Pkg	Planned Recert Date	Cert Date	File Complete or Pending?
Priority	CPA		

Food Frequency Diet Assessment

Food Items	Standard Portion Sizes		Freq / Amt	Assessment		
	1-3 yrs	4-5 yrs		+	OK	--
Bread, Cereal, Rice & Pasta Group						
Sliced bread or tortilla	½	1				6 / day
Dry cereal	½ c	¾ c				
Cooked cereal	¼ c	½ c				
Cooked rice, pasta, grits	¼ c	½ c				
Pancake, waffle, biscuit, roll, muffin or bagel (small)	½	1 sm				
Crackers (saltine size)	4	6				
Other:						
Fruit & Vegetables Group 1 Vitamin C Daily 3 to 4 Vitamin A Weekly						
Fruit juice (type) (C)	½ c juice	¾ c juice				2 / day
Citrus fruit; grapefruit, oranges* (C)						
Peach, nectarine, mango (A)	½ piece fruit	1 piece fruit				
Tomato, strawberry, melon (C)						
Dried fruit: raisins, dates, prunes, apricots* (C)	¼ c canned, cooked or fresh fruit	½ c canned, cooked or fresh fruit				
Other fruit: bananas, apple, pears, grapes, plum* (A&C)						
Cantaloupe (A&C)	2 Tbsp dried	¼ c dried				
Other:						
Broccoli (A & C)	¼ c ckd veg	½ c ckd veg				3 / day
Orange Vegetables: carrots*, sweet potatoes, winter squash (A)	½ c leafy* raw veg	1 c leafy raw veg				
Cabbage, cauliflower, pepper* (C)						
Potatoes, corn, peas (A & C)	½ c veg juice	¾ c veg juice				
Greens: chard, collards, spinach (A & C)						
Other veg: lettuce, green beans, cucumber* (A & C)	¼ c tom sce	½ c tom sce				
Other:						
Milk, Yogurt & Cheese Group – partial servings are often served Serving size based on calcium content of food						
Milk (Type:)	1 c					2 / day
Cheese	1 ½ to 2 oz					
Yogurt	1 c					
Cottage cheese	2 c					
Frozen yogurt, pudding	1 c					
Other:						
Meat, Fish, Poultry, Eggs and Legumes Group – partial servings often served These amounts = 1 oz each						
Meat, fish or poultry, fresh or canned	1 oz					3 oz if 1-3 yr old 5 oz if 4-5 yr old
Luncheon meats, hot dogs*, sausage	2 slices or 1 ½ dogs					
Eggs	1 white & yolk					
Legumes, cooked beans, lentils	½ c					
Soy protein (tofu, tempeh, etc)	½ c					
Peanut butter*, nuts*	2 Tbsp					
Other:						
Sweets and Fats – foods from top of Food Pyramid						
Fats / Oils butter, margarine, oil, mayo, salad dressing	< 4 servings per day					
Sweets Pie, cake, cookies, donuts, pastry, Danish, candy						
High Fat Snacks- Potato or corn chips						
Beverages- Soda, punch, kool-aid Coffee, tea Alcohol, beer, wine						

* consider if age appropriate raw fruit and vegetables, dried fruit and nuts

24 Hour Dietary Recall - include foods and beverages, and the amounts consumed

<i>Morning</i>	<i>Snacks</i>
<i>Noon</i>	
<i>Evening</i>	

Progress Notes

Rhode Island WIC Assessment and Certification Form – Pregnant WIC Program WIC-3D 7/03

Name	DOB	Visit Date
WIC ID#	Chart #	

S: Food habits, concerns of nutritional status, concerns or well-being of medical health

Doctor: _____ Proof of Pregnancy? _____ Medical Problems? _____

Concerns of food habits?

Food allergies / intolerances?

Is appetite Good? Fair? Poor?

Special Diet? Prenatal Vitamins?

Constipation/Diarrhea?

Nausea/Vomiting?

Use of lax, diuretics, vomiting for wt control?

Currently smoking? Amount _____

Medication? Herbal remedies?

Other drugs? Alcohol use?

Ever BF? Interest in BF this baby?

Food Security?

O: Also see growth chart, diet assessment, MIF

Information Obtained	Date Obtained	Results	Date Results Recorded	EDD: _____ # weeks pregnant: # previous pregnancies: When did last preg end? Any premature/LBW births? Month prenatal care began?
Height				
Weight				
BMI or Wt/Ht %ile				
Hgb / Hct				

A: Risk Identified ☐ A01 Underwt ☐ A11 Overwt ☐ A31 Low wt gain	☐ A33 High wt gain ☐ B01 Low Hgb/Hct ☐ B02 Lower Hgb/Hct ☐ D04 Inadeq protein	☐ D05 Inadeq dairy ☐ D06 Inadeq grain ☐ D07 Inadeq fruit/veg ☐ D08 Excess fats/sweets	Other risks:

P: Counseling / Education Provided ☐ Basic WIC Info ☐ Prenatal nutrition ☐ High weight gain ☐ Low weight gain ☐ Anemia ☐ Breastfeeding	☐ Nausea/Vomiting ☐ Smoking Cessation ☐ Alcohol/Drug Use ☐ Infant Feeding ☐ Folic Acid ☐ Other	Other Topics:	Referrals: ☐ Health Care Provider ☐ Peer Counselor ☐ RItCare ☐ Social Services ☐ Food Stamps ☐ Other

Follow-up Nutrition Education Contacts: ☐ Secondary Contact Date: _____
Topic: _____

☐ High Risk Contact Date: _____
HRCP: _____ Participant will: _____

Food Pkg	Planned Recert Date	Cert Date	File Complete or Pending?
Priority	CPA		

Food Frequency Diet Assessment

Food Items	Standard Portion Sizes	Freq / Amt	Assessment
Bread, Cereal, Rice & Pasta Group	Pregnant Women		+ OK --
Sliced bread or tortilla	1		
Dry cereal	¾ c		
Cooked cereal	½ c		
Cooked rice, pasta, grits	½ c		
Pancake, waffle, biscuit, roll, muffin or bagel (small)	1		
Crackers (saltine size)	6		
Other:			6 / day
Fruit & Vegetables Group <i>1 Vitamin C Daily 3 to 4 Vitamin A Weekly</i>			
Fruit juice (type) (C)	¾c juice		
Citrus fruit; grapefruit, oranges (C)			
Peach, nectarine, mango (A)	1 piece fruit		
Tomato, strawberry, melon (C)			
Cantaloupe (A&C)	½ c cut up fresh, canned, or cooked fruit		
Dried fruit			
Other fruit: bananas, apple, pears, grapes, plum	¼ c dried fruit		2 / day
Other:			
Broccoli (A & C)	½ c cooked veg		
Orange Vegetables: carrots, sweet potatoes, winter squash (A)	½ c raw non-leafy veg		
Cabbage, cauliflower, pepper (C)			
Potatoes, corn, peas	1 c leafy raw veg		
Greens: chard, collards, spinach (A & C)			
Other veg: lettuce, green beans, cucumber	¾ c veg juice ½ c tomato sauce		3 / day
Other:			
Milk, Yogurt & Cheese Group – partial servings are often served <i>Serving size based on calcium content of food</i>			
Milk (Type:)	1 c		
Cheese	1 ½ to 2 oz		
Yogurt	1 c		3 / day
Cottage cheese	2 c		
Frozen yogurt, pudding	1 c		4 / day for teens
Other:			
Meat, Fish, Poultry, Eggs and Legumes Group – partial servings often served <i>These amounts = 1 oz each</i>			
Meat, fish or poultry, fresh or canned	1 oz		
Luncheon meats, hot dogs, sausage	2 slices or 1 ½ dogs		
Eggs	1 white & yolk		
Legumes, cooked beans, lentils	½ c		6 oz / day
Soy protein (tofu, tempeh, etc)	½ c		
Peanut butter, nuts	2 Tbsp		8 oz /day for teens
Other:			
Sweets and Fats – food from top of Food Pyramid			
Fats / Oils butter, margarine, oil, mayo, salad dressing	<4 servings per day		
Sweets Pie, cake, cookies, donuts, pastry, Danish, candy			
High Fat Snacks- Potato or corn chips			
Beverages- Soda, punch, kool-aid			
Coffee, tea			
Alcohol, beer, wine			

24 Hour Dietary Recall - include foods and beverages, and the amounts consumed

<i>Morning</i>	<i>Snacks</i>
<i>Noon</i>	
<i>Evening</i>	

Progress notes

Progress Notes

Rhode Island WIC Assessment and Certification Form – Pregnant WIC Program WIC-3D 7/03

Name	DOB	Visit Date
WIC ID#	Chart #	

S: Food habits, concerns of nutritional status, concerns or well-being of medical health

Doctor: _____ Proof of Pregnancy? _____ Medical Problems? _____

Concerns of food habits?

Food allergies / intolerances?

Is appetite Good? Fair? Poor?

Special Diet? Prenatal Vitamins?

Constipation/Diarrhea?

Nausea/Vomiting?

Use of lax, diuretics, vomiting for wt control?

Currently smoking? Amount _____

Medication? Herbal remedies?

Other drugs? Alcohol use?

Ever BF? Interest in BF this baby?

Food Security?

O: Also see growth chart, diet assessment, MIF

Information Obtained	Date Obtained	Results	Date Results Recorded	
Height				EDD: _____ # weeks pregnant: _____ # previous pregnancies: _____ When did last preg end? _____ Any premature/LBW births? _____ Month prenatal care began? _____
Weight				
BMI or Wt/Ht %ile				
Hgb / Hct				

A: Risk Identified ☐ A01 Underwt ☐ A11 Overwt ☐ A31 Low wt gain	☐ A33 High wt gain ☐ B01 Low Hgb/Hct ☐ B02 Lower Hgb/Hct ☐ D04 Inadeq protein	☐ D05 Inadeq dairy ☐ D06 Inadeq grain ☐ D07 Inadeq fruit/veg ☐ D08 Excess fats/sweets

Other risks:

P: Counseling / Education Provided

☐ Basic WIC Info ☐ Prenatal nutrition ☐ High weight gain ☐ Low weight gain ☐ Anemia ☐ Breastfeeding	☐ Nausea/Vomiting ☐ Smoking Cessation ☐ Alcohol/Drug Use ☐ Infant Feeding ☐ Folic Acid ☐ Other

Other Topics:

Referrals:

- ☐ Health Care Provider
- ☐ Peer Counselor
- ☐ RiteCare
- ☐ Social Services
- ☐ Food Stamps
- ☐ Other

Follow-up Nutrition Education Contacts:

☐ Secondary Contact Date: _____
Topic: _____

☐ High Risk Contact Date: _____
HRCP: _____ Participant will: _____

Food Pkg	Planned Recert Date	Cert Date	File Complete or Pending?
Priority	CPA		

Food Frequency Diet Assessment

Food Items	Standard Portion Sizes	Freq / Amt	Assessment
Bread, Cereal, Rice & Pasta Group	Pregnant Women		+ OK --
Sliced bread or tortilla	1		
Dry cereal	$\frac{3}{4}$ c		
Cooked cereal	$\frac{1}{2}$ c		
Cooked rice, pasta, grits	$\frac{1}{2}$ c		
Pancake, waffle, biscuit, roll, muffin or bagel (small)	1		
Crackers (saltine size)	6		
Other:			6 / day
Fruit & Vegetables Group <i>1 Vitamin C Daily 3 to 4 Vitamin A Weekly</i>			
Fruit juice (type) (C)	$\frac{3}{4}$ c juice		
Citrus fruit; grapefruit, oranges (C)	1 piece fruit		
Peach, nectarine, mango (A)	$\frac{1}{2}$ c cut up fresh, canned, or cooked fruit		
Tomato, strawberry, melon (C)	$\frac{1}{4}$ c dried fruit		
Cantaloupe (A&C)			2 / day
Dried fruit			
Other fruit: bananas, apple, pears, grapes, plum			
Other:			
Broccoli (A & C)	$\frac{1}{2}$ c cooked veg		
Orange Vegetables: carrots, sweet potatoes, winter squash (A)	$\frac{1}{2}$ c raw non-leafy veg		
Cabbage, cauliflower, pepper (C)	1 c leafy raw veg		
Potatoes, corn, peas	$\frac{3}{4}$ c veg juice		
Greens: chard, collards, spinach (A & C)	$\frac{1}{2}$ c tomato sauce		
Other veg: lettuce, green beans, cucumber			3 / day
Other:			
Milk, Yogurt & Cheese Group – partial servings are often served <i>Serving size based on calcium content of food</i>			
Milk (Type:)	1 c		
Cheese	1 $\frac{1}{2}$ to 2 oz		
Yogurt	1 c		3 / day
Cottage cheese	2 c		
Frozen yogurt, pudding	1 c		4 / day for teens
Other:			
Meat, Fish, Poultry, Eggs and Legumes Group – partial servings often served <i>These amounts = 1 oz each</i>			
Meat, fish or poultry, fresh or canned	1 oz		
Luncheon meats, hot dogs, sausage	2 slices or 1 $\frac{1}{2}$ dogs		
Eggs	1 white & yolk		
Legumes, cooked beans, lentils	$\frac{1}{2}$ c		6 oz / day
Soy protein (tofu, tempeh, etc)	$\frac{1}{2}$ c		
Peanut butter, nuts	2 Tbsp		8 oz / day for teens
Other:			
Sweets and Fats – food from top of Food Pyramid			
Fats / Oils butter, margarine, oil, mayo, salad dressing	<4 servings per day		
Sweets Pie, cake, cookies, donuts, pastry, Danish, candy			
High Fat Snacks- Potato or corn chips			
Beverages- Soda, punch, kool-aid			
Coffee, tea			
Alcohol, beer, wine			

24 Hour Dietary Recall - include foods and beverages, and the amounts consumed

<i>Morning</i>	<i>Snacks</i>
<i>Noon</i>	
<i>Evening</i>	

Progress notes

Progress Notes

Rhode Island WIC Assessment and Certification Form – Breastfeeding/Postpartum WIC-3E 7/03

Name	DOB	Visit Date
WIC ID#	Chart #	

S: Food habits, concerns of nutritional status, concerns or well-being of medical health

Doctor: _____ Medical Problems? _____
 Breastfeeding this infant? Problems?
 Concerns of food habits?
 Food allergies / intolerances?
 Is appetite Good? Fair? Poor?
 Special Diet? Prenatal Vitamins?
 Complications during pregnancy/delivery?
 Use of lax, diuretics, vomiting for wt control?
 Currently smoking? Amount _____
 Medication? Herbal remedies?
 Other drugs? Alcohol use?
 Food Security?

O: Also see weight gain grid, diet assessment, MIS

Information Obtained	Date Obtained	Results	Date Results Recorded
Height			
Weight			
BMI			
Hgb / Hct			

Weight at pregnancy end: _____
 Total maternal weight gain: _____
 Infant DOB: _____
 #weeks delivered: _____ Infant birthweight: _____

A: Risk Identified

☐ A01 Underwt	☐ B01 Low Hgb/Hct	☐ D05 Inadeq dairy
☐ A11 Overwt	☐ B02 Lower Hgb/Hct	☐ D06 Inadeq grain
☐ A33 High wt gain	☐ D04 Inadeq protein	☐ D07 Inadeq fruit/veg
☐ M59 Major surgery		☐ D08 Excess fats/sweets

Other risks: _____

P: Counseling / Education Provided

☐ Basic WIC Info	☐ Smoking Cessation
☐ Weight Control	☐ Alcohol/Drug Use
☐ Anemia	☐ Infant Feeding
☐ Breastfeeding	☐ Folic Acid
☐ Infant Feeding	☐ Weaning
	☐ Other

Other Topics: _____

Referrals:

- | |
|---|
| ☐ Health Care Provider |
| ☐ Peer Counselor |
| ☐ RItCare |
| ☐ Social Services |
| ☐ Food Stamps |
| ☐ Other |

Follow-up Nutrition Education Contacts: _____

☐ Secondary Contact Date: _____
 Topic: _____

☐ High Risk Contact Date: _____
 HRCP: _____ Participant will: _____

Food Pkg	Planned Recert Date	Cert Date	File Complete or Pending?
Priority	CPA		

Food Frequency Diet Assessment

Food Items	Standard Portion Sizes	Freq / Amt	Assessment + OK --
Bread, Cereal, Rice & Pasta Group			
Sliced bread or tortilla	1		6 / day
Dry cereal	$\frac{3}{4}$ c		
Cooked cereal	$\frac{1}{2}$ c		
Cooked rice, pasta, grits	$\frac{1}{2}$ c		
Pancake, waffle, biscuit, roll, muffin or bagel (small)	1		
Crackers (saltine size)	6		
Other:			
Fruit & Vegetables Group			
<i>1 Vitamin C Daily 3 to 4 Vitamin A Weekly</i>			
Fruit juice (type) (C)	$\frac{3}{4}$ c juice		2 / day
Citrus fruit; grapefruit, oranges (C)	1 piece fruit $\frac{1}{2}$ c cut up fresh, canned, or cooked fruit $\frac{1}{4}$ c dried fruit		
Peach, nectarine, mango (A)			
Cantaloupe (A&C)			
Tomato, strawberry, melon (C)			
Dried fruit			
Other fruit: bananas, apple, pears, grapes, plum			
Other:			
Broccoli (A & C)	$\frac{1}{2}$ c cooked veg		3 / day
Orange Vegetables: carrots, sweet potatoes, winter squash (A)	$\frac{1}{2}$ c raw non-leafy veg		
Cabbage, cauliflower, pepper (C)	1 c leafy raw veg $\frac{3}{4}$ c veg juice $\frac{1}{2}$ c tomato sauce		
Potatoes, corn, peas			
Greens: chard, collards, spinach (A & C)			
Other veg: lettuce, green beans, cucumber			
Other:			
Milk, Yogurt & Cheese Group – partial servings are often served Serving size based on calcium content of food			
Milk (Type:)	1 c		3 / day 4 / day for teens
Cheese	1 $\frac{1}{2}$ to 2 oz		
Yogurt	1 c		
Cottage cheese	2 c		
Frozen yogurt, pudding	1 c		
Other:			
Meat, Fish, Poultry, Eggs and Legumes Group – partial servings often served These amounts = 1 oz each			
Meat, fish or poultry, fresh or canned	1 oz		6 oz / day 8 oz / day for teens
Luncheon meats, hot dogs, sausage	2 slices or 1 $\frac{1}{2}$ dogs		
Eggs	1 white & yolk		
Legumes, cooked beans, lentils	$\frac{1}{2}$ c		
Soy protein (tofu, tempeh, etc)	$\frac{1}{2}$ c		
Peanut butter, nuts	2 Tbsp		
Other:			
Sweets and Fats – Foods from top of Food Pyramid			
Fats / Oils butter, margarine, oil, mayo, salad dressing	< 4 servings per day		
Sweets Pie, cake, cookies, donuts, pastry, Danish, candy			
High Fat Snacks- Potato or corn chips			
Beverages- Soda, punch, kool-aid Coffee, tea Alcohol, beer, wine			

24 Hour Dietary Recall - include foods and beverages, and the amounts consumed

<i>Morning</i>	<i>Snacks</i>
<i>Noon</i>	
<i>Evening</i>	

Progress notes

Rhode Island WIC Mid Certification Follow-up Infant WIC Program WIC-3M 7/03

Name	DOB	Visit Date
WIC ID#	Chart #	Physical Presence Date: _____ Initials: _____ Waiver Code: _____

S: Food habits, parental concerns of nutritional status, concerns or well-being of medical health

Doctor: _____ Last Visit Date: _____

DtaP Immunizations to date: _____

Breastfed / Feeding concerns? _____

Food allergy/intolerance? _____

Constipation/Diarrhea/Vomiting? _____

Intro to solids (spoon, bottle)? _____

Medications (prescription, vitamins, herbal remedies)? _____

Oral Health (dental care, bottle use)? _____

Recent illness/infections/medical concerns? _____

Food Security? _____

O: Also see growth chart, diet assessment, MIS

Information Obtained	Date Obtained	Results	Date Results Recorded	
Weight				- Birth Weight _____ - Birth Length _____ - Premature: Y / N
Height				
BMI or Wt/Ht %ile				
Hgb / Hct				
Lead				

A: Additional Risks Identified

P: Counseling / Education Provided ☐ Basic WIC Info ☐ Infant Nutrition ☐ Overweight ☐ Underweight ☐ Growth Pattern ☐ Breastfeeding ☐ Into to solids ☐ Making baby food ☐ Table foods ☐ Self-feeding ☐ Weaning ☐ Dental Care ☐ Dietary iron ☐ Immunizations	Other Topics: _____	Referrals: ☐ Health Care Provider ☐ Peer Counselor ☐ RItCare ☐ Social Services ☐ Food Stamps ☐ Early Intervention ☐ Other

Follow-up Nutrition Education Contacts: _____
☐ Secondary Contact Date: _____
 Topic: _____

☐ High Risk Contact Date: _____
 HRCP: _____ Participant will: _____

Food Pkg	Planned Recert Date	Cert Date	File Complete or Pending?
Priority	CPA		

24 Hour Recall

Morning

Noon

Evening

Night

Food Frequency Questionnaire			Recommendations for Dietary Intake During Infancy						Assessment	
Age Intr. Food	Food	Kcal per oz. or Tbsp.	Intake	0-4 Mo.	4-6 Mo.	6-8 Mo.	8-10 Mo.	10-12Mo.	Total Kcal OK /+ / --	
	Breastmilk (# Feeding/day)	20 cal/oz.		8-11	6-8	5-7	4-6	4-6		
	Formula Type _ cup _ bottle _ conc. _ RTF _ powder	20 cal/oz.		16 - 32 oz. 5 - 10 feedings	24 - 40 oz.	24 - 32 oz.	16 - 32 oz.	16- 24 oz.		
	Milk Type _ cup _ bottle	20 cal/oz. (whole milk)		Discourage until 1 year old						
	Infant Cereal If dry mixed with _ Jar _ Dry	11 cal/ Tbsp 9 cal/ Tbsp		0	2 - 4 Tbsp	2 - 8 Tbsp.	2 - 8 Tbsp.			
	Juice _ cup _ bottle infant _ reg _	15 cal/ oz.		0	2-4oz./day Use Cup (no citrus, tomato)	4oz./day	4 oz./day Add Citrus, tomato	4 oz./day		
	Fruit _ Homemade, (fresh, canned) _ Commercial, (strained or Jr.) _ Plain _ Tapioca (discourage)	5 cal/ Tbsp 10 cal/ Tbsp		0	0	2 - 8 Tbsp.	4-8 Tbsp.	6 - 8 Tbsp.		
	Fruit Desserts	11 cal/ Tbsp		0	0	Discourage				
	Vegetables- daily (Vitamin A, 3-4 x wk) _ Homemade (fresh, froz., can) _ Commercial (plain, mixed, strained or Jr.)	5 cal/ Tbsp		0	0	Mashed 4 - 8 Tbsp.	Ground 4-8 Tbsp.	6-8 Tbsp.		
	Potatoes, Rice, Pasta	12 cal/ Tbsp		0	0		Rice,Pasta			
	Meats (Plain) _ Homemade _ Commercial (strained or Jr.)	16 cal/ Tbsp		0	0	Intro puree or strained meats if added iron source needed 2 - 5 Tbsp.	Intro puree or strained meats 2- 5 Tbsp	4-6 Tbsp.		
	Cheese (American, Cheddar, other)	100 cal/ oz.		0	0	0	cheese, yogurt Total 1-6T/ Day			
	1 lg. Egg = 77 Kcal Yolk = 59 cal White = 16cal	28 cal/ Tbsp		0	0	0	Egg yolk pureed			
	High meat dinner (strained or Jr.) Vegetable meat Dinner (strained or Jr.) Meat Sticks	11 cal/ Tbsp 9 cal/ Tbsp 70 cal/ jar		0	0	0	Discourage			
	Finger Foods (Zwieback, Saltine, Animal Cracker) 30 cal/ 12 cal/ 10 cal/ each			0	0		Toast, Bagel, Crackers	Plain Bread		
	Other Foods			0	0					
	Other Liquids (Kool-aid, punch, HiC)	13 cal/oz.		0	0	0	0	0		
	Water (Plain) _ (Sugar, jello, Karo, Honey)			0	0	(If protein added to diet) 4-8 oz. Plain water				
	Vitamin/mineral supplement (rx or self) Type									

Approximate Measurements

1 Tbsp = 1/2 oz.
2 Tbsp = 1 oz.
4 Tbsp = 2 oz. = 1/4 cup
8 Tbsp = 4 oz. = 1/2 cup

Jars

2.5 oz. = 5 Tbsp
4 oz. = 8 Tbsp.
6 oz. = 12 Tbsp

Current Weight _____

Total Kcal / day _____

Kcal Required / Weight _____

OK / + / -- _____

Rhode Island Department of Health WIC Program Eligibility Agreement

Participant No(s) _____

Participant(s) Names _____

I permit the _____ to:
(Name of WIC local agency)

Release and/or transfer any medical, nutritional and/or demographic information on my child(ren) or myself from WIC records to the Rhode Island Department of Health WIC Program or any of its agents and providers of WIC services in order to run the Program and/or provide services to the above participants.

I also permit health care providers/doctors and WIC to transfer WIC medical, nutritional and / or demographic information on my child(ren) or myself to and from the Rhode Island WIC Program for purposes of coordination of health care services and/or to tell whether or not my child(ren) and/or I are eligible and will continue to be eligible for WIC.

I also give permission to release WIC medical, nutritional and/or demographic information from WIC records to:

- R.I. Department of Human Services – Food Stamps, Medicaid & Family Independence Programs
- R.I. Dept. of Health – Immunization, Lead Poisoning Prevention, Early Intervention, & Family Outreach Programs
- University of Rhode Island/Cooperative Extension Nutrition Programs
- Programs I agree to be referred to by my local WIC agency

in order to tell if my child(ren) or I might be eligible for other programs that might help us and/or for the coordination of care. These programs have agreed to keep my information confidential. I may cancel this permission at any time but it may mean that I would have to be terminated from WIC.

Your Rights and Obligations On the WIC Program

1. Standards for participation in the WIC Program are the same for everyone regardless of race, color, national origin, age, sex or handicap.
2. I may appeal any decision made by the local agency regarding my child's or my eligibility for the Program.
3. The local agency will make health services and nutrition education available to me, and I am encouraged to participate in these services.
4. I/my child is not currently receiving WIC checks.
5. I/my child will not receive WIC checks at more than one WIC site during any month.

____ Payee Initials

6. I know that if I do not pick up two (2) months of WIC checks in a row I/my child will be terminated from the Program.
7. I agree to follow all WIC rules. This certification form is being submitted in connection with the receipt of federal assistance. Program officials may verify information on this form.
8. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State Agency, in cash, the value of the food benefits improperly issued to me, and may subject me to civil or criminal prosecution under State and Federal law.
9. I have been advised of my rights and obligations under the WIC Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge.

____ Payee Initials

X Signature (mark) of _____ /Date _____
Participant, Parent or Guardian

Household Size _____ Proof of Address _____

Gross Income/ _____ Frequency/ _____ Source _____

Current Recipient of: FIP _____ Food Stamps _____
Medicaid _____ Katie Beckett _____
Medicaid Waiver Program _____

Applicant/ _____ Payee Proof of ID _____

I agree to all of these statements.

X Signature (mark) of _____ /Date _____
Participant, Parent or Guardian

I hereby attest that the **WIC applicant is present**, and that this family meets the income eligibility requirements set by the WIC Program. I also verify that the participant or his/her parent or guardian has read, or was read, the information on this Eligibility Agreement.

Witness Signature of WIC Staff Member _____ /Date _____

Language explanation given in _____

Date Issued _____

**RHODE ISLAND DEPARTMENT OF HEALTH
WIC PROGRAM**

Form of Ineligibility

WIC Id Number	WIC Participant name	WIC Agency Number

- ☐ Based on the information you gave us, we have determined that **you/your child** (circle) are not eligible for Program benefits for the following reason(s):
- ☐ Your eligibility for the WIC Program at this agency will be ending on _____. **You/Your child** (circle) are not eligible for continued benefits for the following reason(s):
- ☐ Do not live in Rhode Island/ transferred to another agency/ deceased (circle).
- ☐ Determined not to be at nutritional risk.
- ☐ Income is too high to remain in Program.
- ☐ **You/your child**(circle) is considered a low-risk participant by WIC standards. We only have enough funding to serve our highest risk participants **at this time**. We will contact you as soon as we are able to provide benefits.
- ☐ Dual participation or abuse of Program is clear.
- ☐ Your child is not in a WIC category because he/she is 5 years of age or older.
- ☐ You are not in a WIC category because you are not pregnant, breastfeeding an infant less than one year old, or postpartum less than six months.
- ☐ Other (specify) _____.

If you disagree with this decision you are entitled to a Fair Hearing. You may make a request for a hearing within sixty (60) days from the date of this denial/termination. Request for Fair Hearing forms are available at the local WIC office. If not, please contact the WIC Program, Attention Fair Hearing, Rhode Island Department of Health, Three Capitol Hill Providence, RI 02908, or call 222-3940.

Language Explanation Given in

WIC Staff Signature/Title

"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.

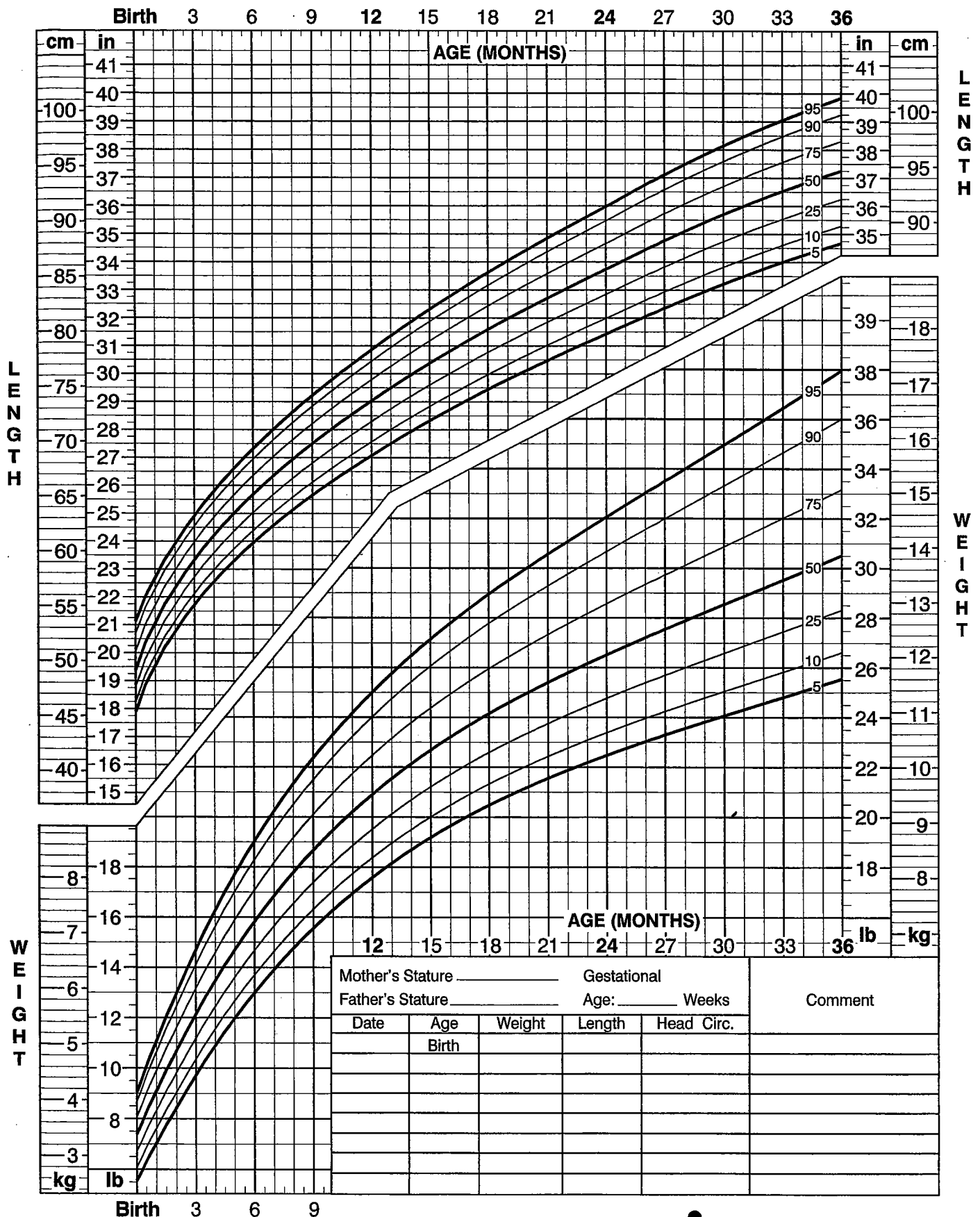
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. For sex or handicap complaints, contact the State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908."

Birth to 36 months: Girls

Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Available at <http://www.nal.usda.gov/wicworks>

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2002). <http://www.cdc.gov/growthcharts>



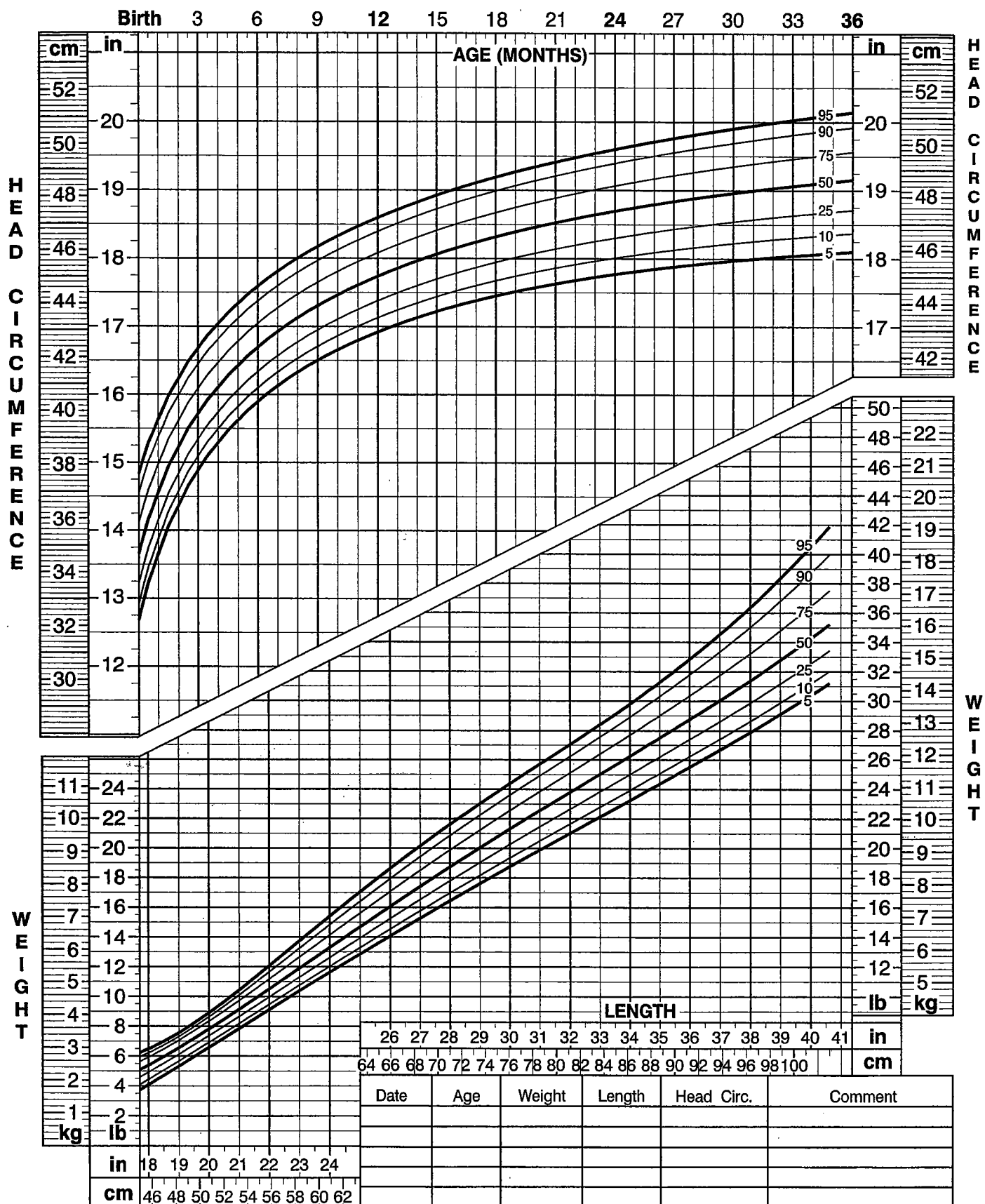
WIC Makes A Difference SAFER • HEALTHIER • PEOPLE™



Birth to 36 months: Girls
Head circumference-for-age and
Weight-for-length percentiles

NAME _____

RECORD # _____



Available at <http://www.nal.usda.gov/wicworks>

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2002).
<http://www.cdc.gov/growthcharts>



WIC Makes A Difference

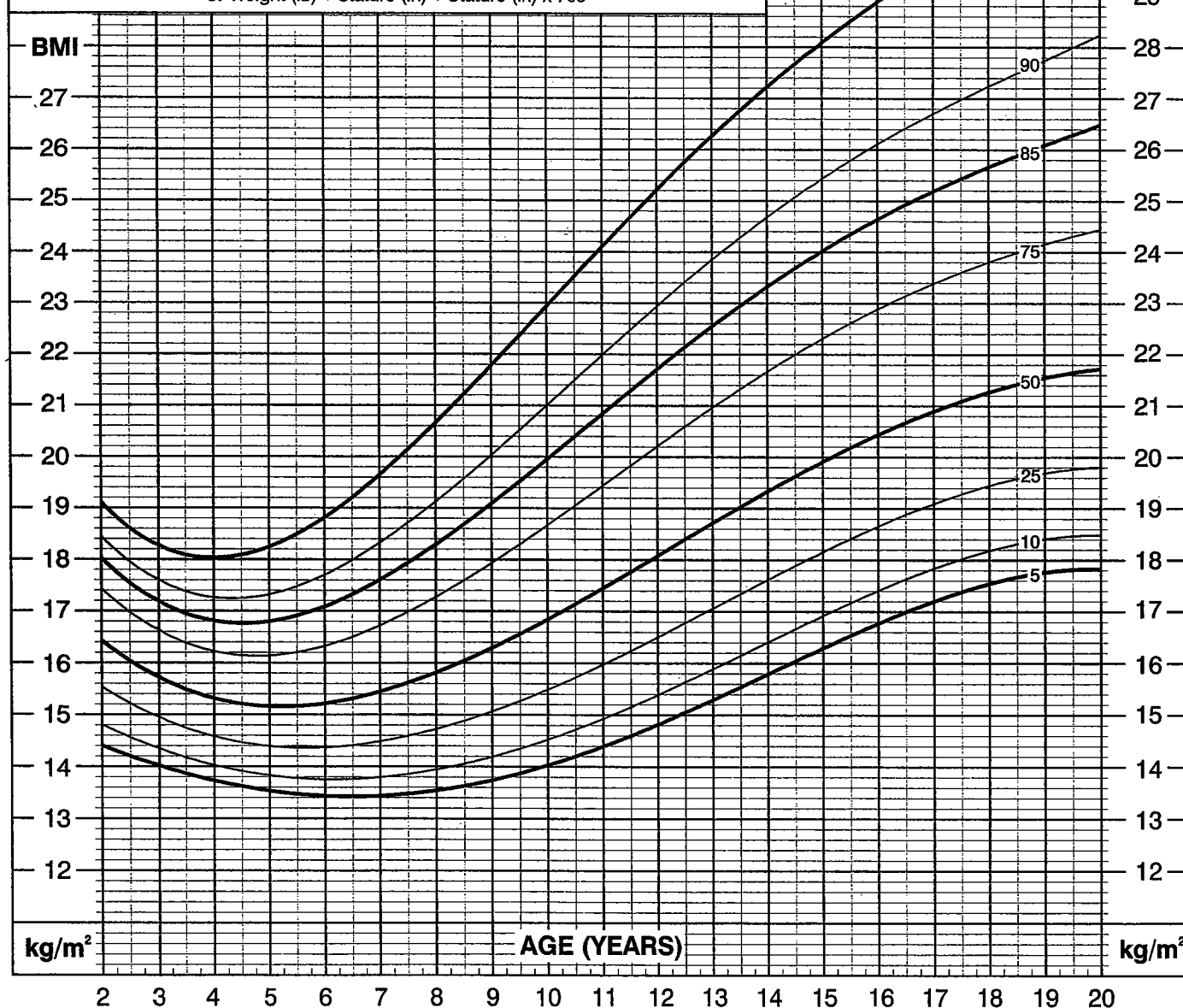


SAFER • HEALTHIER • PEOPLE™

RECORD # _____

[illegible]

***To Calculate BMI:** Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



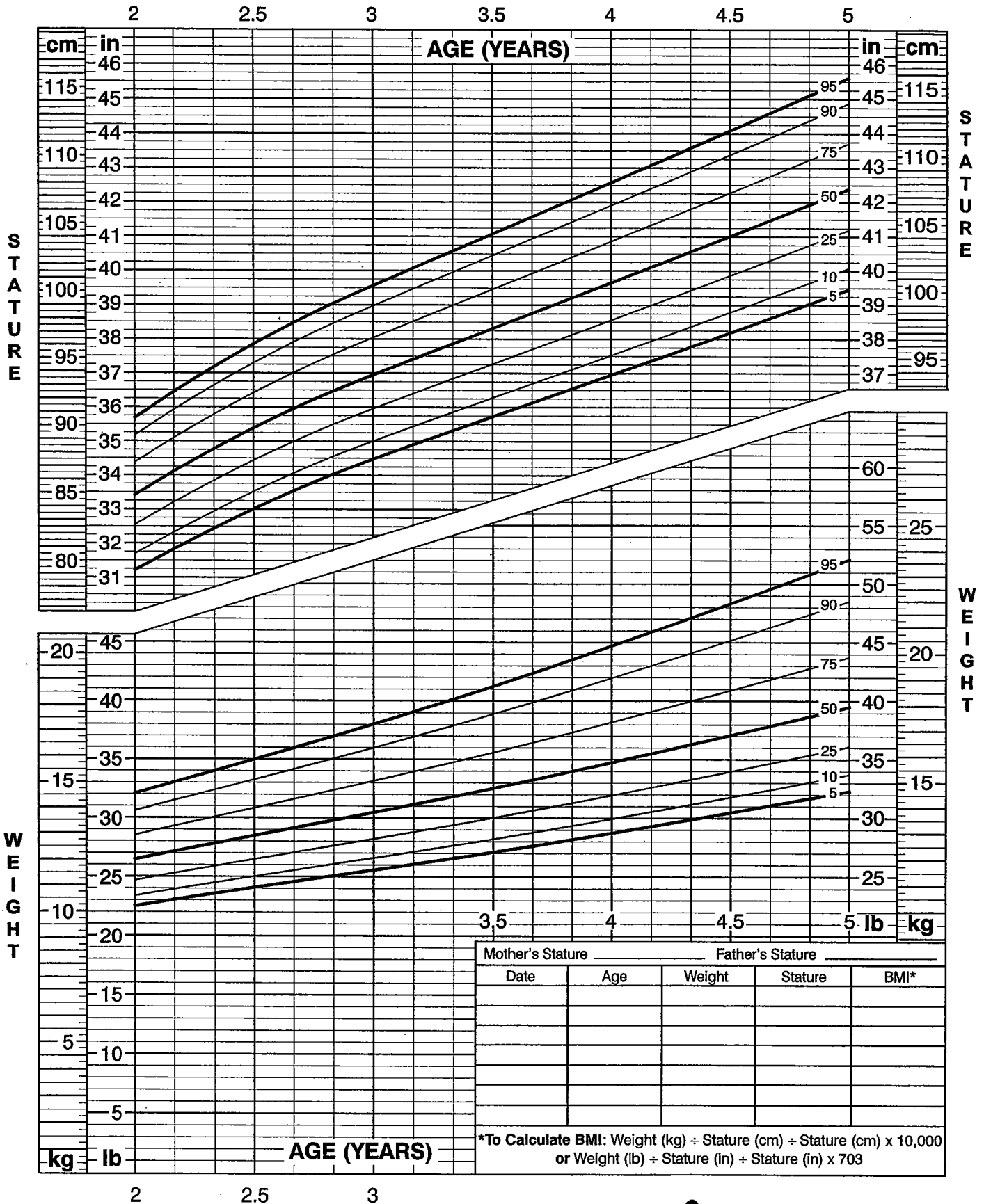
SAFER • HEALTHIER • PEOPLE™

2 to 5 years: Girls

Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Available at <http://www.nal.usda.gov/wicworks>

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2002).
<http://www.cdc.gov/growthcharts>



WIC Makes A Difference

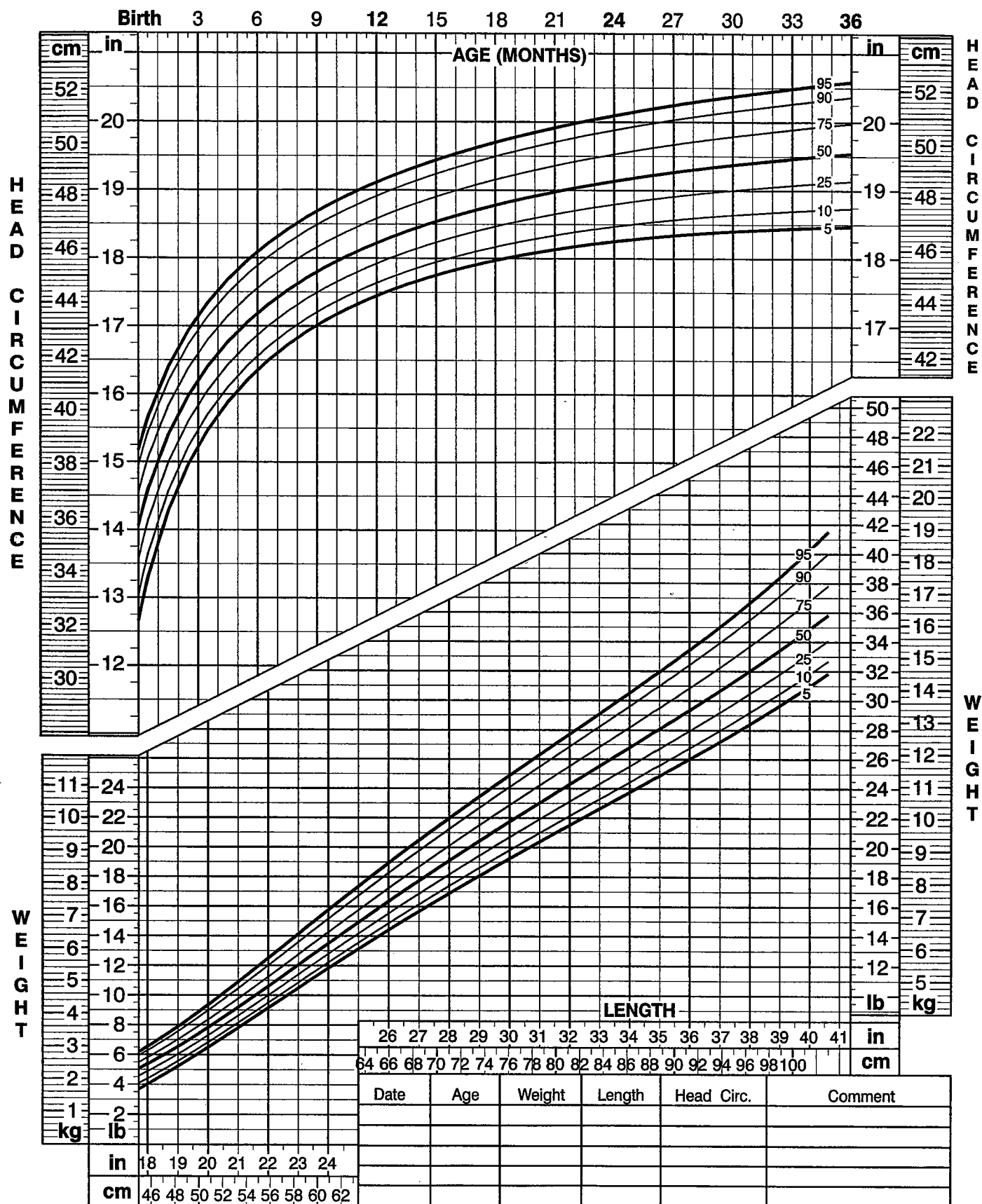
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Birth to 36 months: Boys
Head circumference-for-age and
Weight-for-length percentiles

NAME _____

RECORD # _____



Available at <http://www.nal.usda.gov/wicworks>

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2002).
<http://www.cdc.gov/growthcharts>



WIC Makes A Difference



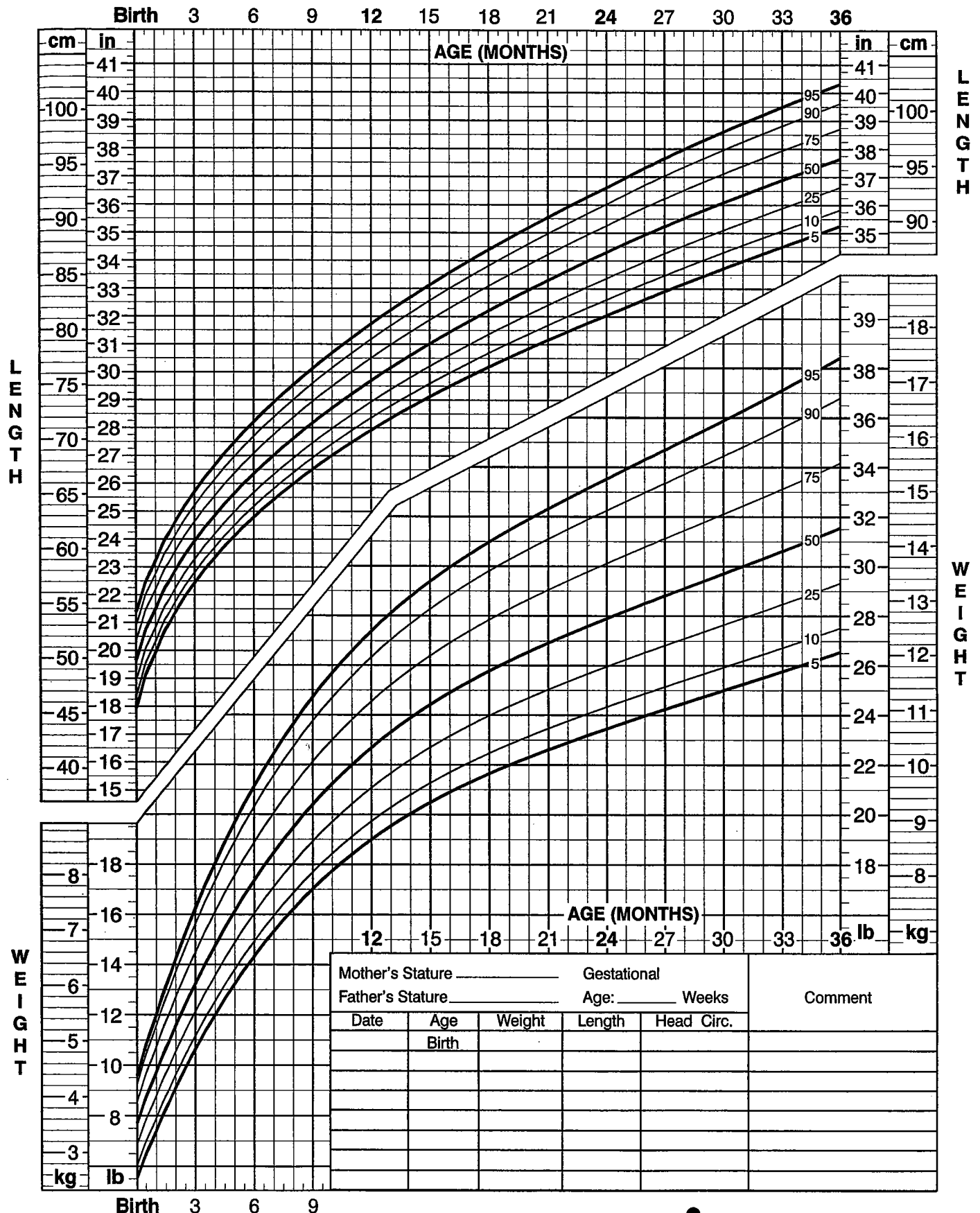
SAFER • HEALTHIER • PEOPLE™

Birth to 36 months: Boys

Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Available at <http://www.nal.usda.gov/wicworks>

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2002). <http://www.cdc.gov/growthcharts>



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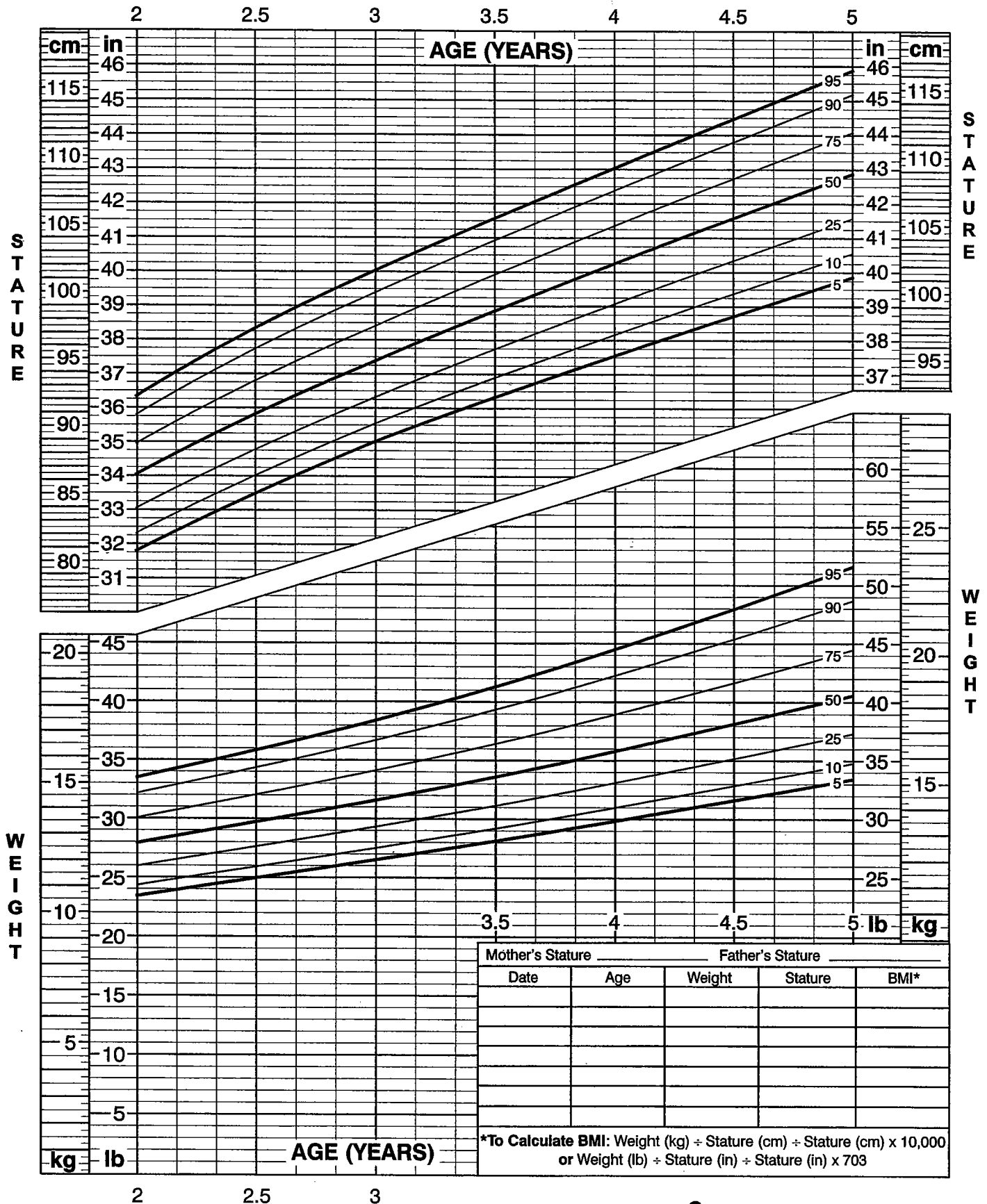


2 to 5 years: Boys

Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Available at <http://www.nal.usda.gov/wicworks>

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2002).
<http://www.cdc.gov/growthcharts>



WIC Makes A Difference



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**Request for Release of WIC Program Information
To Head Start and the Lead Center**

Participant No _____ Participant Name _____

I permit / deny the _____ to:
(WIC local agency)

Release WIC medical, nutritional and/or demographic information from WIC records to the Head Start and / or Lead Center Program if my child is enrolled in these programs.

The information is used to coordinate my child's care, to assure my child receives preventive health services, and other public health services.

This information is confidential. Only authorized users are able to view sections of the information necessary to help my child. Authorized users may be:

- ◆ Head Start nurse coordinators,
- ◆ Lead Center caseworkers,

I may cancel this permission at any time and it will not affect my WIC eligibility.

Signature of Parent or Guardian

Date

Signature of WIC Staff Witness

Date

Update this form at each re-certification.

Date

Staff Initials

Date

Staff Initials

Date

Staff Initials

Date

Staff Initials

Appendix Section 400**Form / Information****Page**

<i>WIC - 23</i>	<i>WIC Special Formula Prescription Form</i>	<i>App400-2</i>	<i>Revised</i>
<i>WIC - 54</i>	<i>Special Formula Log</i>	<i>App400-3</i>	
<i>WIC - 55</i>	<i>WIC Program Quarterly Nutrition Education Activity Report</i>	<i>App400-4</i>	
<i>WIC - 69</i>	<i>Intolerance to Formula Screening Form</i>	<i>App400-6</i>	
<i>WIC - 78</i>	<i>Nutrition Education Plan</i>	<i>App400-7</i>	<i>Revised</i>

STATE OF RHODE ISLAND WIC FORMULA PRESCRIPTION

The Rhode Island WIC Program has a contract with Mead Johnson Nutritionals to provide *Enfamil with Iron®* or *Prosobee®* to WIC Infants at a significant monthly cost savings. Formulas other than these are provided only with physician prescription and documentation required below.

PATIENT INFORMATION

Patient Name	
Date of Birth	
Parent/Guardian Name	

MEDICAL RATIONALE FOR FORMULA

Medical Condition that contraindicates the use or trial of <i>Enfamil with Iron®</i> or <i>Prosobee®</i> .
Presenting Symptoms

FORMULA PRESCRIPTION

Prescribed Formula	
Length of Issuance (cannot exceed 6 months)	
Prescription Date	

PATIENT'S PROVIDER

Signature (Include credentials: MD, APRN, PA, etc.)	Date
Address _____	Phone _____

For WIC Agency Use

WIC LD. #	Food Package Code
CPA Signature	Date

Please submit two copies to Local WIC Agency
White Copy – Local WIC Agency Yellow Copy – State WIC Office Pink Copy – Physician

RHODE ISLAND WIC PROGRAM

WIC NUTRITION EDUCATION, OUTREACH AND SELF-ASSESSMENT PLAN



Plan Overview

Fiscal Year 2004

“Nutrition Education” in WIC is defined by Federal regulation as individual or group education sessions and the provision of materials designed to improve health status, achieve positive changes in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual’s personal, cultural and socioeconomic preferences. A nutrition education contact includes verbal communication between qualified local agency staff and participants.

Local WIC agencies must submit a nutrition education and outreach plan each year to fulfill Federal regulations. The plan must include a needs assessment, goals, objectives, action plans and an evaluation component. **Each local agency must submit the completed plan to the state WIC office by November 1, 2003.**

The Nutrition Education and Outreach Plan is an annual work plan for the local agency to follow over the fiscal year for the implementation and evaluation of nutrition education and outreach services. The plan helps agencies develop a systematic approach to program management, provides a sense of direction for the local agency, helps to focus energies on priority items, and results in a more efficient and effective use of staff time and available resources. A plan is a prerequisite for determining both the degree of success of nutrition education and outreach, and whether the needs of participants in the community are adequately being met by the local agency.

A two-year cycle for the Nutrition Education and Outreach Plan encourages greater strategic planning in the development of objectives. While yearly needs assessments and evaluations continue, objectives may be developed to extend through two fiscal years. Of course, modifications of objectives, strategies and practices may be necessitated based on local agency or state assessments, evaluations and findings.

LOCAL AGENCY NUTRITION EDUCATION PLAN

FY 2004 • Evaluation Summary

For Use by State WIC Office

Agency name	

Nutrition Education Plan Section	PLAN YEAR		UPDATE YEAR	
	Complete	Incomplete	Complete	Incomplete
Completed Cover Page				
Table of Contents				
Quality Assurance Report				
Needs Assessment				
Assessment / Staffing				
Nutrition Education Staffing Needs				
Staff Resumes and Qualifications				
Assessment / Nutr Ed Needs				
Nutr Education Resource Needs				
Nutrition Education Facility Needs				
Participant Nutr Ed Concerns				
Other Nutr Education Concerns				
Continuing Ed Needs of WIC Staff				
Coordination and Referral				
Objectives and Evaluation				
Program and Behavioral Objectives				
Increase Breastfeeding Rates				
Program Obj – High Risk Contact				
Program Obj -2nd Nutr Ed Contact				
Program Obj - No Show Rate				
Program Obj – Competency				
Program Obj – Outreach				
Program Obj - Other				

Received by & Date	Reviewed by

LOCAL AGENCY NUTRITION EDUCATION PLAN
FY 2004 - Due November 1, 2003
Cover Sheet

For Use by Local WIC Agency

Local agency name
Plan submitted by
WIC Coordinator Signature
Agency Director Signature
Agency director's name & title
Date submitted
Date

For Use by State WIC Office

Date plan received at State WIC	
Plan complete	YES ____ NO ____
If not complete, Notification date	
Notification Method	
Date revisions received	
More revisions needed?	YES ____ NO ____
Final approval date	
Date approval letter sent	
Approved by (name & title)	

LOCAL AGENCY NUTRITION EDUCATION PLAN

Reporting Instructions

PLAN YEAR

During the year in which your agency is responsible for submitting a new plan, you must complete and submit the following information:

- Table of contents
- Quality Assurance sheet – report QA results (and incorporate into appropriate sections of next year's plan)
- "Plan" column for each section of the plan

UPDATE YEAR

During the year in which your agency is responsible for providing an update to your last year's plan, you must complete and submit the following:

- Quality Assurance sheet
- "Update" column for each section of the plan

NUTRITION EDUCATION PLAN

Table of Contents

To be completed by the Local WIC Agency

[illegible]

NUTRITION EDUCATION PLAN **Quality Assurance Report**

Evaluation of Plan From Previous Fiscal Year & Identification of Needs

- Please provide Quality Assurance (QA) results for each measurable objective from last years plan. QA results must be a **numerical measure** of these results.
- If you met last year's objective, please list new agency objective(s) for the next year.
- If last years objective was NOT met, how does your agency plan to make changes to help meet this objective for the next fiscal year?
- **PLAN YEAR** > Provide QA results below and incorporate these into your new objectives

Objective	QA Results	Update Year
1. Increase breastfeeding rate from ____% (your current rate) to ____% within the next year.		Did your agency attain last year's objective? Yes ☐ No ☐ If not, what changes will you make to your methods/procedures to help your agency meet this objective in the next year? If you met your objective, list a new agency objective for breastfeeding rates for 2004. This objective must exceed that of the previous year.

NUTRITION EDUCATION PLAN

Quality Assurance Report (Cont.)

[illegible]

NUTRITION EDUCATION PLAN **Quality Assurance Report (Cont..)**

Objective	QA Results	Update Year
3. All high-risk contact appointments will see a nutritionist every _____ to _____ months following a certification visit.		Did your agency attain last year's objective? Yes ☐ No ☐ If not, what changes will you make to your methods/procedures to help your agency meet this objective in the next year? If you met your objective, list a new agency objective for caseload. This objective must exceed that of the previous year.

Objective	QA Results	Update Year
4. SNEC appointments will be offered to low-risk WIC participants every _____ to _____ months as determined by WIC Nutritionists.		Did your agency attain last year's objective? Yes ☐ No ☐ If not, what changes will you make to your methods/procedures to help your agency meet this objective in the next year?
		If you met your objective, list a new agency objective for SNEC appointments (if any). If no new objective, how will your agency work to enhance/improve the SNEC appointments you provide?

Objective	QA Results	Update Year
5. Our agency "no show" rate will decrease from <u> </u> % to <u> </u> % within the next year.		Did your agency attain last year's objective? Yes ☐ No ☐ If not, what changes will you make to your methods/procedures to help your agency meet this objective in the next year?
		If you met your objective, list a new agency objective for no-show rates. This objective must exceed that of the previous year.

NUTRITION EDUCATION PLAN
Quality Assurance Report (Cont.)

Objective	QA Results	Update Year
6. Quarterly outreach plans and reports are complete and submitted on time.	See Quarterly Outreach Reports and corresponding Outreach Project Proposals.	Did your agency submit complete quarterly reports on time? Yes ☐ No ☐ If you did not submit complete quarterly outreach reports on time, please explain extenuating circumstances that prevented you from doing so.

PLAN YEAR Attachments > Résumés	UPDATE YEAR Attachments > Résumés (for updates only)
2. Nutrition Education Staffing Needs a. List agency staff members who will deliver nutrition education services (including SNEC's) as of November 1, 2003. A recent résumé of all staff used as Competent Professional Authorities must be submitted with the plan. WIC Nutritionists Support Staff b. List any proposed changes in nutrition education staff for the next fiscal year. (Upon hiring new staff, résumés should be forwarded to Kara Caron at the State WIC Office).	Document any revisions based on your previous year's plan.

PLAN YEAR		UPDATE YEAR	
3. Nutrition Education Resource Needs a. Describe the nutrition education materials that you need to obtain for FY '04. Include videos, audiovisual equipment, bulletin boards, handouts, nutrition students, or volunteers, etc.	Were last year's needs met? Yes ☐ No ☐ If not, why?	List any new needs for this year's plan update.	

PLAN YEAR	UPDATE YEAR
4. Nutrition Education Facility Needs a. List proposed changes in available facilities / space for this next fiscal year.	Were last year's needs met? Yes ☐ No ☐ If not, why? List any new needs for this year's plan update.

NUTRITION EDUCATION PLAN Needs Assessment (cont.)

PLAN YEAR	UPDATE YEAR
5. Participants' Nutrition Education Concerns (use participant survey results and staff input) a. List the top 3 concerns identified by participants that your agency plans to address this year. Include a summary of the participant survey (%). Hint: Type the %'s onto your copy of the summary survey. b. How do you plan to address the above concerns? Describe a proposed timeline for meeting these needs.	List new survey results for your update year. a. List the top 3 concerns identified by participants that your agency plans to address this year. Include a summary of the results of your participant survey (%). Hint: Type the %'s onto your copy of the summary survey. b. How do you plan to address the above concerns? Describe a proposed timeline for meeting these needs.

PLAN YEAR	UPDATE YEAR
7. Continuing Education Needs of WIC Staff a. List nutrition education topics for which further education / training would be desired for your WIC staff. b. List ways in which the needs identified above can be met. Are there existing resources such as courses, workshops, books, articles that you would find helpful. Does a workshop or training session need to be developed? Are there specific resource materials or speakers that you can suggest?	Were last year's CE needs met? Yes ☐ No ☐ If not, why? If new CE needs are identified, please provide a new response to question "b" (see left column) in the space below.

NUTRITION EDUCATION PLAN **Needs Assessment (cont.)**

PLAN YEAR			UPDATE YEAR
Coordination and Referral Highlight any new changes to your list of health or human service agencies available to your agency or participants (ie, EFNEP, visiting nurses)			Document any changes in your referral and coordination list since last year's plan.
Referral / Coordination Service	Referred to (include agency name and contact person):	Phone Number	
Financial Assistance Programs FIP Food Stamps			
Medical Assistance / Rlite Care			
Teen Pregnancy Programs			
Food Assistance Agencies			
Breastfeeding Support Services			
Family Planning			
Prenatal Care			

**NUTRITION EDUCATION PLAN
Needs Assessment (cont.)**

PLAN YEAR			UPDATE YEAR
Referral / Coordination Service	Referred to (include agency name and contact person):	Phone Number	
Well-child Care			
Alcohol & Drug Abuse			
Smoking Cessation			
Child Abuse Counseling			
Homeless Shelters			
Emergency Food Shelters			

**NUTRITION EDUCATION PLAN
Needs Assessment (cont.)**

PLAN YEAR			UPDATE YEAR
Referral / Coordination Service	Referred to (include agency name and contact person):	Phone Number	
Child Support Enforcement Agencies			
Head Start			
Dental			
Social Services			
Mental Health			
Lead Screening			
Fuel Assistance			
Legal Services			
Parenting & Family Stress Intervention Programs			
Other Nutrition Education Services			

**NUTRITION EDUCATION PLAN
Needs Assessment (cont.)**

PLAN YEAR			UPDATE YEAR
Referral / Coordination Service	Referred to (include agency name and contact person):	Phone Number	
Other			

NUTRITION EDUCATION PLAN **Needs Assessment (cont.)**

PLAN YEAR	UPDATE YEAR
Describe how this list of coordination and referral agencies will be utilized by your WIC staff to help provide appropriate referrals to your WIC clientele. *Reminder: All referrals made to WIC participants should be documented in the SOAP note referral section.	Have you identified new client needs that require new coordination/referral efforts? Yes ☐ No ☐ List new needs and contact information.

NUTRITION EDUCATION PLAN
Program and Behavioral Objectives

PLAN YEAR

1. Program Objective > Increase breastfeeding rate from ____% (your current rate) to ____% by next year.

How will this be accomplished? List specific activities and strategies you plan on implementing.

What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? (QA results must be a numerical measure)

NUTRITION EDUCATION PLAN
Program and Behavioral Objectives (cont.)

PLAN YEAR

2. Program Objective > Increase caseload from (your current caseload) to _____ by next year.

How will this be accomplished? List specific activities and strategies you plan on implementing.

What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? (QA results must be a numerical measure)

NUTRITION EDUCATION PLAN
Program and Behavioral Objectives (cont.)

PLAN YEAR

3. Program Objective > High-Risk Contact
Every HRC appointment will see a nutritionist every _____ to _____ months following a certification visit.

List procedures your agency has in place that ensure HRC appointments are performed and documented.

Does your agency have any plans for NEW types of HRC appointments to be implemented this year? If yes, please describe below.

What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? (QA results must be a numerical measure)

NUTRITION EDUCATION PLAN
Program and Behavioral Objectives (cont.)

PLAN YEAR

4. Program Objective > Second Nutrition Education Contact (low-risk participant)
SNEC appointments will be offered to WIC participants every _____ to _____ months as indicated by WIC Nutritionists.

List your agencies procedures that ensure SNEC appointments are appropriately performed and documented.

What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? (QA results must be a numerical measure)

NUTRITION EDUCATION PLAN
Program and Behavioral Objectives (cont.)

PLAN YEAR

5. Program Objective > No Show Rate
Our agency's no-show rate will decrease from _____ % to _____ % within the next year.

List procedures your agency will utilize or implement to improve your agency's no-show rate.

What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? (QA results must be a numerical measure)

NUTRITION EDUCATION PLAN **Program and Behavioral Objectives (cont.)**

PLAN YEAR	
6. Staff Competency Standards	
Our WIC agency staff met state-approved competency standards in the following areas:	
▪ Nutrition Service	Yes ☐ No ☐
▪ Customer Service	Yes ☐ No ☐
▪ Support Staff Service	Yes ☐ No ☐
Describe how staff <i>incompetencies</i> will be addressed (i.e. trainings, individual assessments, etc.)	
What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? (QA results must be a numerical measure)	

NUTRITION EDUCATION PLAN
Program and Behavioral Objectives (cont.)

Attachments > Quarterly Outreach Reports and corresponding Outreach Project Proposals	
	PLAN YEAR
7. Program Objective > Outreach Quarterly outreach plans and reports are complete and submitted on time.	
What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? Attach Quarterly Outreach Reports as QA results.	

NUTRITION EDUCATION PLAN
Program and Behavioral Objectives (cont.)

PLAN YEAR	
8. Program Objective > Miscellaneous	
Any other program management, staff or participant needs you would like to assess. You may consider writing an objective based on the findings from your participant survey.	
Implementation Plan / Activities	
What QA methods/procedures does your agency plan to utilize to evaluate whether or not this objective is met? (QA results must be a numerical measure)	

Section 500
Coordination and Outreach
RI WIC Procedure Manual

Revisions and / or Additions

Addition of the referral and coordination process with the Kidsnet Program, as allowed with parental / caregiver consent.

SECTION 500

OUTREACH AND COORDINATION

(Goals – V, Operations – 5)

SECTION 500

OUTREACH AND COORDINATION

(Goals - V)

510 - Outreach

Local agencies have a crucial responsibility for the outreach effort in their respective areas. Each agency has some valuable unique local relationships with referral and service sources. The local agency should seek methods of cooperating with these resources in order to both maintain its caseload and to reach a greater proportion of high risk individuals.

Local Agency Outreach Plan

- A. In order to assess the local outreach needs, the local agency should monitor its caseload in terms of the total number served and the proportion of high priority participants enrolled.
- B. State and locally developed outreach materials can be provided for dissemination through the outreach network. It is particularly helpful to increase dissemination of multilingual outreach materials.
- C. When contacts are arranged on the local level, the state agency can provide written or audiovisual materials and, as much as possible, state agency staff to assist in public presentations.
- D. All public information materials must bear the nondiscrimination statement (Sec. 810, H.).
- E. A written plan should be developed and present in the state and local agencies which contains at least:
 - 1. The assessment of outreach sources in the area, noting the potential of high risk clients of each. Describe the relationship and contacts with each.
 - 2. Attach copies of outreach materials about the Program which will be provided to these agencies.
 - 3. Identification of staff and other agency resources available to conduct outreach activities.
 - 4. Steps which can be taken to publicize the availability of the Program.
 - 5. Plans to coordinate services with other programs.

SECTION 500

6. Steps which will be taken to reach potentially eligible pregnant women, or high risk children, with emphasis on early intervention and on reaching migrants, if appropriate.
7. Steps the agency will take to ensure that pregnant women and infants receive an appointment promptly.
8. Measures the agency can take to fill available openings, in addition to the usual schedule of certification contacts (ex: "Open House" and "Health Fairs", special certification days, additional staff or clinic hours).
9. A log or other record of outreach activities and results.
10. The agency should list in its outreach plan those local organizations that have contact with sizable numbers of potential WIC applicants. Local contacts may also supplement state activities. Primary emphasis should be given to those organizations serving potentially high priority persons or underserved groups in the population. Contacts with such sources can be established through direct initiation by the WIC Program, or affiliated health agency, or through attendance at local professional or civic gatherings.
11. Local health care providers should be contacted (by mail or visit) to provide information about the Program at least once yearly. These efforts will be most productive when combined with a demonstrated interest in coordination of care and cooperation.
12. Local offices of financial aid programs should be contacted yearly to secure referrals. Through such contacts, changes in the availability of openings, waiting list requirements, and referral procedures can be communicated.
13. The agency, at least once a year, should mail outreach materials to local health and social service agencies in the area, including any shelters for homeless women and children in the area. WIC posters and outreach pads should be displayed and maintained in at least three area locations. Locations may include local grocery stores, churches, resale shops, laundromats, day care centers, etc. State printed flyers are available in bulk. Agencies can ask grocers and pharmacies to place a flyer in shopping bags.
14. Local media should be contacted in an effort to obtain news and/or feature publicity. Such publicity can focus both on the nutritional benefits of the WIC Program, and the services offered by the local agency. Such media efforts often provide far more detail about eligibility requirements, agency hours, and application procedures than do features in broader statewide media. The agency should issue radio public service announcements to local radio stations each year and issue at least one press release to a local newspaper.

520 - COORDINATION

Related to their economic and health status, WIC participants are likely to be in need of additional services provided by other health or human resource programs. Coordination between WIC and other programs can reinforce the effectiveness of the WIC benefits. The health status and quality of life can be enhanced. Coordination of services and referrals can provide additional support and encouragement to participants to begin, or continue, to receive a broad range of health related services. Expensive duplication of services can also be minimized, and frustration and discouragement avoided. In order to assure service to those most in need WIC must be accessible to all those in need. Part of that involves cooperation with other helping agencies serving the same population. The intent is to ensure referral between programs and facilitate application for several programs at once. This will avoid duplication of effort on both the agency and client side.

Health Services

Local agencies should establish effective procedures for referral of appropriate agency clients to the WIC Program. WIC is intended to be an adjunct to needed health care. WIC procedures should be designed to reinforce health care visits. Local agencies should be careful to avoid procedures which encourage participants to choose between health and WIC visits because of physical or chronological separation of services.

Whenever possible, WIC and health care visits should be combined. WIC and other agency health care staff should encourage participants to make maximum use of services. Patient care recommendations should be mutually agreed upon where there is a relationship (ex: WIC food package, desirable weight and diet recommendations).

When participants receive health care from a private provider, WIC staff should be aware of the provider's identity. Participant utilization of health care should be encouraged and inquired about. Constructive and cooperative relationships between the local agency and other health providers are recommended. Informal agreements concerning referrals, coordination of care, and communication of questions or concerns are potentially effective.

Medical Assistance and RItE Care

During certification, special effort should be made to identify potential Medical Assistance and RItE Care recipients, to give them information on Medical Assistance and to make referrals where appropriate. A pregnant woman, as soon as pregnancy is confirmed, can be considered for Medical Assistance. If possible, have the person call for an application on the spot (See Appendix for information). All pregnant women

SECTION 500

who have no health insurance should be referred to RIte Care for assistance.

Family and Child Services

In some instances, it may become apparent that the participant lacks the capacity to effectively obtain or utilize the WIC food benefits. Referrals to, or discussions with, family or child service or homemaker help agencies should be explored. When it is known that the Department of Children, Youth and Families is providing services to a participant family, appropriate use of WIC food benefits should be carefully monitored. Direct contact with other agencies without the client's participation, however, should be carefully evaluated for its implications on confidentiality requirements.

Economic Aid Programs

Local agencies are required by regulation to have available informational materials describing such programs as FIP, Medical Assistance/ Rite Care, Child Support Enforcement and FSP and to coordinate with other programs, such as Fuel Aid. Specific addresses and telephone numbers of such programs should be offered to WIC participants or applicants who appear to be eligible for these programs (See Appendix for information).

Protective Services for Children

WIC local agency staff may be in a situation where they have reasonable cause to know or suspect (observation, complaints received) that a child (WIC participants and non-participants as well) is being abused or neglected. Under Rhode Island law, all complaints, suspicions or knowledge however received (mail, telephone, or in person) must be immediately telephoned to the Child Abuse and Neglect Tracking System (CANTS) at Department of Children, Youth and Families (DCYF). The telephone number of the DCYF **Division of Protective Services, CANTS, is: 1-800-RI-CHILD**. The WIC staff person (all levels of staff) who receives the information will record all of the appropriate information and telephone CANTS at DCYF about the situation. Refer to the WIC brochure "WIC - Child Abuse and the Law" for detailed information regarding WIC personnel responsibilities under the law.

Any person making a report required by the law is immune from any liability.

Abused and/or neglected child means a child whose physical or mental health or welfare is harmed or threatened with harm by his parent or other person responsible for his welfare.

Drug and Other Harmful Substance Abuse Counseling Services

During certification, effort should be made by questioning to determine if the applicant is taking any drugs or alcohol or other substances which could be harmful to the health of the

applicant or her fetus. If such use is evident, WIC staff should refer the applicant to appropriate counseling services, if available, by giving the applicant a list of such services. A list has been distributed to local agencies by the State agency and should be kept and made available to WIC adult participants and applicants. The local agency annual nutrition education plan should include a plan to coordinate services with local drug and other harmful substance abuse counseling and treatment services.

Breastfeeding Promotion Programs

Applicants will be referred to appropriate local breastfeeding support programs. A list of such services has been distributed to local agencies and should be kept for reference.

Other Special Services or Programs

Added 1 / 04

If parents / guardians give permission, the WIC Program will share medical / nutritional / demographic information with the KIDSNET Program. Kidnsnet is the RI Dept of Health's information system that tracks the provision of public health program services to children. WIC information will be disclosed to the lead screening, home visiting, and Early Intervention programs using permission obtained from the WIC – 5 WIC Eligibility Agreement. WIC information disclosed to Head Start and Lead Centers will require parental / guardian authorization documented on the WIC – 101 Third Party Authorization to Release Information form. This information will be restricted to coordinate care, assuring preventive health services are provided and for quality assurance. (WIC – 101)

Participants may sometimes reveal specific health or social problems or needs during discussions with WIC staff. In such cases, WIC staff should explore the availability of resources within the programs of the local agency. Additionally, other known local programs or agencies providing health or social services can be referred to. Local programs such as food assistance agencies, nutrition education services like EFNEP, teen pregnancy programs, parenting and family stress intervention services and shelters for homeless women and children should be considered. Additional information about available services can be obtained from:

12/99

Travelers' Aid Help Line – Providence - 351-6500, elsewhere (800) 367-2700

Department of Human Services - 462-1000

WIC State Agency Liaison Staff - 222-3940, (800) 942-7434

Documentation

Referrals discussed or made should be documented in the participant record. The Income Determination Worksheet, progress notes, or a checklist may be utilized.

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Financial Aid Programs / Food Stamp Programs

Refer WIC Applicant to Family Resource Counselors, or directly to FIP Food Stamps, Child Support Enforcement. See WIC Brochure WIC -44

SERVE NEW ENGLAND HOST SITES

RHODE ISLAND

Barrington

COMMUNITY SERVE

Deidre Walton, 437-1569

Chapel of the Nativity

Dee McGurty, 664-5513

Sally Ferulo, 664,2520

Central Falls

Serve ST GEORGE'S

Donald Griffin, 786-3525

Ruth and Mark Thomas, 727-0420

Coventry

Church of St. Andrew & St. Phillip

Jackie Paquette, 397-9964

Cranston

ANSA Serve

Gail Leoni, 943-0776

Frank Agresti, 942-1351

Cumberland

St John Vianney Church

Rev. Michael A. Brown, 334-8956

Grace Chartaier, 333-6977

Divine Harvest Church

Beverly Camper, 725-2556

Audrey Wigginton, 725-2556

East Greenwich

East Greenwich Rotary Club SERVE (Services North Kingstown also)

Bill McHale, 434-1746

Charles Saven, 884-8362

North Providence

St. James Church, Providence

Kate Sternberg, 232-7524

Providence

Olney St. Baptist-Children-Women's Ministries

Rosia Whetstone, 461-2236

Cleo Nobles, 334-0116

Smith Hill Center

Venus Jones, 351-2595

South Providence Neighborhood Ministries

Grace Wilcox, 785-0974

Wanda Michaelson, 785-0974

Warwick

Hillsgrove United Methodist Church

Ed Rhind, 885-4135

Donald Gothberg, 781-3695

First Congregational Church

Vi Moody, 739-8046

Faith Baptist Church

Diane Makin, 494-0039

Joan Battey, 737-7075

West Warwick

Emanuel Lutheran

Carol Caswell, 823-8892

Echo Valley Seve

Doris Nunes, 828-6187

SECTION 700

MONITORING

MONITORING
(Goals - VII, Operations - 7)

Introduction

The state agency for the WIC Program is required by federal regulations to conduct biennial and continuing reviews of local agency WIC Programs. The state agency is required to establish evaluation and review procedures and to document the results of these procedures. In a broad sense, monitoring of local agencies is accomplished through both regular ongoing contacts and as needed. An annual or biennial local agency review, in addition, is conducted by the state agency in order to obtain an overall picture of local agency operations.

If a local agency is in compliance and citations are corrected and no conditions exist or are suspected to warrant State Agency return for annual evaluations (complaints, change in management, staffing etc.), Local Agencies will conduct "off-year" self- assessment management evaluations.

The purpose of each local agency review is to arrive at a comprehensive assessment of all aspects of the local agency WIC Program, including compliance with the requirements of federal regulations, the local agency agreement and state procedures.

710 - Local Agency Review

711 Procedures

- A. Upon being contacted by the state agency, the local agency administrator and local WIC staff will mutually establish the time with the state staff for the team to conduct an on-site review.

An entrance letter is sent to the local agency with a copy of the review format which includes the prereview information form which should be completed before the evaluation site visit and given to the review staff. The letter describes the purpose, format and procedures to be followed.

- B. At the established time, the review team will meet with the local agency staff to go over the areas covered in the review format and secure answers to the questions. Local agency staff members should be available to participate in discussions with the review team, to provide for observation of local agency procedures and review of local agency records, and to arrange participant interviews.

Local agency staff members will need to be available to assist the review as required. All local WIC records should be made available as requested by the review team.

- C. The local agency review process is intended to be a way to identify both strengths and weaknesses of

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the WIC Program. Local agency staff should respond to the process in a constructive, objective, and professional manner that will result in conclusions that are useful to the local agency. State and local staff will begin to identify local agency needs and deficiencies, and feasible corrections and improvements.

- D. Any deficiencies corrected prior to the completion of the review should be brought to the attention of state review staff.
- E. At the completion of the local agency review, a local agency administrator, above the level of the WIC Program, and other staff at the administrator's discretion will meet with the review team in an exit conference, to discuss a verbal summary of findings and recommendations.
- F. Upon receipt of the written formal statement of review findings and recommendations by the WIC state agency, the local agency staff will review the findings and formulate the plan of correction.
- G. Within thirty days of the receipt of the letter of the review findings, the local agency should submit to the state agency a written response to the findings, including plans of corrections and projected dates of implementation (and dates of corrections that have already been made).
- H. The plan of correction must be signed by the Executive Director, or other management level administrator acceptable to the RIDH, to assure administrative review of WIC operations and agency commitment to the plan.
- I. The state agency will accept the plan of correction or notify the local agency of needed revisions.
- J. The local agency shall implement the plans of corrections according to the stated timetable. If it is unable to do so, the local agency must notify the state agency and submit a revised plan of corrections acceptable to the state agency.

712 Follow-up

Follow-up is conducted by state agency staff during regularly scheduled visits or such additional contacts as may be required. During these contacts staff review the implementation of correction plans.

713 Penalties

If the state agency determines that an acceptable plan of correction is not submitted within thirty days, or if corrective action is not completed according to the schedule established in the corrective action plan, the state agency may withhold administrative and program services funds through a reduction in the local agency funds allocation or by assessing a claim against the local agency.

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714 Ongoing Monitoring

Periodic on-site visits are conducted by the state liaison, nutrition, and fiscal staff. Additional contacts may be conducted when deemed necessary by the state agency to ensure compliance. These contacts provide for ongoing monitoring. Any interim policies, procedures, and instructions issued by the state agency or USDA may also be discussed.

Additional sources of monitoring information include but are not limited to, records available at other locations (such as the state agency) and participant interviews.

720 - Local Agency Self Assessment

721 Additional Monitoring

The State agency shall require local agencies to establish management evaluation system (Self-Assessment) to review their operations and those of associated clinics or contractors. This process will occur on a biennial basis, using a State developed assessment tool or a local agency self assessment process approved by the State WIC Agency. *(See Appendix 700 for Financial Self-Assessment Tool. Refer to Appendix 400 for Nutrition Education Plan Self-Assessment Tool).*

In the event of changed or additional federal or state requirements, directives, guidance or so forth, such additional review activities as are needed to ensure local agency compliance shall be conducted.

730 - Participant Interviews

Introduction

State staff interview a sample of participants at each local agency in order to obtain participant input into all aspects of the operations of the WIC Program.

Definition - "Participant" may refer to potential, active, or former participants, applicants or denied applicants.

731 Procedures

- A. Local agency staff should assist state agency liaison staff in scheduling participant interviews and coordinating the interviews with other required participant visits.
- B. A representative sample of foreign-speaking participants should be arranged, if possible,

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including arrangements for translation resources.

- C. The interview is for Program improvement purposes and is, therefore, voluntary and not associated with Program eligibility. Local agencies should, however, seek to arrange for participant comfort and cooperation.
- D. As appropriate, the state liaison will bring issues, complaints, or questions on behalf of participants to local agency staff which should be responded to and followed up as appropriate.

732 Follow-up

- A. The appropriate local agency person will be notified of any matters to be jointly evaluated and resolved, or plans made for resolution. Depending on the complexity of the issue, further follow-up may be required.
- B. In the event of evident or possible health, social, or nutritional problems and needs local staff should work with the liaison to advise the participant of appropriate resources or of referral sources. Local agency resources should also be enlisted.

733 Related Local Agency Activities

The participant interview process is most efficient and effective when performed through the cooperation of the local agencies. Local agencies, then, will:

- A. Assist in participant random selection and notification.
- B. Confirm any scheduled appointments with the participants just before their visit.
- C. As available, provide interview facilities which allow for comfort and privacy. Assist with language interpretation, if needed.
- D. Follow-up with recommendations and solutions worked out with the liaison and the state agency.
- E. Submit appropriate reports to the liaison as requested, if follow-up is extensive in scope or time.

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Appendix Section 7

Form / Information

Appendix Page

Financial Management Self – Assessment

App700-1 Revised

**Rhode Island Department of Health
WIC Program
Financial Management Review**

Finance Director's Questionnaire and Self-Assessment

AGENCY: «Agency»

DATE: _____

I. GENERAL:

1.	Are the Federal Regulations (Uniform Federal Assistance Regulations 7CFR, Part 3015 and 7CFR part 3016) and other pertinent regulations (A-87, A-110, A-122, A-128, A-133) on file?	
2.	Where are they kept?	
3.	Where are the WIC Financial Manual and policy memos pertaining to financial management maintained?	
4.	Does the Fiscal office have a copy of the WIC Financial Manual?	
5.	Are you aware that all records pertaining to the program must be retained for a period of three years from the date of the most recent audit?	
6.	Where is the copy of the signed local agency agreement filed?	
7.	Is it accessible to responsible staff?	
8.	What percentage of the total revenue in your local agency does the WIC program occupy?	
9.	How are all line item expenses monitored against the line item budgeted amounts?	
10.	How do you document the percentage breakdowns for personnel in your budget?	
11.	Describe the process when WIC administrative funds enter the local agency.	
12.	Who writes and signs the checks issued at the local agency?	
13.	Is there appropriate separation of duties between the authorized person and the person signing the checks?	
14.	What type of internal control measures does the agency take to authorize expenditures?	

II. NUTRITION EDUCATION:

1.	How do you ensure that 1/6 of administrative funds are spent on nutrition education and breastfeeding support and promotion?	
2.	How are nutrition education and breastfeeding expenses determined?	
3.	Is there documentation to justify all the costs charged to nutrition education and breastfeeding promotion expenses?	

III. MONTHLY EXPENDITURES:

A. Payroll:

1.	Is there an established personnel and wage policy in writing? Please attach a copy.	
2.	Does a definite policy authorize payments for vacation, sick leave, holidays, overtime?	
3.	Are time sheets and/or attendance records maintained?	
4.	Are time cards or equivalent: - signed by employees after completion - signed by department heads?	
5.	Are those used as a basis for payroll preparation?	
6.	Do you have staff working in WIC who are also working for other programs?	
7.	How do you ensure that WIC charges are only for that portion of the staff?	
8.	Does the Agency participate in the State Unemployment Compensation Program? If yes, what percent does it pay?	

B. Fringe benefits:

1.	Please list the fringe benefits offered by your agency	
2.	Are all employees and staff equally eligible for fringe benefits offered?	
3.	Are fringe benefit charges based on: Actual amount per employee _____ Assigned percentage _____	

C. Indirect costs:

1.	Are any indirect costs charged to WIC?	
2.	If yes, what costs are included in the indirect rate? Attach detailed breakdown.	
3.	How are indirect costs computed?	
4.	Is a copy of the indirect cost (overhead rate) agreement available? Please attach.	

D. Other line items:

1.	Is WIC charged for rent/space?	
2.	Explain your methodology for rent/space charges to WIC.	
3.	When is the last time you updated the method for such charge? Is it still applicable and fair?	
4.	Does your agency have a written travel policy that defines travel reimbursement frequency and rates for employees?	
5.	What are the main points in that policy?	
6.	What policy do you have to reimburse for mileage?	
7.	Does the travel reimbursement voucher include: The traveler's signature? The supervisor's approval? Proper receipts to substantiate expenses?	
8.	Does your agency have a written policy for staff training/education?	
9.	What are the main points of that policy?	
10.	Are you aware that any capital expenditure need to have State approval? Yes ☐ No ☐	
11	How do you allocate depreciation charges to WIC?	
12	Do you have any other lease/rental agreements for which WIC is being partially or fully charged? Please provide highlights of those agreements.	

E. Preparation:

1.	What are your procedures for submitting monthly expenditures to the State Agency?	
2.	How do you ensure that monthly expenditures are accurately prepared?	
3.	What procedures do you have in place in case that the staff (in charge of preparing monthly expenditures, closeout reports, etc.) is out?	

IV. PURCHASES

1.	Please describe your purchasing process: Are all purchases made with written purchase orders? Describe exceptions. Do purchase orders indicate the Account distributions? Are purchase orders prenumbered?	
2.	How does your agency ensure a competitive bid when purchasing equipment?	
3.	Are you aware of the State Agency equipment purchase policy? Where is it kept?	
4.	Is the following information available for all equipment purchased? Description, purchase price, Identification number, Location of equipment, PO number, date of purchase, source of funds.	
5.	If yes, where is this information maintained?	

V. EQUIPMENT INVENTORY:

1.	Have you reviewed WIC Equipment Procedure 621?	
2.	Have you purchased or rented any equipment with WIC Funds since the last management evaluation? If yes, verify purchase order.	
3.	Does your agency perform a physical inventory of equipment on a regular basis? Date last inventory completed _____.	
4.	Have WIC EQUIPMENT INVENTORY forms (WIC-17) been completed and forwarded to State agency for each item or set of items purchased with WIC monies?	
5.	Is any equipment utilized for WIC rented?	
6.	Does your agency have property insurance coverage for any equipment purchased?	

Rhode Island Department of Health

**Office of Women, Infants and Children (WIC) Program
Special Supplemental Nutrition Program**

**WIC and Farmers Market Nutrition Program Services
State Plan of Operations and Administration**

Volume III

Revisions and Additions to Operations Manual for FY '04

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.

SECTION 2 Eligibility and Enrollment

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-4 CONFIDENTIALITY AND DISCLOSURE OF WIC DATA

New 1/04

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 unmet health 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 (May 1998) (Appendix 2-2)
- 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)

SECTION 2 Eligibility and Enrollment

- 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 2 Eligibility and Enrollment

Partners in Early Childhood Initiatives: What State Title V Maternal and Child Health Programs Can Contribute To State Early Childhood School Readiness Initiatives

Introduction:

In recognition of the critical importance of early childhood, many states have developed early childhood initiatives to assure that young children from 0-5 are healthy and ready for school. Whether these initiatives originate from the Governor's office, a state legislative caucus or an advocacy network, they all involve bringing together various stakeholders to make systems changes at the state and/or local level to improve services and supports for families with young children. State Title V MCH/family health programs are poised to become strong partners in these initiatives.

In 2003, the Maternal and Child Health Bureau in Health Resources and Services Administration, DHHS in recognition of the critical role states are playing in the development of early childhood initiatives and the unique contributions that state Title V/CSHCN leaders and programs can make to those initiatives, released a "Strategic Plan for Early Childhood Health"¹. To operationalize this strategic plan, MCHB has established an all state grant program designed to assist State MCH/Title V Programs to work with existing state early childhood initiatives or form new ones to strengthen the development of statewide cross-agency early childhood systems-building planning and implementation to ensure that children and their families 0-5 are healthy and ready for school.

This policy brief developed by Association of Maternal and Child Health Programs, a national non-profit organization representing state MCH/Family health programs and leaders in all 50 states and 9 territories, is designed to orient stakeholders who may not be familiar with state MCH programs to state MCH initiatives and efforts. It outlines the various contributions that state Title V MCH programs can make to state and local early childhood initiatives to assure that families with young children are healthy and ready to succeed in school.

An Overview of State Title V Programs:

The Maternal and Child Health Services Block Grant (Title V of the Social Security Act) provides a critical framework for investing in and ensuring the health and positive development of America's young children and their families. Enacted in 1935, Title V is a federal and state partnership that was created to ensure that policies, programs and systems are in place to address the health and well-being of **all** of America's women, infants, children, adolescents and their families including fathers and children with special health care needs. Title V is the oldest public health legislation in the country.² Title V, through its block grant structure, has inherent flexibility to address not only specific health conditions but also the risk factors and social determinants of issues affecting maternal and child health (MCH) populations. It also has the

¹ Strategic Plan For Early Childhood Health: 2002-2007. Maternal and Child Health Bureau. Health Resources and Services Administration. DHHS

² Hutchins, Vince, MD, MPH. (2001) Maternal and Child Health at the Millennium. Washington, DC: Maternal and Child Health Bureau, HRSA, DHHS.

ability to serve families as a whole unit and has a strong family-centered focus.³ Since its establishment, the Federal - State Title V partnership has proven adaptive and resilient to the ever changing health contexts and issues affecting the maternal and child health population. Title V leadership at both federal, state and community level have used their convening powers to foster initiatives and re-direct resources to respond to changing conditions, and to integrate and link various programs to address critical needs of MCH populations. Text Box 1 outlines key characteristics of state Title V programs.

Title V Contributions To Early Childhood Systems:

State MCH Title V programs are unique in that they touch the lives of 27 million children and their families across the entire developmental trajectory starting before birth, through kindergarten beyond to age 21. Given the funding flexibility and focus on linking programmatic efforts to specific state needs, state Title V programs look very different from state to state in the staffing, programmatic components and the degree of emphasis placed on different MCH issues. However, there are some common themes that can be highlighted as state Title V program's unique contribution to the early childhood system.

❖ Title V Programs Gets Babies and Families off to A Healthy Start:

Title V programs have a particular responsibility laid down in the Title V statute for assuring that families get off to a healthy start by ensuring access to early and high quality prenatal services for pregnant women. Title V programs are required to address health disparities in birth outcomes. Title V programs directly serve 2.5 million or 61% of pregnant women who deliver infants in the nation.⁴ Since Congress enacted Medicaid expansions for pregnant women in the mid-1980's, state MCH programs have gradually shifted direct provision of prenatal care to the private sector and have expanded provision of enabling and more population-based services to enhance access to prenatal care services and to improve pregnancy outcomes. State Title V programs work with Medicaid to conduct outreach and enrollment activities, transportation services, translation services, case management, public awareness campaigns and public education programs. Every state is required to have a toll-free hotline to provide information to families on MCH services. Title V programs play a role in many states in convening critical partners to address access to perinatal services and to improve perinatal outcomes.

³ In a survey conducted by AMCHP in 1999³, 59% of states responding indicated that they are organized to address the health of families as a whole. Nearly 70% of states responding indicated that their state had a family health unit and of those states with a family health unit over one-half of the family health units were the Title V/CSHCN program. Family representatives of children with special health care needs are routine partners with state Title V/CSHCN programs in shaping policies, programs and services to address their needs. In addition, 70% of state Title V/CSHCN programs involve families other than those with special needs as family advisors, consumer representatives or on policy making advisory committees.

⁴ Title V Information System (FY2003) Deliveries Served under Title V and Deliveries Eligible for Title XIX, by State. MCHB, HRSA, DHHS.

❖ Title V Works to Promote The Emotional and Social Well-being of Children

State Title V/MCH programs are increasingly developing initiatives to address the emotional and mental health needs of families. A recent AMCHP survey indicates that there is an increase in preventive mental health initiatives being developed by state Title V programs.⁵ The most common target population for mental health initiatives were families with infants (73%), followed by families with young children (61%) and adolescents with special health care needs (51%). Title V programs are funding and coordinating a variety of infant mental health initiatives such programs for families with infants with special health care needs (73%), home visiting services (67%), and care coordination (59%) and other types of family support programs.

Title V leaders are beginning to establish more formal partnerships with the children's mental health system. They are strengthening their role in supporting the children's mental health system by developing services and supports to promote positive emotional development of women, infants, children and their families and by integrating early identification of emotional and behavioral problems into the services and systems that Title V oversees.

❖ Promoting Access to a Medical Home and Oral Health:

State Title V programs promote access to a medical home for families with young children and especially those with special health care needs by addressing factors that prevent access to health care. Title V programs work with Medicaid programs and other partners to develop standards of care for the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT), in some cases using the *Bright Futures Guidelines For Health Supervision*. Some states are partnering with provider groups and professional associations such as the American Academy of Pediatrics to develop definitions and standards for a medical home. Some states, like Massachusetts are linking their CSHCN care coordination services directly to pediatric practices. Some state MCH programs directly provide a medical home for children who lack access to health care insurance such as immigrant families.

Because dental caries is the single most common chronic childhood disease, states have placed a high priority on developing innovative strategies to improve children's oral health. States are launching public awareness campaigns to educate families about proper dental care, working to increase fluoridation of community water supplies. Title V programs support many school and community-based efforts to promote oral health and prevent dental caries.

❖ Title V Programs Partner with Early Care and Education Providers to Ensure the Healthy And Safety of Young Children

The Healthy Child Care America Campaign, an initiative launched by the Maternal and Child Health Bureau, has helped state Title V agencies to develop innovative programs that promote healthy child care environments; easily accessible immunizations, access to developmental screening, health and mental health consultation and health nutrition and safety education for child care providers. The Healthy Child Care America Blueprint For Action has guided the

⁵ AMCHP. October, 2001. Title V Role in Promoting Mental Health: Survey of State MCH Title V Programs

efforts of state Title V and early care and education program collaborations.⁶ Many states have established Child Care Health Consultant programs to assist to child care programs to meet health and safety standards. Healthy Child Care America stimulated the connections between Title V and state and local partners devoted to strengthening the early care and education system that can be built upon for comprehensive early childhood systems activities.

❖ **Working Towards a System of Comprehensive Screening and Early Intervention Linked to A Medical Home**

The majority of state MCH programs are responsible for screening all newborns for certain metabolic and genetic conditions such as PKU, Sickle cell. An increasing number of state MCH programs are implementing newborn hearing screening programs.

Title V Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) programs play an important, if not always recognized role with respect to Part C programs. In nearly 50% of the states, Part C programs are housed in the state Department of Health⁷, often within the Title V program, and Title V programs contribute significantly to Part C program ability to identify children, develop quality assurance measures, and even provide funding for direct services. State Title V programs work closely with the Part C programs in their states on a range of issues related to outreach and identification, care coordination/service coordination, ensuring linkage to a medical home, involving parents, provision of services, and quality assurance. The investment of CSHCN programs in key infrastructure building initiatives (e.g. developing a data system, expanded care coordination) provides an important mechanisms for collaboration between Part C and Title V programs.

❖ **Providing Family Support Through Statewide Home Visiting Programs**

State Title V MCH and Children with Special Health Care Needs programs have had pivotal roles in the development, implementation and monitoring of home visiting programs. Title V programs role in home visiting was recognized by Congress in 1998 with the enactment of a set of federal set-asides that includes language addressing home visiting. In 1998, AMCHP documented that all but one Title V program supported some home visiting services.⁸ Title V home visiting programs may be based on nationally recognized models, such as those developed by Dr. David Olds or guidelines from Healthy Families America. More often than not state Title V MCH home visiting programs are adapted to meet specific needs and conditions found in states.

❖ **Caring For Children with Special Health Care Needs and Their Families**

State Title V Maternal and Child Health Services Block Grant dedicates at least 30% of its funds “to provide and to promote family-centered, community-based, coordinated-care to children with special health care needs.” Title V directly serves approximately 1 million of CSHCN and their

⁶ Stubbs-Wynn, Phyllis, M.D., M.P.H. Ed. (Undated) Building Healthy Child Care Partnerships: Success Stories from Health Systems Development in Child Care Projects. Maternal and Child Health Bureau, HRSA, DHHS

⁷ Source: NECTAC List of Part C Agencies (May 2002)

⁸ AMCHP. March 1999. Home Visiting: An Effective Strategy for Improving the Health of Mothers and Children⁴

families. State CSHCN play a strong policy development and assurance role to make sure that CSHCN have access to insurance, a medical home and to all of the specialized services they need. Title V programs often have great expertise in reaching the CSHCN population through outreach and care coordination services. CSHCN programs have a strong connection to networks of pediatric specialists. They have good data on the service needs of CSHCN and their families.

In recent years, state Title V programs, primarily within CSHCN programs, have greatly expanded their commitment to and capacity for family involvement by employing parents as program staff to perform such varied activities as increasing outreach to parents of children with disabilities, reviewing block grant applications, serving on state policy panels, assisting care coordinators, etc.⁹ State Children With Special Health Care Needs leaders and programs can offer tremendous expertise to early childhood systems development efforts in systems building, developmental pediatric expertise, cultural competence, family involvement and quality assurance.

❖ **Title V Programs Promote Responsible Parenthood:**

Reducing Teen Pregnancy: Improving adolescent health and preventing teen pregnancy is a critical goal of state Title V agencies and is one of the most strategic and direct means available to improve overall child well-being and, in particular, to reduce persistent child poverty. All state Title V/MCH programs are responsible for reducing the rate of birth (per 1,000) for teenagers aged 15 through 17 years. All states have an adolescent health coordinator and an adolescent health program. Forty–Five states and territories administer abstinence funding.

Improving the Reproductive Health of Women and Reducing Unintended Pregnancy: Preconception counseling and health behavior interventions in the context of family planning services are regarded as critical interventions to improving the reproductive health of women. An increasing number of state Title V programs are expanding their focus on promoting women's health before, during and after pregnancy with a focus on reducing unintended pregnancy and improving pre-conceptional health of women. Title V funds are being utilized to increase funding for family planning services, especially in light of decreases in real dollars experienced in Title X. Twenty-nine states have state negotiated performance measures related to reducing unintended pregnancy or providing family planning services¹⁰

❖ **State Title V Programs Invest in Systems Infrastructure**

The federal and state Title V partnership over the last decade has increased it's focus on performance and accountability and developing stronger state capacity to implement the essential public health services¹ States have increased their data and epidemiological capacity to

⁹ Families in Program and Policy: Interviews with State MCH and CSHCN Programs. A Presentation of Preliminary Data. Betsy Anderson and Nora Wells. AMCHP Annual Meeting. March 11, 2003.

¹⁰ Title V/CSHCN Information System. The states are: Alaska, Arizona, Colorado, District of Columbia, Hawaii, Idaho, Louisiana, Maine, Marshall Islands, Maryland, Massachusetts, Michigan, Minnesota, Montana, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Washington, West Virginia, Wisconsin.

implement surveillance systems, to collect and analyze data to identify health issues, track trends, measure outcomes and evaluate systems and programs. States are required to conduct data-driven needs assessments. An increasing number of state MCH programs have the capacity to link birth, death, Medicaid, WIC, birth defects surveillance systems. Thirty-two states currently have implemented the Pregnancy And Assessment Monitoring Surveillance System (PRAMS) to identify risk factors and determinants affecting perinatal and child health outcomes. States also engage in many other systems infrastructure activities: policy development, financing strategies, standards development, quality assurance, training and education, coordination, evaluation and research. Nationally, state Title V/CSHCN programs have invested 11% of their Title V dollars in FY 2003 systems infrastructure.¹

Conclusion:

Title V programs can make an important contribution to state and local school readiness and early childhood initiatives. Title V programs have the capacity to leverage funding, align different programs objectives toward a common goals, to work in partnership with different constituencies and support the critical infrastructure that makes systems building efforts succeed. Title V programs have expertise in working with low-income and under-served populations, with families and with immigrant populations. They have expertise in family and child development.

With the new Maternal and Child Health Early Childhood Strategic plan and funding to each state for early childhood systems development initiatives, state and local Title V programs, will make strong partners in improving the health and school readiness of families with young children.

Side Bar

Characteristics of Title V Programs

-Broad definition of health: The MCH Services Block Grant has a statutory mandate to improve of the health of all mothers and children in the Nation. This mandate permits Title V programs to address a broad range of issues impacting MCH populations.

-Focus on population-health, prevention and early intervention: Title V programs provide prevention and early intervention services to whole populations. They address not only specific health conditions but also the risk factors and social determinants of MCH problems, such a child abuse and neglect, maternal depression, injury, health and safety in child care settings, youth suicide.

-Focus on family as a unit and family involvement in Title V programs: A majority of state Title V/CSHCN programs have an emphasis on addressing the health and well-being of the family as a unit. State Title V programs involve routinely involve families as family advisors, consumer representatives on policy making advisory committees.

-Flexibility in defining interventions and services: State Title V programs are not mandated to provide specific classes of services for specific individuals within rigid eligibility guidelines. The mix of services provided by Title V are based on 18 national core performance measures and 7-10 state- based performance measure determined through a state needs assessment.

-Ability to adapt funding and services to emerging state needs and to pilot test and evaluate new interventions: State Title V programs can re-direct funding to address emerging state needs. For example, Louisiana Title V program became aware of the critical mental health needs of new mothers and developed a pilot program to integrate mental health and assessment of mother –infant attachment into the Olds Home Visiting program

Side bar Continued

-Coordination of Title V Funds and Activities with other Federal Funding Streams:

Over the last decade, many state Title V programs have broadened the array of health-related state and federal programs under their Title V related organizational structures and have linked programs in collaborative ways under the rubric of family health. This broadened scope has been reflected in the change of name for many Title V programs in states from MCH to Family and Community Health. While Title V principles and approaches continue to guide these family and community health organizational units, in many states, Title V block grant funds are becoming a smaller percentage of state MCH program budgets. Other common federal programs overseen by state Title V/MCH agencies¹ are the WIC program (34 states), Part C of IDEA (15 states)¹, a variety of CDC programs (48) such as immunization, birth defects surveillance programs, adolescent and school health programs, to mention a few, TANF teen pregnancy prevention and child care health and safety programs, Title X family planning programs, AIDS programs (13) and in some cases the Primary Care Cooperative Agreement, as well as state-specific MCH/family health programs. The linkages established among these programs within an agency with a broad responsibility for promoting the health of MCH populations provides an extremely strong platform and leveraging capacity upon which integrate comprehensive strategies to improve the health and school readiness of young children.

RI Law *Confidentiality of Health Care
Communications and Information Act*

Appendix 2-1

RI KIDSNET Policy Handbook

Appendix 2-2

RI KIDSNET Provider Agreement

Appendix 2-3

RI Department of Health Agreement to
Share Information with a Third Party

Appendix 2-4

RI WIC Participant Eligibility Agreement

Appendix 2-5

RI WIC Program's Request for Release of
Information to Third Party

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RI WIC Confidentiality Matrix

Appendix 2-7

*RI Law Confidentiality of Health Care
Communications and Information Act*

Appendix 2-1

TITLE 5

Businesses and Professions

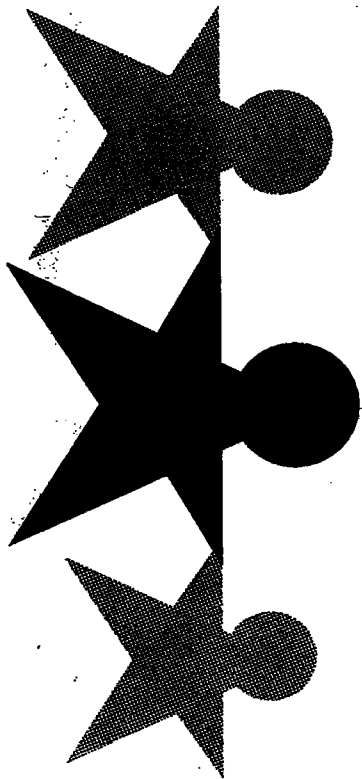
CHAPTER 5-37.3

Confidentiality of Health Care Communications and Information Act

SECTION 5-37.3-4

§ 5-37.3-4 Limitations on and permitted disclosures. – (a) Except as provided in subsection (b) or as specifically provided by the law, a patient's confidential health care information shall not be released or transferred without the written consent of the patient or his or her authorized representative, on a consent form meeting the requirements of subsection (d), a copy of any notice used pursuant to subsection (d), and of any signed consent shall upon request, be provided to the patient prior to his or her signing a consent form. Provided, that any and all managed care entities and managed care contractors writing policies in the state are prohibited from providing any information related to enrollees which is personal in nature and could reasonably lead to identification of an individual and is not essential for the compilation of statistical data related to enrollees, to any international, national, regional, or local medical information data base. Provided, further, that this provision would not restrict or prohibit the transfer of information to the department of health to carry out its statutory duties and responsibilities.

- (1) Any person who violates the provisions of this section may be liable for actual and punitive damages.
 - (2) The court may award a reasonable attorney's fee at its discretion to the prevailing party in any civil action under this section.
 - (3) Any person who knowingly and intentionally violates the provisions of this section shall upon conviction, be fined not more than five thousand (\$5,000) dollars for each violation, or imprisoned not more than six (6) months for each violation, or both.
 - (4) Any contract or agreement which purports to waive the provisions of this section is declared null and void as against public policy.
- (b) No consent for release or transfer of confidential health care information is required in the following situations:
- (1) To a physician, dentist, or other medical personnel who believes in good faith that the information is necessary for diagnosis or treatment of that individual in a medical or dental emergency;
 - (2) To medical and dental peer review boards, or the board of medical licensure and discipline, or board of examiners in dentistry;
 - (3) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel shall not identify, directly or indirectly, any individual patient in any report of that research, audit, or evaluation, or otherwise disclose patient identities in any manner;
 - (4) By a health care provider to appropriate law enforcement personnel, or to a person if the health care provider believes that person or his or her family to be in danger from a patient; or to appropriate law enforcement personnel if the patient has or is attempting to obtain narcotic drugs from the health care provider illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if the patient is a minor child who the health care provider believes, after providing health care services to the patient, to have been physically or psychologically abused; or to law enforcement personnel in the case of a gunshot wound reportable under § 11-47-48;
 - (5) Between or among qualified personnel and health care providers within the health care system for purposes of coordination of health care services given to the patient and for purposes of education and training within the same health care facility; or
 - (6) To third party health insurers including to utilization review agents as provided by § 23-17.12-9(11), third party administrators licensed pursuant to chapter 20.7 of title 27 and other entities that provide operational support to adjudicate health insurance claims or administer health benefits;
 - (7) To a malpractice insurance carrier or lawyer if the health care provider has reason to anticipate a medical liability action; or
 - (8) To the health care provider's own lawyer or medical liability insurance carrier if the patient whose information is at issue brings a medical liability action against a health care provider.
- (ii) Disclosure by a health care provider of a patient's health care information which is relevant to a civil action brought by the patient



KIDSNET

POLICY HANDBOOK

Rhode Island Department of Health

Division of Family Health

Office of Children's Preventive Services

★★★★★

May 1998

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I KIDS NET AFFILIATED PROGRAM LIST

II PHYSICIAN REGISTRATION FORM

III USER REGISTRATION FORM

IV WIC PROGRAM ELIGIBILITY AGREEMENT

WHAT IS KIDS NET?

KIDS NET is a new program at the Rhode Island Department of Health (RIDH) which has:

- established an automated tracking and follow-up system which links pediatric public health programs to each other and to health care providers
- systematically coordinates follow-up and responses to all children in need of public health services
- allows contact with families to be comprehensive both for efficiency and family convenience

Why is KIDS NET needed?

- avoid duplication of services and provide cost savings to the state by having one Department of Health follow-up system for all children
- assist providers in providing timely comprehensive home-based services to most high-risk, hardest to reach children
- reduce burdensome, repetitive, recording of children's basic demographic and health data

How is KIDS NET organized?

There are two components to KIDS NET: a centralized data management, tracking and information system located at the RIDH and a coordinated comprehensive follow-up system of family outreach and home visits. More specifically:

The centralized data management, tracking and communications system:

- links and/or creates all childrens' tracking databases within the RIDH (i.e., lead screening, newborn hearing screening (RIHAP), Early Intervention, WIC, immunization)
- creates a database containing non-medical information to serve as the coordinating component for all of the KIDS NET affiliated programs

-initiates each child's records from the existing universal newborn screening process which screens all babies born in Rhode Island for developmental risk (level one screen)

-is accessible to primary care providers and other authorized users via a coordinated electronic communication (computer) network

-assures that only authorized users have carefully controlled access to the central database and program sub-files

The comprehensive, coordinated, community-based risk response and follow-up system:

-provides comprehensive, centralized follow-up for children in need of pediatric, preventive services for all affiliated programs (i.e., not up-to-date on immunizations, in need of confirmatory lead testing, positive hearing screening, etc.)

-understands that contact with families by one home visitor for all of their needs and issues is less invasive

and more conducive to establishing a trusting relationship and finding resolutions through referrals

-assumes the first responsibility for follow-up lays with the child's family and primary care provider

-provides assistance to pediatric care providers who are having difficulty in following up specific patients by establishing follow-up/risk response, community-based teams whose outreach workers are able to provide comprehensive follow-up and family support services for all of the child's needs

The goal is to have all pediatric and family practice providers linked to KIDS NET to ensure the documented provision of core preventive services.

What Department of Health programs are linked to KIDS NET?

The KIDS NET data system links the following RIDH programs to each other through a central demographic database and to pediatric care providers. The RIDH programs include:

- Universal newborn screening for developmental risk (Level 1)
- Universal newborn hearing screening (RIHAP)
- Universal newborn metabolic and hemoglobinopathies screenings
- Home Visiting
- Immunization
- Early Intervention
- Lead Prevention
- WIC

Complaints can also be directed to the Help Desk staff.

Depending on the nature of the complaint, the caller will be directed to the KIDS NET program manager for resolution or other appropriate staff. If the caller wishes to log an "official complaint", it needs to be in writing to the KIDS NET Program Manager, RI Department of Health, 3 Capitol Hill, Providence, RI 02908-5097, who will respond within 30 days of receipt of the complaint.

POLICY 14: FAIR INFORMATION PRACTICES ACT

Parents and legal guardians have the statutory right to see their child's KIDS NET data upon request from their Primary Care Physician and/or other authorized KIDS NET service provider, i.e., WIC and Early Intervention.

If a parent or legal guardian deems that data is incorrect, they have the authority to request that the provider change the data to accurately reflect current, valid information provided by them.

If a provider has reason to believe that the new information being provided by the family is not accurate, he/she needs to contact the KIDS NET Help Line before entering any new

data. KIDS NET administrative staff will review and investigate the current data and the new data being provided by the family. The provider and the family will be notified within 30 days of the results of the investigatory process.

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MAY 1998

ADDENDA:

- I KIDS NET AFFILIATED PROGRAM LIST
- II PHYSICIAN REGISTRATION FORM
- III USER REGISTRATION FORM
- IV WIC PROGRAM ELIGIBILITY AGREEMENT

KIDSNET Provider Agreement

Introduction

This agreement outlines the responsibilities of both Providers and the Rhode Island Department of Health (HEALTH) with regard to:

- I. Enrolling/Participating in KIDSNET
- II. Confidentiality
- III. Uses of Data
- IV. Training and Support
- V. Technical Support

PART I: Agreement Overview:

The Provider(s) agrees to do the following upon enrollment in KIDSNET:

- A. Report immunizations administered to children in a timely manner.
- B. Provide quality immunization data by a mutually agreed upon method.
- C. Update demographic and other data as necessary for KIDSNET enrollees, online or by sending information to HEALTH.
- D. Provide KIDSNET data to the child's custodial parent/legal guardian upon request and without cost.
- E. Enroll new patients (who are not already in KIDSNET) at their first encounter and provide the parent with information regarding KIDSNET.
- F. Assist in providing notification by distributing KIDSNET materials, as needed.
- G. The Provider(s) may authorize additional system users who are subject to the same terms and conditions noted in this agreement. The Provider Institution will assume that only system users authorized by them have access to KIDSNET and will take prudent precautions to assure that all users abide by this agreement. Additionally, a signed confidentiality statement will be on file for all additional system users at the Provider's office.

HEALTH agrees to do the following for all Providers enrolled in KIDSNET:

- A. Maintain and support the KIDSNET database/software.
- B. Abide by the State's Confidentiality of Health Care Information Act and all other applicable Federal and State laws relating to confidentiality of this information.
- C. Develop and disseminate (if requested) policies and procedures regarding confidentiality, uses of data, parental rights, etc. (See part III of this agreement).
- D. Assist providers in locating patients lost to follow-up and help them return into care through the use of Home Visiting Risk Response community based networks.
- E. Provide training and support to providers and their staff on the use of KIDSNET Software.
- F. Assist providers in developing necessary connectivity to the KIDSNET data system.

PART II: Confidentiality

- A. The Provider(s) agrees to uphold and inform all of their designated KIDSNET Staff users of their legal responsibilities under the State's Confidentiality of Health

Care Information Act (GL 5-37, 34, see Appendix I) and all other applicable Federal and State laws relating to confidentiality of this information.

- B. The Provider(s) acknowledges that custodial parents, legal guardian(s) and those legally authorized to care for a child (i.e. foster parents) have a right to know the information contained in KIDSNET and pledges to respect and facilitate access to that data (through printed copies, etc) if desired and at no cost to them (See Appendix II).
- C. The Provider(s) will utilize KIDSNET only for the purpose of obtaining information needed for treating or coordinating care for their patients. Any use of this information by either the Provider or staff for purposes other than those specifically stated in the notification is considered to be a violation of the provisions of GL 5-37 and subject to the penalties contained therein.
- D. The Provider(s) will maintain a signed KIDSNET confidentiality statement or equivalent confidentiality agreement for each user authorized to use their Provider ID. This statement shall contain language relating to the purpose for use and the time interval during which this agreement is valid. KIDSNET staff persons may audit the file of signed confidentiality statements in an office at any time.

PART III: Uses of Data

- A. HEALTH will respond to and produce individual providers' requests for aggregate data on their patients (i.e. patients for whom KIDSNET has the provider listed as the patient's primary care provider) based on available RIDH staff resources.
- B. KIDSNET will offer providers a variety of routine reports indicating which of their patients are not up to date with immunizations. This information will only go to the provider listed as the primary care provider by KIDSNET (Appendix III). KIDSNET will work with providers to ensure the highest level of accuracy.
- C. KIDSNET staff may, from time to time choose to use registry information for purposes of quality improvement. This means that a physician practice may receive information about either the timing or status of immunizations given to his/her patients. Furthermore, information may be released to Managed Care Organizations, solely regarding the organization's enrollees, for purposes of Children's Preventive Services quality improvement.
- D. HEALTH, and any MCO partners with whom we share data, agree not to release or publish aggregate data identifiable to a specific provider without the provider's written consent.
- E. Other healthcare providers and agencies as permitted by law may be granted access to KIDSNET through a signed Data Sharing Agreement by program directors and signed confidentiality statements by all authorized users. Users include, but are not limited to, primary care providers, VNS, Lead Safe Center, Travelers Aid, and Head Start.

PART IV: Training and Support

- A. KIDSNET staff will provide on-site training to the Provider(s) and/or the staff identified as needing training on the KIDSNET software and connectivity. Additionally, through the KIDSNET software package, each provider site will have

on-line help accessible, and will be provided with at least one hard copy user manual, upon request. Updates will be provided.

- B. KIDSNET will have a Help Desk available (for troubleshooting, questions and answers) through a toll-free phone number, during regular business hours (8:30 AM – 4:30 PM, Monday – Friday, excluding holidays). Desk coverage may be expanded to include some evenings, weekends and/or holidays if there is a demonstrable need.
- C. A KIDSNET trainer will be available to assist providers in training new staff and other training needs as identified by either the provider or KIDSNET (i.e. for system enhancements, modifications, etc.)

PART V: Technical Support

- A. HEALTH will provide on-site assistance in assessing the necessary methods/options for connecting to KIDSNET.
- B. Providers will be responsible for maintaining equipment /hardware used to access the KIDSNET system, and for software used by their practice for purposes other than KIDSNET.
- C. HEALTH may work with the Provider's software vendors, to facilitate the development of file exports from their existing software (billing or otherwise) to promote easy electronic file transfer of data to KIDSNET.
- D. HEALTH will provide a toll-free phone number for accessing the KIDSNET database.

Wellness Inc. hereby agrees to abide by all terms and conditions of this agreement.

This agreement shall be in effect for two years from July 1, 2002 and shall be renewed on June 30, 2004 according to mutual agreement of both (all) parties.

Signed by:

Date:

(All Physicians in Practice Setting)

HEALTH agrees to abide by all terms and conditions of this agreement:

Medical Director, Division Of Family Health

Date

Appendices

Appendix I:

The State's Confidentiality of Health Care Act specifically indicates that personally identifiable health care information is considered confidential but allows health care information to be shared (without the patient's consent) "between or among health care professional and qualified personnel within the health care system for the purposes of coordination of health care services given to the patient." In addition, the Provider(s) understands that unauthorized disclosure of information from confidential records may be punishable upon conviction by a fine and/or imprisonment or both and/or civil penalties as prescribed by law as well as sanctions and/or disciplinary action by their professional board of licensure.

Appendix II:

The Parent/Guardian listed in KIDSNET refers to the adult who will receive KIDSNET notices and may be the adult legally responsible for the child. Providers are still responsible for assuring that any release of KIDSNET data conforms to their policies and procedures for releasing medical information to parents/guardians.

Appendix III:

Individual KIDSNET affiliated programs (i.e. the Childhood Lead Screening Program, the Newborn Metabolic Screening Program, the Immunization Program, etc.) reserve the right to share their program data on a child specific basis with managed care organizations when the managed care organizations is important in providing individualized case management services to the family/child.

Definitions

Providers:

A KIDSNET Provider refers to an individual or group of licensed health care professionals who provide medical and/or preventive health care services to children, who are authorized to use and have been enrolled in KIDSNET. It is important to understand that a KIDSNET Provider ID will be at the practice setting/institution level. This means that pediatric care providers in a group setting will be issued one provider ID. (This also means that for part III: Uses of Data, individual providers requests for aggregate data for their patient for their patient population refers to their practice setting.)

Patient:

A KIDSNET patient refers to any child who seeks care from a pediatric care provider. KIDSNET does not have a systematic method of always knowing who the pediatric care provider is, especially if the provider is a specialty provider and not the child's primary care provider (PCP). A patient is linked to a primary care provider when either the PCP indicates in KIDSNET (via the demographic screen) that she/he is the PCP, or when an immunization is administered from a provider practice setting which is coded as a PCP provider type (i.e. not an ER, free immunization clinic, walk in urgent care, etc.).

Primary Care Provider (PCP):

A KIDSNET Primary Care Provider (PCP) refers to an individual or group of licensed health care professionals who provide primary and preventive care services to a child. A child is linked to a PCP in KIDSNET by either having the PCP indicate in KIDSNET (via the demographic screen) that she/he is the PCP, or when an immunization is administered from a provider practice setting which is coded as a PCP provider type (i.e. not an ER, free immunization clinic, walk in urgent care, etc.)

RI Department of Health Agreement to
Share Information with a Third Party

Appendix 2-4

Agreement between
The Rhode Island Department of Health

And

Rhode Island Head Start (example of community provider)

To
Share Information Regarding KIDSNET

Purpose:

The agreement represents a commitment by the Rhode Island Department of Health and Child Inc. to support the mutual desire to identify children who are in need of preventive health services, such as immunizations and lead screening, and to facilitate access to health care information relating to federal requirements for the purpose of coordination of care.

OVERALL GOALS:

To identify children who appear to be behind in preventive services;
To enhance the family focus component of services;
To promote coordination and collaboration among programs;
To coordinate services and/or avoid duplication of services;
To facilitate access to required health care information.

PRIVACY AND SECURITY CHECKS:

- ✓ Personally identifiable data will be subject to strict technical/legal safeguards
- ✓ Shared information will be strictly limited to that which is relevant to the agency's purpose as stated in this agreement.
- ✓ The data will be physically/technically secure.
- ✓ Only authorized staff trained to protect confidentiality shall have access to either Agency or KIDSNET data, and this will be on a need-to-know basis.
- ✓ Authorized staff will sign a confidentiality statement, (their own agency form, or one supplied by KIDSNET), which is dated and renewed on an annual basis.
- ✓ Redisclosure of information to agencies other than authorized KIDSNET users, will not occur without the express written permission of both HEALTH and The Agency, and, where relevant, parent/legal guardian has provided consent.

Roles and Responsibilities:

The Agency shall:

1. Ensure that all Agency staff accessing the KIDSNET system have been trained on confidentiality policies/procedures, and have signed confidentiality agreements (Agency or KIDSNET Form) and have such agreements updated annually.
2. Report any system failures, or missing/invalid information found in the KIDSNET system immediately, by calling the Help Desk at 401-222-4220.
3. Notify the KIDSNET program in writing if the mission and or responsibilities of the Agency change, and these changes can affect the use of the KIDSNET system detailed herein.

4. Assist in providing notification, by distributing KIDSNET materials, as needed.
5. Limit access to the KIDSNET system for the purposes of coordination of care, only.
6. Protect the child/family from disclosure of extraneous information, which does not contribute to the preventive care plan.

HEALTH shall:

1. Provide access to the following KIDSNET screens: Search, Demographics, Immunization Profile, and Lead.
2. Provide assessment, training and support for appropriate use of the KIDSNET system.
3. Notify Agency users of KIDSNET about newly available system features, updates and upgrades
4. Meet with Agency staff for executive or technical meetings regarding the use/expansion of the KIDSNET system. Such expanded use would strictly be limited on a "need to know" basis
5. Protect the child/family from disclosure of extraneous information, which does not contribute to the preventive care plan.
6. Provide KIDSNET educational materials to the Agency for distribution to parents.

Confidentiality:

Both the Agency and HEALTH will comply with all federal and state laws and regulations governing the confidentiality of information to which it may have access pursuant to the terms of this agreement.

In addition, the Agency agrees to comply with the Rhode Island Department of Health Confidentiality policy recognizing a person's basic right to privacy and confidentiality of personal information, (Confidential records are the records as defined in section 38-203(d)(1) (1-19) of the General laws, entitled "Access to Public Records"), and the Confidentiality of Health Care Information Act, Chapter 5-37.3 of the General Laws.

The Agency shall not release confidential information to any third party, (including any subcontractors or affiliates) other than those already existing authorized users who have access to this data unless there is a Data Sharing and Confidentiality agreement between the parties, which is approved, in writing, by HEALTH, or unless parental consent has been obtained.

The Agency understands that the confidentiality of all data must be protected and that names and addresses are not released except to those already identified above as having authorized access to that data, or unless written parental consent has been obtained.

The Agency shall not publish or otherwise release any findings, conclusions, reports or products of any nature derived from confidential information without prior written approval of both parties (Agency and HEALTH).

The Agency will not use any information derived from KIDSNET for purposes other than those listed in the Purpose/Goals sections of this agreement.

Any data transferred between the HEALTH and The Agency will be solely for the purposes identified in this agreement.

Confidential information shall not be used by either party for monetary gain.

Aggregate Data:

Neither party will share, publish or otherwise release aggregate information derived from this agreement without the mutual approval of both parties.

Information that becomes generally known on a non-confidential basis to the public can be released without violation of confidentiality statutes and regulations.

Modification of Agreement:

HEALTH and The Agency will, by mutual written agreement, identify additional relevant issues and data to be shared and examined through this agreement.

Both agencies will work together to determine what, if other data needs to be shared, for what purpose, and how best to apply the results.

Any modification of this agreement will be documented in dated addenda to this document, which includes signatures of HEALTH and Agency staff.

Period of Effectiveness:

This agreement is valid as of July 1, 2002 and must be reviewed, and re-signed and /or modified on June 30, 2003.

Signed:

Date:

Director of Family Health,
Rhode Island Department Of Health

Director, Headstart

Health Coordinator, Headstart
Attachments: n/a

Agreement between
The Rhode Island Department of Health
And
Rhode Island Headstart (example of third party)

To
Share Information Regarding KIDSNET

Purpose:

The agreement represents a commitment by the Rhode Island Department of Health and Child Inc. to support the mutual desire to identify children who are in need of preventive health services, such as immunizations and lead screening, and to facilitate access to health care information relating to federal requirements for the purpose of coordination of care.

OVERALL GOALS:

To identify children who appear to be behind in preventive services;
To enhance the family focus component of services;
To promote coordination and collaboration among programs;
To coordinate services and/or avoid duplication of services;
To facilitate access to required health care information.

PRIVACY AND SECURITY CHECKS:

- ✓ Personally identifiable data will be subject to strict technical/legal safeguards
- ✓ Shared information will be strictly limited to that which is relevant to the agency's purpose as stated in this agreement.
- ✓ The data will be physically/technically secure.
- ✓ Only authorized staff trained to protect confidentiality shall have access to either Agency or KIDSNET data, and this will be on a need-to-know basis.
- ✓ Authorized staff will sign a confidentiality statement, (their own agency form, or one supplied by KIDSNET), which is dated and renewed on an annual basis.
- ✓ Redislosure of information to agencies other than authorized KIDSNET users, will not occur without the express written permission of both HEALTH and The Agency, and, where relevant, parent/legal guardian has provided consent.

Roles and Responsibilities:

The Agency shall:

1. Ensure that all Agency staff accessing the KIDSNET system have been trained on confidentiality policies/procedures, and have signed confidentiality agreements (Agency or KIDSNET Form) and have such agreements updated annually.
2. Report any system failures, or missing/invalid information found in the KIDSNET system immediately, by calling the Help Desk at 401-222-4220.
3. Notify the KIDSNET program in writing if the mission and or responsibilities of the Agency change, and these changes can affect the use of the KIDSNET system detailed herein.
4. Assist in providing notification, by distributing KIDSNET materials, as needed.
5. Limit access to the KIDSNET system for the purposes of coordination of care, only.

6. Protect the child/family from disclosure of extraneous information, which does not contribute to the preventive care plan.

HEALTH shall:

1. Provide access to the following KIDSNET screens: Search, Demographics, Immunization Profile, and Lead.
2. Provide assessment, training and support for appropriate use of the KIDSNET system.
3. Notify Agency users of KIDSNET about newly available system features, updates and upgrades
4. Meet with Agency staff for executive or technical meetings regarding the use/expansion of the KIDSNET system. Such expanded use would strictly be limited on a "need to know" basis
5. Protect the child/family from disclosure of extraneous information, which does not contribute to the preventive care plan.
6. Provide KIDSNET educational materials to the Agency for distribution to parents.

Confidentiality:

Both the Agency and HEALTH will comply with all federal and state laws and regulations governing the confidentiality of information to which it may have access pursuant to the terms of this agreement.

In addition, the Agency agrees to comply with the Rhode Island Department of Health Confidentiality policy recognizing a person's basic right to privacy and confidentiality of personal information, (Confidential records are the records as defined in section 38-203(d)(1) (1-19) of the General laws, entitled "Access to Public Records"), and the Confidentiality of Health Care Information Act, Chapter 5-37.3 of the General Laws.

The Agency shall not release confidential information to any third party, (including any subcontractors or affiliates) other than those already existing authorized users who have access to this data unless there is a Data Sharing and Confidentiality agreement between the parties, which is approved, in writing, by HEALTH, or unless parental consent has been obtained.

The Agency understands that the confidentiality of all data must be protected and that names and addresses are not released except to those already identified above as having authorized access to that data, or unless written parental consent has been obtained.

The Agency shall not publish or otherwise release any findings, conclusions, reports or products of any nature derived from confidential information without prior written approval of both parties (Agency and HEALTH).

The Agency will not use any information derived from KIDSNET for purposes other than those listed in the Purpose/Goals sections of this agreement.

Any data transferred between the HEALTH and The Agency will be solely for the purposes identified in this agreement.

Confidential information shall not be used by either party for monetary gain.

Aggregate Data:

Neither party will share, publish or otherwise release aggregate information derived from this agreement without the mutual approval of both parties.

Information that becomes generally known on a non-confidential basis to the public can be released without violation of confidentiality statutes and regulations.

Modification of Agreement:

HEALTH and The Agency will, by mutual written agreement, identify additional relevant issues and data to be shared and examined through this agreement.

Both agencies will work together to determine what, if other data needs to be shared, for what purpose, and how best to apply the results.

Any modification of this agreement will be documented in dated addenda to this document, which includes signatures of HEALTH and Agency staff.

Period of Effectiveness:

This agreement is valid as of July 1, 2002 and must be reviewed, and re-signed and /or modified on June 30, 2003.

Signed:

Date:

Director of Family Health,
Rhode Island Department Of Health

Director, Headstart

Health Coordinator, Headstart

Attachments: n/a

Rhode Island Department of Health WIC Program Eligibility Agreement

Participant No(s) _____

Participant(s) Names _____

I permit the _____ to:
(Name of WIC local agency)

Release and/or transfer any medical, nutritional and/or demographic information on my child(ren) or myself from WIC records to the Rhode Island Department of Health WIC Program or any of its agents and providers of WIC services in order to run the Program and/or provide services to the above participants.

I also permit health care providers/doctors and WIC to transfer WIC medical, nutritional and / or demographic information on my child(ren) or myself to and from the Rhode Island WIC Program for purposes of coordination of health care services and/or to tell whether or not my child(ren) and/or I are eligible and will continue to be eligible for WIC.

I also give permission to release WIC medical, nutritional and/or demographic information from WIC records to:

- R.I. Department of Human Services – Food Stamps, Medicaid & Family Independence Programs
- R.I. Dept. of Health – Immunization, Lead Poisoning Prevention, Early Intervention, & Family Outreach Programs
- University of Rhode Island/Cooperative Extension Nutrition Programs
- Programs I agree to be referred to by my local WIC agency

in order to tell if my child(ren) or I might be eligible for other programs that might help us and/or for the coordination of care. These programs have agreed to keep my information confidential. I may cancel this permission at any time but it may mean that I would have to be terminated from WIC.

Your Rights and Obligations On the WIC Program

1. Standards for participation in the WIC Program are the same for everyone regardless of race, color, national origin, age, sex or handicap.
2. I may appeal any decision made by the local agency regarding my child's or my eligibility for the Program.
3. The local agency will make health services and nutrition education available to me, and I am encouraged to participate in these services.
4. I/my child is not currently receiving WIC checks.
5. I/my child will not receive WIC checks at more than one WIC site during any month.

____ Payee Initials

6. I know that if I do not pick up two (2) months of WIC checks in a row I/my child will be terminated from the Program.
7. I agree to follow all WIC rules. This certification form is being submitted in connection with the receipt of federal assistance. Program officials may verify information on this form.
8. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State Agency, in cash, the value of the food benefits improperly issued to me, and may subject me to civil or criminal prosecution under State and Federal law.
9. I have been advised of my rights and obligations under the WIC Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge.

____ Payee Initials

X Signature (mark) of _____ /Date _____
Participant, Parent or Guardian

Household Size _____ Proof of Address _____

Gross Income/ _____ Frequency/ _____ Source _____

Current Recipient of: FIP _____ Food Stamps _____
Medicaid _____ Katie Beckett _____
Medicaid Waiver Program _____

Applicant/ _____ Payee Proof of ID _____

I agree to all of these statements.

X Signature (mark) of _____ /Date _____
Participant, Parent or Guardian

I hereby attest that the **WIC applicant is present**, and that this family meets the income eligibility requirements set by the WIC Program. I also verify that the participant or his/her parent or guardian has read, or was read, the information on this Eligibility Agreement.

Witness Signature of WIC Staff Member _____ /Date _____

Language explanation given in _____

RI WIC Program's Request for Release of
Information to Third Party

Appendix 2-6

**Request for Release of WIC Program Information
To Head Start and the Lead Center**

Participant No _____ Participant Name _____

I permit / deny the _____ to:
(WIC local agency)

Release WIC medical, nutritional and/or demographic information from WIC records to the Head Start and / or Lead Center Program if my child is enrolled in these programs.

The information is used to coordinate my child's care, to assure my child receives preventive health services, and other public health services.

This information is confidential. Only authorized users are able to view sections of the information necessary to help my child. Authorized users may be:

- ◆ Head Start nurse coordinators,
- ◆ Lead Center caseworkers,

I may cancel this permission at any time and it will not affect my WIC eligibility.

Signature of Parent or Guardian

Date

Signature of WIC Staff Witness

Date

Update this form at each re-certification.

Date

Staff Initials

Date

Staff Initials

Date

Staff Initials

Date

Staff Initials

Confidentiality Matrix for WIC Participants
as of 1/27/04

WIC - 103

Release Mechanism	Program	Service Provided	Type of Entity	Allowed Access to WIC Data via KIDSNET?
WIC - 5	health care providers	care coordination	health care provider	yes
WIC - 5	immunization	universal health care	public health pgm	yes
WIC - 5	lead poisoning prevention	universal health care	public health pgm	yes
WIC - 5	early intervention program	referral - universal health care	public health pgm	yes
WIC - 5	Family Outreach Program	referral - universal health care	public health pgm	yes
WIC - 5	food stamps	public welfare	public welfare pgm	
WIC - 5	medicaid	universal health care	public welfare pgm	
WIC - 5	FIP	public welfare	public welfare pgm	
WIC - 5	EFNEP - nutrition education	universal health education	public health pgm	
WIC - 5	local agency referrals	varies	varies	
KIDSNET Release	Head Start	care coordination	third party	yes - through KIDSNET release
KIDSNET Release	Lead Center	care coordination	third party	yes - through KIDSNET release
Other KIDSNET Programs	RIHAP (hearing screening)	universal health care	public health pgm	NBS blocked from access to WIC screen
Other KIDSNET Programs	New Born Screening	universal health care	public health pgm	RIHAP blocked from access to WIC screen

WIC transmits demographic, identified risks, anthropometric and biochemical screenings to KIDSNET for access by public health programs (PHP) and public welfare programs (PWP) outlined above. These PHP and PWP are negotiated by the HEALTH director via MOU's with each program. PHP's in KIDSNET may be blocked from access to WIC data, for example RIHAP and New Born Screening. In that case, staff from those programs are prevented from viewing the WIC data.

Viewing of WIC data by third party entities would be allowed only if parental /guardian consent obtained for this data release.

Public Health Authority- includes federal public health agencies...state public health agencies...an anyone performing public health funditons under a grant of authority form a public health agency
(45 CFR 164.501 HIPPA)

Level 1 Confidentiality (WIC -5)
WIC Regs 246.7
Chief State health officer may authorize disclosure of information provided by the applicant or participant to representatives of public organizations designated by the State officer, which administer health or welfare programs that serve persons categorically eligible for the WIC Program.

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.

From 1990 to 1992 the Rhode Island WIC Program converted its ADP and Food Instrument Issuance System from a centralized mainframe system which produced food instruments on twice monthly cycles, half the caseload each cycle. Data was prepared for the system with hand written data forms at the clinic level and key entry of the data at the state WIC office.

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 at the local agencies and begins with 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 package, certification date, and family number, as well as other data. The computer assigns the individual's number

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 name 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:

1. Reject payment of all checks over sixty days old.
2. Stop payment on checks at HEALTH WIC PROGRAM request.
3. Provide microfiche 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
ALREADY PAID

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 CMLA 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. Local agencies should be instructed to void lost or stolen checks as follows:
 - 1. If a participant has lost checks, they should be voided as "Used", void code "U", if not to be replaced.
 - 2. If a participant reports that checks have been stolen, usually void them as "Used", void code "U". If, however, the local agency presents proof on behalf of the participant of exceptional circumstances or undue hardship as discussed below in I.2, after consulting the State Agency supervisor, checks may be voided as "Lost", void code "L". The bank will reject checks voided as "Lost"; therefore, a "Stop Payment" WIC Checks Notice will be prepared and mailed to all WIC Vendors.
 - 3. If checks have been destroyed under exceptional circumstances, as discussed in I.2 below, checks may be voided as "Lost" void code "L". A "Stop Payment" WIC Checks Notice will be prepared and mailed to all WIC Vendors.
 - 4. If checks, which have not yet been assigned to a participant, are stolen, they should immediately be voided as "Stolen", void code "S" and a "Stop Payment" WIC Checks Notice mailed to all WIC Vendors.
- 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 (void codes "L", lost or "s", stolen), 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.

8/99 Definition 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.

10/18/01 Vendor 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

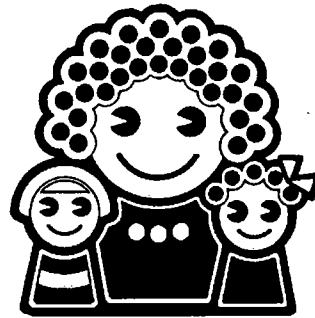
vendor agreement form is in effect statewide. This agreement provides for compliance with all regulatory requirements (see Vendor Participation Agreement.)

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 underlined

V-1: APPLICANT VENDOR SELECTION AND AUTHORIZATION

Rev.10-18-01

GOAL

To ensure that only vendors which will be a benefit to the Program are accepted and maintain their authorization.

PROCEDURE

- A. Retail grocers, food stores, and registered pharmacies located in the State of Rhode Island may request participation as authorized vendors in the WIC Program. An application will only be issued to a grocery or pharmacy owner, partner or corporate officer acceptable to HEALTH WIC Program. 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, a Vendor Application Form (WIC-31), a WIC Price List, Redemption Procedures, a sample WIC check, a WIC-Approved Foods list, a Vendor Minimum Inventory, and WIC's Guide to Retailers is sent to the vendor, only. The Vendor Application, Price List, proof of ownership, and copy of a recent driver's license or other positive photo identification are returned to the State office for review after completion by the vendor.

The vendor application and WIC Price List must be signed by the establishment owner, partner or a corporate official acceptable to HEALTH WIC Program provided they have the authority to sign on behalf of the company. 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 Consumer Service (FNS) Program's rules, regulations or procedures.
- 1. The vendor shall report any relatives who own, operate, manage or work in the store or any other store presently or formerly a vendor on the WIC Program. Failure to report will constitute withholding of information and be subject to a one-year disqualification (see Policy V-4, I.E.7) and categorize the vendor as a potential for risk vendor.

2. The vendor shall report the involvement of any individual residing at the same address as anyone involved with the ownership, management, or operation of the vendor, or of any other store presently or formerly on the WIC Program. Failure to report will suffer the same penalty as in (1.) above.
- 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 in state or out of state compliance).
1. Unless needed to serve an area (Section S, below), a grocery vendor will not be approved unless 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 he/she 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.

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- (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.

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- (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.
- (g) 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.

For purposes of this Section, all of the provisions of 2, (a), above, which pertain to vendor violations, ownership, employment and so forth, shall apply.

- G. 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.
- H. 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-31~~completed~~, WIC Price Sheet, proof of ownership, photo identification
 - 2. USDA active authorization
 - 3. No debarment or suspension
 - 3. Prior USDA and prior WIC compliance
 - 4. Food Protection/Board of Medical Licensure & Discipline status
 - 5. Acceptable prices
 - 6. No potential for risk
- I. 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.

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- J. 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.

- K. The applicant must stock 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 special formula and infant formula. The pharmacy must also stock the required minimum inventory of any other food items for which it accepts WIC checks and the store must have in stock two pounds of two types of special formula.

- (c) The registered pharmacy shall obtain and make available within two working days any formula nutritional product 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.

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- L. Acceptance or denial will be predicated on a full consideration of 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.

- M. 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.

- N. 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 during July, August and September at the discretion of the Program Chief to concentrate resources on the Agreement re-application process.

- O. 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 15-month period preceding the re-application review.
 - b. If the vendor's prices are or have been in excess of the excessive 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.
- P. 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
- Q. 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, diversity of inventory 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.
 - b. In order to permit applicant pharmacies on a waiting list an opportunity to demonstrate they can be a benefit to the Program, up to eight of the lowest formula and special formula volume active vendors may be denied re-approval or extension.

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.
- R. 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.
- S. 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.

V-2: Identification of Potential for Risk Vendors Rev.10-18-01

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

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:

- A. Identifiable quantitative criteria such as high or disproportionate volume, questionable pricing patterns, etc.
- B. A history of errors, violations, warnings, notices or sanctions related to any USDA Program, including imposition of a Food Stamp Program CMP 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.
- F. A high ratio of full packages being redeemed on the same day.
- 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.

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.

V-4: VENDOR COMPLIANCE Rev.10-18-01

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

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.

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 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.

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.

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.

The HEALTH WIC Program shall not provide prior warning that violations were occurring before imposing sanctions

Violations and Sanction Types - The following are the maximum penalties to be imposed for violation or abuse of Program rules, regulations or terms of the Vendor Participation Agreement (for applicant vendors, the penalty shall be a period of denial of participation equivalent to the disqualification term):

A. Permanent Disqualification-Mandatory

1. IN GENERAL - HEALTH WIC PROGRAM shall permanently disqualify from participation in the program authorized under this section any vendor, person, party or entity convicted in court for a single incidence of:
 - a. Trafficking in food instruments (including any voucher, draft, check, or access device (including an electronic benefit transfer card or personal identification number) issued in lieu of a food instrument under this section); or
 - b. Selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act 921 U.S.C. 802)) in exchange for food instruments (including any item described in subparagraph (a) issued in lieu of a food instrument under this section).
2. NOTICE OF DISQUALIFICATION - HEALTH WIC PROGRAM shall-
 - a. Provide the vendor with notification of the disqualification; and
 - b. Make the disqualification effective on the date of mail or other delivery to the store or other place of business of vendor or residence of vendor of the notice of disqualification.
3. PROHIBITION OF RECEIPT OF LOST REVENUES-A vendor shall not be entitled to receive any compensation for revenues lost as a result of disqualification.

B. CRIMINAL FORFEITURE:

1. IN GENERAL- Notwithstanding any provision of State law and in addition to any other penalty authorized by law, a court may order a person that is convicted of a violation of a provision of law described in paragraph (2), with respect to food instruments (including any item described in subsection (A)(1)(a) issued in lieu of a food instrument under this section), funds, assets, or property that have a value of \$100 or more and that are the subject of a grant or other form of assistance under this section to forfeit to the United States all property described in paragraph (3).
2. APPLICABLE LAWS-A provision of law described in this paragraph is-
 - a. Section 12(g) of the national School Lunch Act (42 U.S.C. 1760(g)); and

- b. Any other Federal or Rhode Island law imposing a penalty for embezzlement, willful misapplication stealing, obtaining by fraud, or trafficking in food instruments (including any item described in subsection (A)(1)(a) issued in lieu of a food instrument under this section), funds, assets or property.
- 3. **PROPERTY SUBJECT TO FORFEITURE**-The following property shall be subject to forfeiture under paragraph (1):
 - a. All property, real and personal, used in a transaction or attempted transaction, to commit, or to facilitate the commission of, a violation described in paragraph (1).
 - b. All property, real and personal, constituting, derived from, or traceable to any proceeds a person obtained directly or indirectly as a result of a violation described in paragraph (1).
- 4. **PROCEDURES; INTEREST OF OWNER**-Except as provided in paragraph (5), all property subject to forfeiture under this subsection, any seizure or disposition of the property, and any proceeding relating to the forfeiture, seizure, or disposition shall be subject to section 413 of the comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. 853), other than subsection (d) of that section.
- 5. **PROCEEDS**-The proceeds from any sale of forfeited property and any amounts forfeited under this subsection shall be used-
 - a. First, to reimburse the Department of Justice, the Department of the Treasury, and the United States Postal Service for the costs incurred by the Departments or Service to initiate and complete for forfeiture proceeding;
 - b. Second, to reimburse the office of Inspector General of the Department of Agriculture for any costs incurred by the office in the law enforcement effort resulting in the forfeiture;
 - c. Third, to reimburse any Federal, State, or local law enforcement agency for any costs incurred in the law enforcement effort resulting in the forfeiture; and
 - d. Fourth, by the HEALTH WIC Program to carry out approval, reauthorization, and compliance investigations of vendors and shall be applied as Program Income.

The penalties and provisions described in the above sections A & B shall be imposed whenever a vendor is so convicted. In all other cases, penalties shall be imposed as provided for, below:

C. Six Year Disqualification

A six-year disqualification shall be imposed for the following violations, whether or not the vendor has a prior history of noncompliance, warnings, or lack of cooperation:

1. Mandatory- HEALTH WIC PROGRAM shall disqualify a vendor for six (6) years from participation in the program authorized under this section any vendor, person, party or entity guilty of a single incidence of an administrative finding of -
 - a. Trafficking (; i.e. buying and selling) in food instruments (including any voucher, draft, check, or access device (including an electronic benefit transfer card or personal identification number) issued in lieu of a food instrument under this section); or
 - b. Selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act 921 U.S.C. 802)) in exchange for food instruments (including any item described in subparagraph (a) issued in lieu of a food instrument under this section).
2. When a Vendor, who has previously been assessed a mandatory sanctioned receives another mandatory sanction of any type listed in this section, or D or E below, the HEALTH WIC Program shall double the sanction period of the second violation. Only if participant access is inadequate, the state must impose a Civil Money Penalty (CMP) in lieu of disqualification. Civil money penalties may only be doubled up to the previously-noted \$10,000 / \$40,000 limits
3. A third or subsequent violation of any type of mandatory sanction listed in this section, or D or E below. HEALTH will double the disqualification period for the third or subsequent mandatory violation. No option of a CMP is allowed
4. NOTICE OF DISQUALIFICATION - HEALTH WIC PROGRAM shall-
 - a. Provide the vendor with notification of the disqualification.

D. Three Year Disqualification

(** Denotes a mandatory sanction)

A three-year disqualification shall be imposed for the following violations, whether or not the vendor has a prior history of noncompliance, warnings, or lack of cooperation:

- ** 1. A pattern (more than once) of charging WIC participants more for supplemental food than non-WIC customers or charging WIC participants more than the current shelf or contract price; a "pattern" is defined as 10% over the current shelf price. One example is charging according to the check type, any "fixed" or "set" price or any otherwise incorrect price rather than the correct price for the food quantities, types and/or brands sold in exchange for each check, except when the incorrect price is less than the correct price, as proven by the vendor to the satisfaction of HEALTH WIC PROGRAM. This is tested on check types with natural variability in price.
- ** 2. A pattern (more than once) of charging the Program for supplemental foods not received by the participant.
- ** 3. A pattern (more than once) of receiving, transacting, and/or redeeming food instruments outside of authorized channels, including the use of an unauthorized vendor and/or an unauthorized person. This shall include, but not be limited to:
 - a. Misuse, or unauthorized use of a WIC vendor stamp or facsimile thereof.
 - b. Accepting or depositing WIC checks while disqualified or terminated, or while not authorized as a participating WIC Vendor.
 - c. Not returning the WIC Vendor stamp as requested within the allowed time period and/or date.
- ** 4. A pattern (more than once) of redemption of checks for non food items, other than alcohol, alcoholic beverages, tobacco products, cash firearms, ammunition, explosives, or controlled substances.
- ** 5. One instance of the redemption of checks for alcohol, alcoholic beverages or tobacco products.
- ** 6. A pattern (more than once) of claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for a specific period of time

- ** 7. A pattern (more than once) of exchange of credit or rain check type privilege for WIC checks

E. Variable Term Disqualification
(** Denotes mandatory sanction)

- ** 1. In the event of a disqualification and/or assessment of CMP from the Food Stamp Program (FSP), a vendor shall be disqualified or terminated from WIC for the term of the sanction or termination from the FSP, without right of appeal. The WIC disqualification shall be for the same length of time as the FSP disqualification. WIC disqualification will start on the date FSP authorization has stopped/ended and/or vendor is ordered to stop accepting food benefits or may begin at a later date than the FSP disqualification.
2. The HEALTH WIC Program shall disqualify a vendor who has been assessed a civil money penalty for hardship in FSP under 7 CFR 278.6.] [Explanation - If the HEALTH WIC Program opts to do this, then the regulations mandate the following provisions.] The length of disqualification shall correspond to the period for which the vendor would otherwise have been disqualified in FSP. Such disqualification may not be imposed unless the HEALTH WIC Program has first determined that the disqualification would not result in inadequate participant access, using the same procedures as in paragraph 2 of the General Conditions for Mandatory Sanctions above. If the HEALTH WIC Program determines that inadequate participant access would result, then neither a disqualification nor a civil money penalty in lieu of disqualification may be imposed. The HEALTH WIC PROGRAM may, however, in the case of Inadequate Participant Access only, impose an alternative penalty and/or special conditions of participation in lieu of disqualification if the HEALTH WIC PROGRAM deems such an alternative or condition to be in the best interests of the Program, as long as it does not conflict with the provisions of D above or 6 below.
3. Failure to abide by any of the provisions or requirements of any HEALTH WIC PROGRAM Order, Consent Order, Consent Agreement, Court Order or other directive, corrective plan etc. shall be grounds for imposition of the penalty stipulated in such document or, if no penalty is stipulated in the document for a failure, the penalty originally proposed by HEALTH WIC PROGRAM which gave rise to the order, or otherwise provided for in regulations, vendor agreement or WIC policy.

F. One Year Disqualification
(** denotes mandatory sanctions)

A vendor should generally be disqualified for a period of one year (or not more than one year for non-mandatory sanctions) for the following violations.

1. For any of the non-mandatory violations described in E, above, when the review of the violations shows that the violations were not the result of vendor policy; for example, if there were less than two occurrences of the above violations.
2. Within any three year period, for any three occurrences of any violation(s) listed in G, below, or a second disqualification for any violations listed in G, below, or failure to correct such a violation and notify HEALTH WIC PROGRAM of such correction as directed by HEALTH WIC PROGRAM following a disqualification for the same violation.
3. Accepting a check more than thirty days or one month, whichever last occurs, after the date of issue or first valid use date.
4. Not entering the price of the WIC foods on the face of the check, in the presence of the participant, before requiring the participant to countersign the check.
5. The alteration of a check or making any check entry in any manner or entering a signature or representation of a signature in lieu of the participant except as specified in the Vendor Participation Agreement.
6. Misrepresenting, falsifying, or withholding any authorization, information, records or documents needed by the HEALTH WIC PROGRAM to assess, review, or monitor the vendor's participation or operations or establish a claim, credit or debit with respect to the WIC Program or refusing to authorize HEALTH WIC PROGRAM to obtain such information or records from another party keeper of such records (e.g. a bank, partner, corporation, etc.). The penalty shall be for one year.
7. Failure to follow instructions of the HEALTH WIC PROGRAM for correcting any violation cited in G to J, below, or for payment of any claim by HEALTH WIC PROGRAM against the vendor, unless a greater period of disqualification is provided for above.
8. Any policy or practice adopted by a vendor which results in the deliberate or widespread commission of the violations listed under G to J, below or which demonstrates a disregard for Program regulations.
- ** 9. A pattern (more than once) of the sale of non WIC-Approved food item(s), including charging for supplemental foods provided in excess of those provided for on the WIC check.

- ** 10. The sale of any brand of infant formula other than a brand specified on the WIC check exchanged for said sale.
11. Failure to cooperate with vendor monitoring or inspection by Program officials or failure to provide food instruments upon request.
12. The violation of the civil rights of a participant or threatening or committing physical violence against a WIC participant, payee, or alternate shopper or a WIC or HEALTH WIC PROGRAM employee, official or other representative or acts of criminal behavior related to weapons, illicit drugs on the vendor premises, or the sale or intent to sell illicit drugs; unless a longer term is called for under A, B, or C above.
13. Attempting to influence or impede the official actions of a WIC, HEALTH WIC PROGRAM, state, local or federal official through bribe, favor, coercion or threat.
14. The unauthorized possession or transfer of a WIC vendor stamp or facsimile thereof unauthorized reproduction, receipt or possession of a WIC vendor stamp or facsimile thereof.
15. Any act prohibited by Chapter 23-13 of the Rhode Island General Laws, as amended, except where a different sanction is provided for below.
16. The HEALTH WIC Program shall not accept voluntary withdrawal or use non re-approval of the vendor contract as an alternative for disqualification, but shall enter the disqualification on the record.
17. The HEALTH WIC Program shall not impose a civil money penalty based on an FSP civil money penalty.
18. If a vendor is sanctioned by any local, state or federal authority for any violation of business or food delivery related laws, rules, or regulations; or for violation of any law where the unlawful conduct of the vendor relates to the business, the operation thereof, or the use of the business premises; poses a threat to the HEALTH WIC Program or safety of participants or Program or HEALTH WIC PROGRAM officials; or relates to criminal behavior related to weapons or illicit drugs or to threat or commission of physical violence; the vendor shall be disqualified from WIC for the term of the sanction or sentence from such other authority, not to exceed one year if, because of such violation, it is determined that the vendor's continued participation will not further the purposes of the Program or that the vendor will no longer be a benefit to the Program. Where no sanction term is set for such violation, the Program may review the vendor's participation, and terminate such participation if the violation is such that the vendor would no longer be a benefit to the Program.

If the vendor is 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, the vendor and all the stores under his/her ownership/administration shall be disqualified for the period of time it is debarred and/or suspended.

G. Six Month Disqualification

A disqualification of six months should generally be imposed for the following violations unless the evaluation shows a different period to be appropriate:

1. Any of the violations referred to in F, above; if it is determined that WIC vendor education was severely limited or non-existent. Mandatory sanctions are exempt from this provision
2. Any of the violations in F, above, where vendor policy is not established or where the severity or frequency of violation is lessened or limited. . Mandatory sanctions are exempt from this provision
3. Charging in excess of the Excessive Price Standard for WIC foods in accordance with Policy V-10.
4. Redeeming less than 25 checks in any two months during any consecutive twelve-month period.
5. Within any three-year period, a second disqualification for any violation(s) listed in H or I, below; failure to correct such a violation as directed by HEALTH WIC PROGRAM and notify HEALTH WIC PROGRAM of such, following disqualification for same, or any three occurrences of any of the violation(s) in H or I, below.
Mandatory sanctions are exempt from this provision
6. Failure to inform the HEALTH WIC PROGRAM of a change in ownership, address, or cessation of operations.

H. Ninety-Day Disqualification

A disqualification of 90 days should generally be imposed for the following violations, except those described in I, below unless the evaluation shows a different period to be appropriate:

1. Failure to affix the WIC vendor stamp on a WIC check prior to deposit.

2. Acceptance or deposit of WIC checks prior to the date of issue or valid use date.
3. Deposit of checks after sixty days following the issue or first valid use date.
4. Submitting a check that exceeds the maximum price authorized on the face of the check.
5. Failure to comply with "Check Redemption Terms" of the Vendor Participation Agreement (note: except those failures for which a longer period of disqualification is provided for above). . Mandatory sanctions are exempt from this provision
6. Failure to comply with "Fiscal Terms" of the Vendor Participation Agreement (note: same exception as in 5, above). . Mandatory sanctions are exempt from this provision
7. Failure to comply with any other terms of the Vendor Participation Agreement (note: same exception as in 5, above). . Mandatory sanctions are exempt from this provision
8. Violation of any state, federal or local law, regulation, or rule pertaining to business practices or food, HEALTH WIC Program and sanitation requirements including, weights, measures, pricing, packaging, consumer protection and the like; unless a greater period of disqualification is provided for above.
9. Failure to adhere to conditions of Restricted Authorization (Policy V-1, Q).
10. Within any three-year period, a second disqualification for any violation(s) listed in I, below, or failure to correct such a violation and notify HEALTH WIC PROGRAM of such correction, as directed by HEALTH WIC PROGRAM, following disqualification for same, or any three occurrences of any violation(s) in I, below.

I. Sixty-Day Disqualification

A disqualification of sixty days should generally be imposed for the following violations, unless the evaluation shows a different period to be appropriate:

1. Failure to submit and/or resubmit the completed and/or corrected WIC Vendor Participation Agreement Re-Application Packet within the allowed period time specified on the Re-application package. . The period of disqualification is to begin once the packet is received and in any event the current Agreement and participation shall terminate September 30 of the current Agreement year.

J. Thirty-Day Disqualification

A disqualification of thirty days should generally be imposed for the following violations, unless the evaluation shows a different period to be appropriate:

1. Failure to meet the minimum inventory requirements for WIC-Approved Foods.
2. Violations as listed in H, above, where it is appropriate to reduce the 90-day disqualification, as provided for in this policy. . Mandatory sanctions are exempt from this provision
3. Failure to post the price of a WIC food either on the container or food or in a conspicuous location at the store.

K. Other sanctions that may be imposed include, but are not limited to, the following:

1. Disqualification or non re-approval of the vendor participation agreement(s), based upon evidence reflecting on the business integrity or reputation of the vendor, such as records of conviction, removal from other programs, civil litigation, evidence of an attempt to circumvent a judicial or administrative sanction, evidence of prior fraudulent behavior of officers, management or employees or other evidence, where such circumstances indicate a likelihood of harm to the WIC Program or that the vendor poses a potential for risk in accordance with Policy V-2. Unless a mandatory sanctions, which are exempt from this provision, this period cannot exceed one year.

2. Fiscal Claims Against Vendors

- a. 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.

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. The vendor agrees to accept an adjusted ACH credit and any related fees if the price on the WIC check(s) submitted for payment exceeds the current MAP for the vendor's peer group.

Bank fees - If the WIC contract bank rejects a check because it was deposited by vendor in violation of WIC redemption rules, 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.

- b. 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.
- c. 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.

- d. 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.
- e. 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.

4. 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.

5. Concurrent violations

Should a site visit, a complaint, investigation and/or an analysis determine two or more concurrent violations of WIC Program rules, the prescribed penalties as delineated above shall be to assess the most severe violation. Doubled only in the case of mandatory sanctions in a second or greater number of instances.

L. Additional Violations

Notwithstanding the above, the HEALTH WIC Program may define additional vendor practices or procedures as violations or abuses of Program rules or regulations and apply appropriate sanctions in a future contract based on the severity and nature of the Program

violations, actual or potential harm to Program participants, staff or goals and objectives and such other factors as the HEALTH WIC Program determines appropriate.

M. 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.

N. 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 exceed one year 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 accept voluntary withdrawal or use non re-approval of the vendor contract as an alternative for disqualification, but shall enter the disqualification on the record.
6. The HEALTH WIC Program shall not impose a civil money penalty based on an FSP civil money penalty.

II. ADMINISTRATIVE ACTION

A. Evaluating the Violation and Sanction Term

When a vendor has committed more than one violation 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.

With respect to any sanction for which a specified term is set forth, the program administrator may make a determination that other than the stipulated maximum term is 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 (see B 5 below).
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 violations listed under Procedure, I, A 1; B 1-3; C 1-3; D 1-7; E 5-6; and F 11, for which the penalty as stated shall be imposed (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. 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.
10. Any other factors relevant to the efficient and effective administration of the Program.

B. Sanction Steps

1. Initial discovery takes place and if there is a problem, an effort is made to provide educational assistance to the vendor to correct the problem. The vendor shall develop a plan of correction acceptable to HEALTH WIC PROGRAM at this time,

and a notice of violation will be issued. The vendor is made aware that a subsequent review will be made to see if the problem has been resolved.

2. If the review reveals that a problem still exists, a final warning letter is sent. This warning letter, with details of previous actions taken, is to contain a time frame in which compliance is to be expected.
3. Sufficient or insufficient compliance by the vendor is determined at the end of the time period stated in the final warning. Insufficient compliance shall result in the appropriate sanction being applied.
4. Expedited Sanctions
 - a. A final warning should be sent upon initial discovery of any violation that carries a maximum penalty of more than 90 days or of any other violation if the vendor has received a previous warning or notice of violation or applicant deficiency. If previously sanctioned, then the new sanction may be imposed forthwith.
 - b. If there is evidence that the vendor has received vendor education on his related responsibilities prior to committing the violation, final warning notice may be sent upon initial discovery of the violation. If compliance is not achieved in accordance with instructions of the HEALTH WIC PROGRAM, sanctions may be imposed.
5. If the review following a final warning letter or notice reveals a repeat violation or corrective action by the vendor is insufficient, then a disqualification from participation as a vendor will be implemented.
6. 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.

7. Disqualification of 90 Days 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.

8. Disqualification of more than 90 Days - 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).
9. The above procedures for providing warning and an opportunity to correct violations will generally apply only in cases where the type of violation and extent of Program harm is less, and the likelihood of verifiable correction is greater, and future compliance readily assured. In other cases, however, the disqualification may be imposed without initiating or completing any of the above steps for warning and opportunity to correct. Such circumstances may include but are not limited to, any of the following:
 - a. The violations are uncovered as a result of compliance purchase investigations.
 - b. The violations are of a type that are usually understood to be illegal, dishonest, fraudulent, or abusive practices.
 - c. The vendor has been previously sanctioned by or from a federal, state, or local administered FNS program or the agency operating such program.
 - d. The violations and evidence show deliberate disregard of the regulations, or knowledge of the owner(s) or management of the firm, or policy of the business.
 - e. The violations involve prohibited transactions between firms or individuals.
 - f. The vendor withheld, or gave misleading, information, whether during the application process or while authorized, or violated Program rules while not

an authorized vendor, or committed or has been charged with any violation of Program rules while under sanction by any FNS Program.

- g. Circumstances exist at or in proximity to the store which pose a threat to the HEALTH WIC Program, safety, civil rights or welfare of a WIC enrollee, payee, authorized shopper or a WIC or HEALTH WIC PROGRAM staff, official or other representative.
10. 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.

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

8/99

- 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 July, August and September 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.

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 Community HEALTH WIC Program Liaison. 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 Liaison 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.

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.

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-39)
- 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 and it accepts checks for a food group, the vendor must meet the minimum inventory requirement for said group and cannot accept a check that lists a food group for which the vendor does not meet the minimum inventory requirement.
- 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.

V-9: MONTHLY SUMMARY - VENDOR STATUS (WIC-29)

Rev. 8/99

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: EXCESSIVE PRICE STANDARD

Rev.12/31/03

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.

Procedure

A. Peer Group Classification of stores - WIC vendors shall be classified according to the following:

Peer Group Category

<u>Peer Group 1:</u>	<u>Grocer, Small</u>	<u>One or two cash registers</u>
<u>Peer Group 2:</u>	<u>Grocer, Medium</u>	<u>Three or four cash registers</u>
<u>Peer Group 3:</u>	<u>Grocer, Large</u>	<u>Three or more stores and / or</u> <u>Five or more cash registers per store</u>
<u>Peer Group 4:</u>	<u>Pharmacy, Small</u>	<u>One to two sites</u>
<u>Peer Group 5:</u>	<u>Pharmacy, Large</u>	<u>Three or more sites</u>
<u>Peer Group 6:</u>	<u>Commissary of the United States Military</u>	

B. 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). The CAP 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 charged for that food item by all authorized WIC vendors x 115%, and then divided by 110%, and/or
- iii. The manufacturer's 75 case wholesale price list for infant formula x 115%, then divided by 110%.

Maximum Allowable Prices (MAP)

A Maximum Allowable Price (MAP) is established for each WIC Approved food item for each peer group. The MAP is based on the CAP plus a factor to reflect fluctuations in the market place. The charge for any food item cannot exceed the MAP.

1. The Maximum Allowable Price (MAP) is calculated as no more that 10% above the CAP.
- G. Periodically, vendor's redemption patterns will be analyzed for excessive payments (payments above the MAP). Vendor excess payments will be reclaimed through ACH adjustments or billing for any WIC checks redeemed in excess of the MAP.
- H. If a vendor's charges are above the MAP of that vendor's peer group (regardless of type, Brand, weight or volume) for any WIC food, food package(s) or check type(s), the Program will issue a letter warning that prices must be reduced to or maintained below the MAP and / or bill the vendor for WIC checks redeemed in excess of the MAP. If the vendor's charges are above the MAP twice within a 15 month period, and previously warned of high prices, the State Office may issue a final warning and notice of disqualification if prices are not reduced to or below the MAP within 10 days.
- I. 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.

POLICY V-11: VENDOR PAYMENT PROCESS

Rev. 12/16/03

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

- A. 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 60 days after the "First Day to Use" printed on the check. If the check has been rejected by the bank, it must be submitted within 15 days of the date of rejection.

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

<u>REJECT REASON</u>	<u>WHAT THE VENDOR SHOULD DO</u>
<u>*No Vendor Stamp</u>	<u>Stamp and re-deposit in the vendor's bank</u>
<u>Illegible Vendor Stamp</u>	<u>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.</u>
<u>Invalid Vendor Stamp or Multiple Vendor Stamps</u>	<u>Vendor will not be paid</u>
<u>No Signature</u>	<u>Vendor will not be paid</u>
<u>Expired</u>	<u>Vendor will not be paid</u>
<u>Future Dated</u>	<u>Vendor will not be paid</u>
<u>Excessive Dollar Amount</u>	<u>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.</u>
<u>Improperly Altered Price</u> <u>Illegible Price</u>	<u>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.</u>
<u>Price Missing</u>	<u>Vendor will not be paid</u>
<u>Altered Signature</u>	<u>Vendor will not be paid</u>
<u>Void/Stop payment</u>	<u>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.</u>
<u>Previously rejected</u> <u>Already Paid</u> <u>Other</u>	<u>Vendor will not be paid</u>

B. Checks exceeding the Maximum Allowed Price (MAP)

1. An adjusted ACH Reimbursement or Payment Credit to the vendor's depository bank will be initiated if a WIC check is submitted for payment above the current MAP for that check based on the vendor's peer group minus any related fees incurred by the WIC Program.

If the price, in the judgment of the WIC Program, is correct, proper and reasonable, reimbursement of the amount deemed proper will be made. WIC will also determine if five dollars (\$5.00) will be deducted from the value of each reimbursement based on appropriateness of vendor's redemption procedures.

POLICY V-12: CHANGE OF VENDOR OWNERSHIP Rev.10-16-01

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 storeowner'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.

**WIC
Grocery Store Stamp**

**WIC
Pharmacy Stamp**



ONE YEAR VENDOR PARTICIPATION AGREEMENT

BETWEEN: RHODE ISLAND DEPARTMENT OF HEALTH
WIC Program
Three Capitol Hill - Room 303
Providence, Rhode Island 02908-5097

AND:

Corporate,

Owner(s), Partner(s)

Partner, Administrator, Official, Manager, on charge
(this has to match your original WIC application)

Name _____

Name _____

Home address _____ City _____

Home/Office address _____ City _____

Home telephone No. _____

Home/Office telephone No. _____

Store Name _____ Telephone No. _____

Doing Business As

Address _____

City/Town, State, Zip _____

RELATING TO: Vendor participation in the Special Supplemental Nutrition Program for Women, Infants and Children.

ACCEPTED: Rhode Island Department of Health

Becky K. Bessette, Chief

Date

*The undersigned represents that he/she is the person registered on the original application under this vendor stamp number stamped above and either the sole proprietor, partner, or official of the corporation having the authority to contract for and on behalf of the vendor identified herein and affirms that he/she has received and reviewed the Vendor Application/Reapplication Package described in Instructions and that all the information supplied by Vendor in relation to its application and this agreement, is complete and true, to the best of his/her knowledge. Also, agrees to abide by this agreement & all vendor policies. **THIS AGREEMENT AND STAMP ISSUED IS NOT TRANSFERABLE.**

Original Signature

Print Name

Title /Date

Original Signature

Print Name

Title /Date

Period of Performance

Effective: 1 October 2004

Terminating On: 30 September 2005

2004-2005

WIC
Grocery Store Stamp

WIC
Pharmacy Stamp



TWO YEAR VENDOR PARTICIPATION AGREEMENT

BETWEEN: RHODE ISLAND DEPARTMENT OF HEALTH
WIC Program
Three Capitol Hill - Room 303
Providence, Rhode Island 02908-5097

AND:

Corporate,

Owner(s), Partner(s)

Partner, Administrator, Official, Manager, on charge
(this has to match your original WIC application)

Name _____

Name _____

Home address _____ City _____

Home/Office address _____ City _____

Home telephone No. _____

Home/Office telephone No. _____

Store Name _____ Telephone No. _____

Doing Business As _____

Address _____

City/Town, State, Zip _____

RELATING TO: Vendor participation in the Special Supplemental Nutrition Program for Women, Infants and Children.

ACCEPTED: Rhode Island Department of Health

Becky K. Bessette, Chief

Date

*The undersigned represents that he/she is the person registered on the original application under this vendor stamp number stamped above and either the sole proprietor, partner, or official of the corporation having the authority to contract for and on behalf of the vendor identified herein and affirms that he/she has received and reviewed the Vendor Application/Reapplication Package described in Instructions and that all the information supplied by Vendor in relation to its application and this agreement, is complete and true, to the best of his/her knowledge. Also, agrees to abide by this agreement & all vendor policies. **THIS AGREEMENT AND STAMP ISSUED IS NOT TRANSFERABLE.**

Original Signature

Print Name

Title /Date

Original Signature

Print Name

Title /Date

Period of Performance

Effective: 1 October 2004

Terminating On: 30 September 2006

2004-2006

Rhode Island WIC Vendor Agreement
APPENDIX I

A. A. Specific Terms and Conditions.

1. Special Conditions (Applicable on a national basis)

- a. The word Vendor, as used in this Agreement, means and includes the Vendor specified in FORM 31, WIC Vendor Application, or the signature page of this Agreement and/or any person or entity defined in Appendix I, B, Article 2
- b. In entering into this Agreement, the Vendor certifies that it is not presently disqualified from participation in any Food and Nutrition Service (FNS) program, such as Food Stamps or WIC, nor is it currently under sentence or sanction such as a civil money penalty in lieu of disqualification, or have a settlement fine for any violation of the rules or regulations of any FNS program. This Agreement shall become null and void if the Vendor signing same is currently disqualified or under sentence or sanction for such violations.
- c. The Rhode Island Department of Health reserves the right to declare this Agreement null and void if it is determined that the Vendor has misrepresented or falsified any information contained in this Agreement or submitted in connection with the WIC Vendor Application (WIC Form 31) for being accepted or authorized for vendor participation in the WIC Program, and/or upon discovery, if the Vendor committed violations of the rules and regulations of any FNS Program prior to the completion of this Agreement.
- d. The Vendor certifies that neither vendor nor any of its principals have been debarred or suspended from participating from any transactions involving federal or state (any state) funds or other assistance with grantees and subgrantees of federal or state funds.
- e. If Vendor is a pharmacy or combined grocery/pharmacy, Vendor agrees to accept and redeem WIC checks for any formula nutritional product 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 ~~specialty designated nutritional formula products~~ and shall obtain and make available said product(s) within two workings days, only at a designated pharmacy redemption point, such as sales register or counter, approved by HEALTH. –Such products shall include the following:

Alimentum
Enfacare
Ensure Plus
Isocal
Kindercal
Lipisorb
Neosure
Nutramigen
Osmolite

Pediasure
Pediasure with fiber
Portagen
Pregestamil
Similac PM 60/40
Sustacal
Sustagen
Vivonex

and other formula products as directed by HEALTH

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.

If Vendor shall have any of the listed products offered for sale in a customer accessible location, Vendor shall display instructions informing WIC participants to redeem WIC checks for said products at the designated pharmacy WIC redemption site. Such instructions shall be legible and prominently displayed at the display location(s) of the product(s).

APPENDIX I

B. General Terms and Conditions

Article 1 - Parties to the Agreement

This Agreement is made by and between the Rhode Island Department of Health (hereinafter HEALTH), which has been authorized by the United States Department of Agriculture to administer the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) (hereinafter, WIC or Program) in Rhode Island, and the Vendor specified on the signature page of this Agreement and/or in WIC VENDOR APPLICATION -WIC 31 (hereinafter Vendor).

This Agreement does not constitute a license or a property interest.

Article 2 - Definition of Vendor (also referred to as Applicant or Applicant Vendor)

"Vendor" is defined as the business or 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.

The Vendor must meet the requirements stated in the Rhode Island Department of Health Special Supplemental Nutrition Program Plan of Operation and Administration and State Operations Manual.

Article 3 - Period of Performance

- (a) This Agreement shall be effective when signed by both parties on the date as specified in this Agreement on the front signature page and unless extended by HEALTH, shall expire on the termination date as specified in this Agreement's front signature page. It is understood and agreed by and between the parties that this Agreement covers participation by the Vendor for the period specified in this Agreement on the signature page.
- (b) Neither HEALTH nor the Vendor has an obligation to renew this Agreement. Authorization for any period subsequent to termination of this Agreement may particularly be withheld when the Vendor has failed to comply with the terms of this Agreement or with WIC Program rules and regulations, or procedures; or when there is evidence of violations or sanctions of or from any FNS Program pertaining to the Vendor; or when the Vendor has engaged in dishonest, unfair or deceptive business practices, or when the vendor fails to meet any applicable vendor selection criteria.
- (c) The expiration of authorization of this contract is not subject to appeal.
- (d) The Agreement may be authorized for a two year period or less. Vendor performance shall be the criteria by which the Agreement period shall be determined (See Vendor Policies V-1 & V-2). New Vendors shall receive an Agreement for one year or less to the end of the federal fiscal year (September 30). At HEALTH's sole option, a new Vendor may receive an extension of up to one year from the end of the prior contract period. Some existing vendors may receive a one-time extension of up to one year to expedite processing.

Article 4 - Authority and Severability

The Vendor agrees to abide by all State and Federal laws, rules, and regulations, and shall be subject to the regulatory authority of HEALTH. Nothing in this Agreement is intended to be contrary to State or Federal laws. In the event of conflict between terms of this Agreement and any applicable State or Federal law, that State or Federal law will supersede the terms of this Agreement. In the event of conflict between State and Federal law, Federal law will govern.

If any provision of this Agreement, or of any rules, regulations, policies, procedures or directives made or issued thereunder, shall be held invalid by a court of competent jurisdiction, the remainder of the Agreement and any rules, regulations, policies, procedures or directives issued thereunder shall not be affected thereby.

Article 5 - Nontransferability

This Agreement and the WIC Vendor Stamp is applicable solely to the originally contracted location and owner stated in this Agreement. This Agreement is nontransferable. This Agreement is automatically null and void if there is a modification or change of ownership, change of operations and/or ownership or control of the store or the Vendor ceases operations at the stated location. -Also, if the ownership is under a "Purchase or Sales" Agreement, a temporary ownership, "trial" ownership, try out, etc. this agreement will become automatically null and void. The Vendor shall notify HEALTH in advance in writing, and return the Vendor Stamp, in the event of any such change. In the event of change of location, and/or no longer in control, this Agreement shall be null and void, unless it is amended by mutual written consent before the event occurs. The Vendor agrees not to accept WIC checks at any location other than that specified in this Agreement. The Vendor shall also notify HEALTH in writing of any change in the business name. If Vendor is a combined Grocery/Pharmacy, Vendor shall notify HEALTH in advance if either the Grocery or the Pharmacy operation ceases, and return the Vendor Stamp. In the event of such cessation of operation, WIC Vendor authorization or the ceased operation is terminated.

Article 6 - Termination of Agreement

- a) Either party may terminate this Agreement without cause upon thirty (30) days written notice. In the event of termination by either party, any property procured under this Agreement will, at the option of HEALTH, become its property. Notwithstanding the above, the Vendor will not be relieved of liability to HEALTH for damages sustained by HEALTH by virtue of any breach of this Agreement by the Vendor and HEALTH may withhold payment to the Vendor for the purpose of set off until such time as the exact amount of damages due to HEALTH from the Vendor is determined.

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 above-mentioned thirty (30) day written notice notwithstanding, HEALTH expressly reserves the unilateral right to terminate this Agreement effective immediately upon notice to the Vendor that the funding underlying the participation of HEALTH has been limited or curtailed. Further, the Vendor agrees to hold HEALTH harmless from any and all liability that may arise under this Agreement- and shall not be entitled to receive any compensation for revenues lost as a result of any termination.

- (b) The Vendor agrees that continued participation in the WIC Program is dependent upon the Vendor's maintenance of the required minimum inventory and upon the active distribution of WIC Allowed Foods. In the event that the Vendor's inventory and/or active distribution becomes reduced and/or insignificant, as defined by HEALTH, HEALTH reserves the right to review the Vendor's participation and to suspend or disqualify the Vendor from participation in the WIC Program.
- (c) The Vendor agrees that Vendor must be an active authorized Food Stamp Program (FSP) vendor and must maintain such active authorization during the entire period of this Agreement, as a condition of WIC Program vendor participation and that if at any time the Vendor is not authorized to participate- accept food benefits in the Food Stamp Program, this Agreement shall be null and void and Vendor's participation in the WIC Program shall be terminated effective on the date FSP authorization stopped/ended and/or is ordered to stop accepting food benefits. Vendor shall remain terminated/disqualified from WIC participation until FSP active authorization is restored, and Vendor applies for WIC authorization as a new vendor and meets all WIC Program Vendor Selection Criteria and is approved by HEALTH for WIC participation. Vendor agrees

to notify the HEALTH WIC Office of any termination, disqualification or other loss of FSP active authorization no later than the next business day following such end of FSP authorization. If Vendor accepts WIC checks following end of FSP active authorization, Vendor shall reimburse to HEALTH the monies received from HEALTH since the time the FSP active authorization ended.

Vendor understands and agrees that in the event vendor is disqualified and/or remains under charges review from the FSP, Vendor shall be disqualified from the WIC Program for the same length of time as the FSP disqualification, and may begin at a later date than the FSP sanction. This shall not be subject to administrative or judicial review under the WIC Program. If the Vendor is assessed a Civil Money Penalty (CMP) by the FSP, the Vendor may be disqualified from WIC (See Article 8 below).

Vendor understands and agrees that in the event Vendor is disqualified from the WIC Program for the violations set forth in federal FSP regulations 278.6,(e)(8) Vendor shall be disqualified from the FSP for the same period of time as the WIC disqualification. This shall not be subject to administrative or judicial review under the FSP Program

- (d). Notwithstanding provisions of this Agreement which require a thirty (30) day notice of termination, HEALTH reserves the right to terminate this Agreement immediately upon substantiation of violations of Program rules, regulations or terms of this Agreement.
- (e) With the exception of the above provision for immediate termination, either HEALTH or the Vendor may terminate this Agreement for cause after providing 15 days advance written notice.
- (f) The Vendor understands and agrees that violations of Program rules and procedures or the terms of this Agreement which demonstrate a management or company policy or pattern of operation or a failure of management by the owner or operator of the vendor which would indicate a potential for risk of vendor noncompliance by company owned or operated stores or other stores with substantial shared ownership (more than ten percent interest by any shared owner, or partner or shared management) may jeopardize the participation of other stores with the same owner(s), operator(s) or manager(s). Such violations shall be grounds for termination and or disqualification of the Agreement(s) or denial of participation of such other stores for the same length of time.

Article 7 - Suspension or Disqualification

____ HEALTH may suspend or disqualify the Vendor's participation for Program abuse or violations of Program rules, regulations and/or the terms of this Agreement, in accordance with the provisions of federal regulations set forth in 7 CFR 246.12 (k) and/or HEALTH WIC Program policies and procedures V-1 and V-4. Vendor shall reimburse to HEALTH the monies received from HEALTH since the time the violation started. A vendor shall not be entitled to receive any compensation for revenues lost as a result of disqualification.

In the event that the Vendor is sanctioned for abuse or violations, HEALTH will notify USDA of such sanction. Disqualification for WIC Program abuse as defined in Section 278.6(e)(8) of the Food Stamp Program Regulations shall result in withdrawal of Food Stamp Program authorization.

HEALTH may also notify the Rhode Island Lottery Commission of such sanction. The Lottery Commission may review the circumstances and determine if it should terminate authorization as a Lottery agent.

Article 8 - Vendor Integrity

Any disqualification, sentence, civil money penalty, settlement fine or other penalty or sanction existing, or imposed on or agreed to by the Vendor for the violation of the rules of any other USDA program will be grounds for appropriate sanction. Disqualification, under charges review, notice to stop accepting food benefits, removal or deletion from any USDA program, shall be grounds for termination of this Agreement. In the event Vendor receives a money penalty or probation HEALTH shall terminate this Agreement unless it determines that such termination is not in the interest of the effective and efficient administration of the Program.

If the Vendor is sanctioned by any local, state or federal authority for any violation of business or food delivery or government ethics laws, rules or regulations; or for violation of any law where the unlawful conduct of the vendor relates to the business, the operation thereof or the use of the business premises or poses a risk of harm to HEALTH, safety or welfare of any WIC enrollee, the Vendor shall be disqualified from WIC for at least the term of the sanction or sentence from such other authority. Where no sanction term is set for such violation, the Program may review the Vendor's participation, and terminate such participation if the violation is such that the Vendor would no longer be a benefit to the Program.

If evidence exists that the Vendor has committed acts which may be detrimental or pose a risk of harm to HEALTH, safety or welfare of any WIC enrollee (e.g. Sale of alcoholic beverages in exchange for WIC checks, illicit drug sale, presence of illicit drugs on premises, possession or use of dangerous weapons, threat of or committing physical violence against a customer or any WIC Program or HEALTH staff or official, etc.), or which compromises or attempts to compromise the ethical conduct of persons engaged in State Business, the Vendor's participation in the Program may be suspended pending a hearing on the case, based upon the evidence.

The Vendor shall not knowingly participate, directly or indirectly, in any scheme or design developed to circumvent or violate Program rules, regulations or the terms of this Agreement.

The Vendor agrees to correct any violation or abuse of the Program to the satisfaction of HEALTH. The Vendor shall notify HEALTH if any officer, owner, partner or manager, or the business, is sanctioned in any manner as described above or convicted of any felony in any jurisdiction.

Article 9 - Hearing

In the event of suspension, disqualification, ~~or termination~~, or termination of the Vendor's participation under this Agreement, or denial of application to participate, the Vendor may request an administrative appeal to present information on its behalf. A HEALTH Hearing Officer in accordance with relevant provisions of Rhode Island General Laws, and applicable state and federal rules and regulations shall conduct said appeal. If the Vendor is not authorized to accept food benefits and/or participate in the Food Stamp Program, HEALTH shall disqualify Vendor from participation in the WIC Program. This shall not be subject to administrative or judicial review under the WIC Program

Article 10 - WIC Checks

HEALTH agrees to permit the Vendor to process WIC Checks, which have been accepted by the Vendor in accordance with the terms of this Agreement, and any directives of HEALTH. The Vendor agrees to deposit all WIC checks accepted only in the Vendor's account at the bank or similar financial institution of which the vendor has notified HEALTH and not to otherwise sell or transfer said checks.

HEALTH, however, reserves the right to direct the Vendor orally or in writing, by any HEALTH WIC Program employee or agent, to surrender any WIC checks in the Vendor's possession or control directly to HEALTH according to the time, place and manner determined by HEALTH, or its agent as needed for the effective and efficient administration of the Program, vendor monitoring, claims recovery or check review.

Article 11 - Allowable Costs

In executing this Agreement, the Vendor is serving as an independent contractor under a Federal contract between the Federal Government and HEALTH. The Vendor specifically agrees to abide by all applicable Federal requirements for vendors and independent contractors receiving Federal funds, including, but not limited to, those requirements set forth or referenced in the master grant or contract relating to this Agreement and in the following documents which are incorporated by reference hereto: 45 CFR Part 74, Administration of Grants; and OMB Circular 102, Uniform Administration Requirements for Grants-In-Aid to State and Local Governments; and 7 CFR Part 246, Special Supplemental Nutrition Program for Women, Infants, and Children, and the State Plan for the WIC Program.

State or local taxes on items purchased with WIC checks are not allowable costs.

Article 12 - Payments

All payments are provisional pending final audit by appropriate State or Federal officials. The Vendor agrees to be liable for audit exceptions that may arise from examination of expenditures or redemptions claimed by the vendor.

Article 13 - WIC Vendor Stamp

- (a) HEALTH shall furnish the Vendor with one (1) WIC Vendor Stamp for each vendor class covered under this Agreement, which shall contain the Vendor's assigned number for each class and shall be used to validate WIC Checks. The WIC Vendor Stamp(s) shall remain the property of HEALTH.
- (b) HEALTH agrees to notify its bank that the Vendor's assigned number(s) is valid in order that checks submitted by the Vendor may be processed for payment. The Vendor agrees to use the WIC Vendor Stamp only for checks accepted by Vendor during the period of performance stipulated on the Signature page of this Agreement.
- (c) The Vendor agrees to use any WIC Vendor Stamp in compliance with relevant provisions of this Agreement. No use of any stamp other than that referred to herein, will be permitted.
- (d) The Vendor agrees to notify HEALTH immediately if a stamp is lost or stolen.
- (d) The Vendor agrees to surrender any WIC Vendor Stamp to HEALTH on demand, and shall deliver or arrange for delivery of the stamp to HEALTH office, at the Vendor's expense, in accordance with the instructions of HEALTH. Notwithstanding any other provisions of this Agreement, refusal to surrender any WIC Vendor Stamp will be grounds for immediate termination of this Agreement. The Vendor also agrees to so surrender any stamp upon termination of this Agreement, as instructed by HEALTH.
- (e) Any duplication, sale, loan, transfer, sale agreement or allowed use of the WIC Vendor Stamp, or its assigned number, or any facsimile thereof by any party other than the original Vendor to whom the stamp and number are assigned shall be grounds for immediate termination of this Agreement. Any checks accepted during this period of time will be denied payment and/or will be subject to claim reimbursement.
- (f) The Vendor agrees that any use of the stamp or number assigned to the original contracted Vendor, accepted at any location other than the Vendor location as specified on this Agreement signature page shall be grounds for immediate termination of this Agreement.
- (g) The Vendor agrees that any use of any WIC vendor stamp duplication or facsimile or number not assigned to this vendor to process WIC checks shall be grounds for immediate termination of this Agreement.
- (h) If Vendor is a combined Grocery/Pharmacy, Vendor shall stamp any and all WIC checks redeemed at the Pharmacy checkouts with the designated Pharmacy WIC Vendor Stamp.

Article 14 - Interest of Vendor

- (a) The Vendor covenants that it presently has no pecuniary interest and will not acquire any such interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. The Vendor further covenants that, in the performance of this Agreement, no person having any such interest will be employed.
- (b) The Vendor agrees that the Vendor, or any employee or whole or partial owner thereof, shall not perform as the authorized alternate shopper or proxy for any WIC participant.
- (c) The Vendor is not owned, in whole or substantial part, or controlled by a State or local agency official employed in or administering the WIC Program, in whose service area the Vendor is located.
- (d) Vendor shall never advertise WIC retail food or pharmacy operations/services on the property of or sidewalk bounding a local WIC Program, clinic or site.

- (e) ~~(e)~~ Vendor shall never advertise, promote, or identify retail food or pharmacy operations/services to the WIC Program or, a local WIC Program clinic or site or, except for simple statements of WIC authorization and WIC check acceptance, to WIC clients or the public.
- (f) Vendor shall respond to the application offer for re- authorization in the WIC Program for the following fiscal year, within the allowed period time specified on the application package in order to be considered to be re-authorized.

Article 15 - Copyright

No reports or other documents produced in whole or in part under this Agreement shall be the subject of an application for copyright by or on behalf of the Vendor.

Article 16 - Publicity

The Vendor shall give due credit to HEALTH and appropriate Federal or State agencies. HEALTH shall be credited on all media announcements, billboards, and materials produced or developed under the scope of this Agreement.

Article 17 - Civil Rights and Non Discrimination

- (a) The Vendor agrees to abide by applicable provisions of Title VI of the Civil Rights Act of 1964, as amended, and all requirements imposed by the regulations of USDA (7 CFR Part. 15, et seq.); Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975 (P.L. 94-135, Title III); all other applicable Federal and State Laws and Executive Orders relating to equal employment opportunities; and the WIC State Plan of Operation and Administration.
- (b) The Vendor asserts that no person shall on the grounds of race, color, ancestry, national origin, religion, sex, age, or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activities undertaken on behalf of this Agreement. In addition, the Vendor agrees to establish a procedure for complaint from any person who believes that such discrimination is being practiced relating to this Agreement.

Article 18 - Federal Funding

Other conditions of this Agreement notwithstanding, it is understood and agreed by the Vendor that funds payable to the Vendor under this Agreement are derived from Federal sources. The master grant made to HEALTH by the Federal Government governing activities under this Agreement is, therefore, made a part of this Agreement.

Article 19 - Modification of Agreement

The Vendor agrees to adhere to any and all such provisions, requirements or obligations as may subsequently be imposed by statute or regulation or by the appropriate State or Federal authority, and any such provision, requirement or obligation is made a part hereof as amendment(s).

This Agreement may also be amended by mutual written consent.

Article 20 - Penalties for Fraud or Abuse

A vendor who commits fraud or abuse of the program is liable to prosecution under applicable Federal, State or local laws. Under 246.18 of the regulations, those who have willfully misapplied, stolen or fraudulently obtained WIC funds of over \$100 shall be subject to a fine of not more than \$10,000 or imprisonment for not more than 5 years or both, if the value of the funds is \$100 or more. If the value is less than \$100, then the penalties are a fine of not more than \$1,000 or imprisonment for not more than 1 year or both.

Article 21 - Confidentiality

The vendor agrees not to disclose information about Program participants except to persons directly connected with the administration or enforcement of the Program.

APPENDIX II

Work Program Specifications

A. Functions and Responsibilities of the Vendor

Article 1 - Inventory

- (a) HEALTH reserves the right to review the Vendor's inventory and pricing of WIC foods to determine:
 - 1) the Vendor's eligibility to participate in the WIC Program and to enter into this Agreement and
 - 2) the continued participation of the Vendor in the WIC Program.
- (b) The Vendor agrees to provide the required WIC foods as stipulated in Federal and State regulations and directives and to maintain the inventory of foods for purchase by recipients in accordance with the most current WIC Allowed Foods list and WIC Vendor Minimum Inventory Requirements in effect.

Article 2 - Training and Vendor Responsibility for Employees

- (a) The Vendor agrees that the Vendor, the manager of the store, store staff and/or an authorized representative approved by HEALTH, shall participate in WIC training programs, as directed by HEALTH, and shall not have more than two (2) opportunities per request, as scheduled by HEALTH. A Vendor designated by HEALTH as either high volume or at potential for risk shall participate in additional training programs. Failure to participate in such training shall be grounds for termination of this Agreement. Active WIC vendors shall have up to two times to comply with WIC's training request.
- (b) The Vendor shall inform, train and monitor Vendor staff on Program requirements and the Vendor shall be accountable for actions of any persons engaged in the redemption, handling and processing of WIC checks or provision of supplemental foods on behalf of the Vendor.
- (c) The Vendor shall designate a person on site at all times to cooperate, provide information, records, and WIC checks and to participate in vendor monitoring related on site training.

Article 3 - Check Redemption Terms

The Vendor agrees to redeem and process WIC checks only in accordance with the following terms:

- (a) The Vendor shall not give cash or credit or rain check type privilege for WIC checks; nor shall the Vendor exchange for cash or credit or rain check type privilege any items purchased with WIC checks.
- (b) WIC checks may not be accepted before the first date to use date printed on the face of the check. WIC Checks may not be accepted after the last day to use date printed on the check.

All checks must be deposited on or after said first day to use date and prior to sixty (60) days from said date.

- (c) The Vendor must honor any WIC check, which specifies foods the Vendor is required to stock by the Vendor Minimum Inventory Requirements policy for the food quantities specified. Vendor may not provide less food than specified unless the WIC shopper so chooses freely and voluntarily.
- (d) Only the WIC Allowed or Current Contract Brand Foods and amounts as authorized by HEALTH and specified on the face of the WIC check may be provided. The vendor must honor any WIC check, which specifies any WIC Allowed Food available in the store, as chosen by the participant. Retail grocers, however, may not accept WIC checks, which specify Special Infant Formula without express written authorization from HEALTH. Quart containers of milk may only be sold if required by the amounts specified on a check.
- (e) All recipients and authorized shoppers must be required to present a valid current WIC identification card or check folder. The Vendor agrees to only accept a WIC check from the named recipient (payee) or alternate shopper as listed on the WIC identification card or check folder.

- (f) The Vendor agrees not to accept checks which have been signed before the Vendor enters the price, or checks altered in any way, nor to alter a check in any way, except as set forth below.
- (g) The total shelf price, or less, of WIC foods actually purchased must be entered in the presence of the recipient, and prior to requiring the recipient to sign the WIC Check.
- (h) The recipient or alternate shopper shall be required to sign the WIC Check in the presence of the store clerk at the time of purchase, and the Vendor shall verify the validity of the signature.
- (i) HEALTH WIC Program will impose a maximum value for each check type by vendor peer group, which the vendor may not exceed (according to said check type/vendor peer group).
- (j) WIC Allowed Foods may only be exchanged for the same type, brand, and package size of WIC Allowed Foods (ex. spoiled product). If it is the policy of the Vendor to require a receipt for exchange of any purchases from the Vendor, the Vendor agrees to give the WIC recipient a register receipt or other receipt on which food items purchased with WIC Checks are clearly identified and to require presentation of said receipt for any attempted exchange. The receipt shall bear the date of purchase.

The Vendor shall ensure that food items from WIC transactions are not accepted for return for cash, credit or other merchandise.
- (k) The Vendor shall enter the WIC authorization stamp in the block provided on the face of each WIC Check before depositing checks for payment. The entry shall be legible in the judgment of the WIC checking account bank.
- (l) The Vendor shall not accept any WIC Checks during any period of suspension or disqualification and/or after termination of this Agreement. HEALTH may refuse to honor or reimburse any WIC Check accepted during any such period.
- (m) The Vendor understands and agrees that, in the event of the Vendor's suspension, disqualification or termination from the WIC Program, or in the event that Federal funds are withdrawn or reduced, or if in the determination of HEALTH it becomes necessary for the proper management of the WIC Program, HEALTH may require the Vendor to deposit any and all WIC Checks in the Vendor's possession for payment within a five (5) day period. HEALTH shall give written notification of such requirement to the Vendor.
- (n) The Vendor shall make no alteration of a check, which leads, or could lead, to an improper redemption, nor enter a signature in lieu of the recipient. Price changes to a higher amount are allowed only when done in accordance with Program instructions and signed by the WIC participant.
- (o) The Vendor shall notify HEALTH of any irregularities in the use of WIC checks by recipients.

Article 4 - Fiscal Terms

- (a) The Vendor shall charge only for WIC Allowed Foods received by the recipient only, and for the types and up to the quantities specified on the check, except as noted in (c) and (e) below.
- (b) The Vendor shall not require recipients to pay in cash for any WIC purchases or portion thereof nor seek restitution from participants for WIC checks not paid or partially paid by the Rhode Island Department of Health or its fiscal contracted bank of issuance.

The Vendor shall make no transfer of cash, goods or credit in the form of change from the WIC check.

- (c) The Vendor agrees to provide supplemental foods at the current price or at less than the current price charged to other customers. The Vendor further agrees not to charge more than the "shelf" or "sale" price for the WIC Allowed or Contract Brand foods, whichever is less; nor charge more than the said current price for the Allowed or Contract Brand food and quantity listed on the check and provided to the recipient. The value of coupons and discounts shall be deducted from the price entered on the check.

Free bonuses - Should a Vendor and/or a manufacturer offer a "buy one/get one free", " buy one, get something else free or an amount of money off something else", the store shall honor the WIC check in the "buy" portion of the offer. Whatever other items, products, discount on other items or products, extra quantities, or other promotions are being given is a manufacturer, chain, or store cost and is not considered as part of the participant's WIC transaction with the Vendor. This applies even if the free item exceeds the quantity on the check or if it is a non-WIC item. If the vendor uses store cards for special prices, offers or discounts, the vendor MUST KEEP an extra card available at the register to use for purchases of WIC shoppers who does not have a card. The Vendor shall honor the coupon or offer as described above. This shall be consistent with (c) above and Article 5(e) below.

- (d) The Vendor agrees that charges for WIC foods shall not be excessive, as compared with those charged by all other Rhode Island WIC vendors. Vendor further agrees that, except for infant formula, the Vendor shall not exceed the lesser of 15% above the average price charged by all other vendors or 10% above the average price charged by vendors in the same vendor peer group (regardless of type, brand or weight or volume per item provided) for any WIC food, food group or combination of foods on any WIC food package(s) or check type(s), as disclosed by WIC Program redemption or vendor price records.

In addition to the above, the vendor agrees not to charge more for infant formula than the lesser of the above or ~~420~~115% of the manufacturer's 75 case wholesale price.

The Vendor agrees to reduce prices for WIC food sales, which exceed these standards when, directed to do so by HEALTH.

The Vendor is solely responsible for the business operation function of determining competitive prices, which are not excessive, in relation to other food retailers, for WIC foods. It is not the responsibility of HEALTH to provide information about prices charged by other vendors.

- (e) The Vendor agrees to maintain the selling price to cost price ratio (i.e., "mark-up" amount added to cost price to determine the selling price) for WIC Allowed or Contract Brand food items at a level equal to or less than the ratio (i.e., "mark-up") for similar non WIC Allowed or Non Contract Brand food items (Example: A Non Contract brand of infant formula is considered similar to the Contract brand of the same approximate container size, base ingredient (milk or soy) and form (powder, concentrate etc).

Exceptions to this article and (c) above shall be allowed only for manufacturer or producer required or subsidized special promotions for manufacturer or producer specified items and/or period of time.

- (f) Subject to the notice, review and appeal provisions of WIC Vendor Policies V-4, Vendor Compliance, and V-11, Vendor Reimbursement For Checks Not Processed, the Vendor agrees to refund to HEALTH any amount determined by HEALTH to be an improper charge with respect to the Program's rules, regulations, or operating procedures. HEALTH may deny payment to the Vendor for improper food instruments or may demand refunds for payments already made on improper food instruments or may offset future payments to the Vendor for the amount of the claim or may enact an Automated Clearing House (ACH) debit against the Vendor's bank account. The Vendor shall submit any WIC checks requested by HEALTH for prepayment review or adjustment for purposes of offset. A Reimbursement or Payment Credit will be initiated if a WIC check is submitted for payment above the current maximum price for that check based on the vendor's peer group. The vendor agrees to accept an adjusted ACH Credit and any related fees if the price on the WIC check(s) submitted for payment exceeds the current maximum price for the vendor's peer group.

- (g) Subject to said WIC Vendor Policies, the Vendor shall reimburse HEALTH, or HEALTH may enter an ACH debit, for all bank fees and charges and such other reasonable costs incurred by HEALTH stemming from improper check redemption and/or deposit practice.
- (h) The Vendor shall not knowingly accept or process a WIC check from any party other than an authorized WIC payee or alternate shopper entitled to the check, and who presents the check at the location specified on the signature page of this Agreement.

- (i) The retail price charged to the general public and any lower price charged the WIC Program must be displayed on each item or in a location in clear view of customers.
- (j) The Vendor shall be responsible for reviewing WIC checks which have been accepted to make certain that the total cost on any check does not exceed the lesser of the posted shelf, or "sale" prices of the prices charged to non-WIC customers.

Article 5 - General Provisions

- (a) The vendor shall maintain full and complete records related to the vendor's participation in the WIC Program. Such records shall include, but are not limited to, price, inventory, delivery, cost or payment related records for WIC allowed foods and similar non-WIC allowed food items and monthly and annual total food sales. Such records shall be retained for a minimum of three years following the date of submission of any WIC check to which the records pertain. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.
- (b) The Vendor shall provide to HEALTH and WIC Program officials access to any and all records described above. Inventory invoices must be maintained for all WIC food purchases and include at a minimum the date of purchase, the seller, the WIC vendor who made the purchase, the quantity and type of WIC food purchased, unit price, net price, and any discount, credit or additional charges.
- (c) The Vendor must make available to the WIC Program any WIC checks in its possession or control, and any information related thereto or authorize any bank in which the Vendor has deposited them to provide inspection and/or copying thereof, and any information related to WIC check deposits, returns or other WIC related account activity.
- (d) The Vendor shall make available for inspection a current health inspection report or, if a pharmacy, a Pharmacy License, issued by HEALTH.
- (e) The Vendor shall offer WIC participants the same courtesies as offered to other customers. This shall include, but not be limited to, honoring manufacturer or store coupons or free offers as long as a WIC item and quantity is part of the purchase. (See Articles 4 & 6 above.)

Article 6 - Inspection

- (a) The Vendor agrees to cooperate with Program officials in all matters related to monitoring the Vendor's compliance with Program rules or regulations or the terms of this Agreement or to Program vendor management activity.
- (b) The Vendor agrees to allow on-site inspections and monitoring at any and all times by Rhode Island Department of Health personnel, its designate(s), and Federal officials and to provide access to any information, WIC checks and records related to the vendor's participation in the WIC Program and to permit the copying of any such records.
- (c) The Vendor agrees to maintain and have available for inspection a copy of this Agreement and notices, procedures, and letters pertaining to the WIC Program, at the location specified on this Agreement signature page.
- (d) Neither the Vendor nor any employee, staff or agent shall misrepresent, falsify, or withhold any information, WIC checks or records needed by HEALTH to assess, review, or monitor the Vendor's participation or operations with respect to the WIC Program.

B. Functions and Responsibilities of HEALTH

Article 1 - Policy

HEALTH shall provide Vendors with information pertaining to Vendor related requirements, responsibilities, policies, procedures, and changes thereof.

Article 2 - Technical Assistance

HEALTH shall, at its option, or upon request of the Vendor as determined appropriate by HEALTH, send HEALTH staff to provide technical assistance to the Vendor.

Article 3 - Fiscal Responsibility

HEALTH shall ensure that WIC checks, properly completed by the Vendor, will be processed for payment through the banking system, or HEALTH may enter an ACH credit to Vendor's bank account for the proper value of any WIC check; HEALTH shall validate the Vendor's assigned number and WIC Vendor Stamp.

Article 4 - State - Federal Cooperation

In compliance with Federal and State laws and regulations, HEALTH shall make effort to ensure that the Vendor complies with all FNS or WIC Program rules, regulations and policies and HEALTH shall, upon discovery of irregularities or determination of abuse, notify appropriate State and Federal agencies of the facts, when HEALTH deems it appropriate. In the event of prosecution of the Vendor by the State and/or Federal officials, HEALTH shall make any relevant files, records etc. available to prosecutors.

Attachments

The following documents are attached to this Agreement and made a part hereof:

1. WIC PROGRAM Vendor Application for the period of this Agreement.
2. Any WIC PROGRAM Vendor Price List submitted in connection with this Agreement or in applying for this Agreement; prior to or during this Agreement.
3. WIC PROGRAM Vendor Application/Reapplication Instructions issued by HEALTH in connection with applying for this Agreement.
4. WIC PROGRAM Vendor Policies (Administrative actions by HEALTH Procedures):

Vendor Policy V - 1	Applicant Vendor Selection and Authorization
Vendor Policy V - 2	Identification of Potential for risk Vendors
Vendor Policy V - 4	Vendor Compliance (Sanctions Policy)
Vendor Policy V - 10	Excessive Price Standard
Vendor Policy V - 11	Vendor Reimbursement For Checks Not Processed
Vendor Policy V - 12	Change Of Vendor Ownership

Section 4

Supplemental Foods

SUPPLEMENTAL FOODS

(Goals - IV, Procedures - 420)

B-1: SELECTION OF WIC ALLOWED FOODS

GOAL

To ensure that supplemental foods provided are good sources of nutrients lacking in the diet of the target population, contain food costs and administrative burdens and take into account the different nutritional needs and food preferences of participants.

PROCEDURE

Once per year, or as needed for the efficient and effective operation of the WIC Program, as determined by the Program Chief, the allowed foods will be reviewed for inclusion of additional items and removal of items which no longer meet federal and state criteria. The decision to include or exclude any item(s) will be made by the Program Chief. To be included, foods must meet the following criteria:

Acceptance as an allowed food will be based upon reasonable determination of whether or not the food promotes the effective and efficient operation of the Program including such factors as nutrient composition, relative cost, product availability, appropriateness to the operations of the food delivery system, the purpose, goals and objectives of the Program, and the nutrition, health and well-being of participants. Foods must meet the requirements specified for supplemental foods in Federal WIC Program rules as well as other criteria described in this Policy.

Food products must have been on the market in Rhode Island, statewide, for at least one year, at the time of the review, be available statewide and not include artificial sweeteners.

Single serving or individual portion packages, containers etc. will not be allowed. Cereal packages must contain at least thirteen (13) ounces, net weight and cheese packages must contain at least nine (12) ounces, net weight. Only the lowest price brand of milk available at each vendor will be allowed for purchase with WIC checks (eg. generic or store brand or lowest price label brand).

The product packages should not contradict the Program's goals of positive nutrition and health practices, nor should promotional messages. If a product is a WIC allowed item or is being considered for inclusion, the front or most prominent side of the package must be clearly labeled in a manner which permits it to be distinguished by most participants from similar products which are not, or are not being considered for inclusion as, WIC allowed foods.

SECTION 4

Products which no longer meet federal or state selection criteria may be removed from the WIC Allowed Foods List, as soon as practicable.

Certain high priced types, or brands or packages (some percent above the average price for the type, as determined by the state agency) may be removed from the allowed list or denied inclusion.

As long as at least one food from a food package group is approved, the Rhode Island WIC Program is under no obligation to approve additional foods.

Section 6

Financial Management

Section 6-1

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 which 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

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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

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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 monies; and 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. Technical assistance is available to local agencies to assist them in documenting nutrition education costs. This format has been integrated into the monthly reports submitted by local agencies (see Procedure Manual, Section 612 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

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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 monitor 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

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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:

$$\begin{array}{rclcl} \text{Total Number} & & \text{Admin. Cost} & & \text{Quarterly} \\ \text{Of Assigned} & \times & \text{Allocated per} & = & \text{Admin.} \\ \text{Slots} & & \text{Enrollee} & & \text{Allocation} \\ & & & & \text{per Quarter} \end{array}$$

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.

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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

Section 6-7

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 1980 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

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To assist and prepare each local agency for audit requirements, a copy of "Audit Guide 8270.13" 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 1981 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.

Audit Exceptions

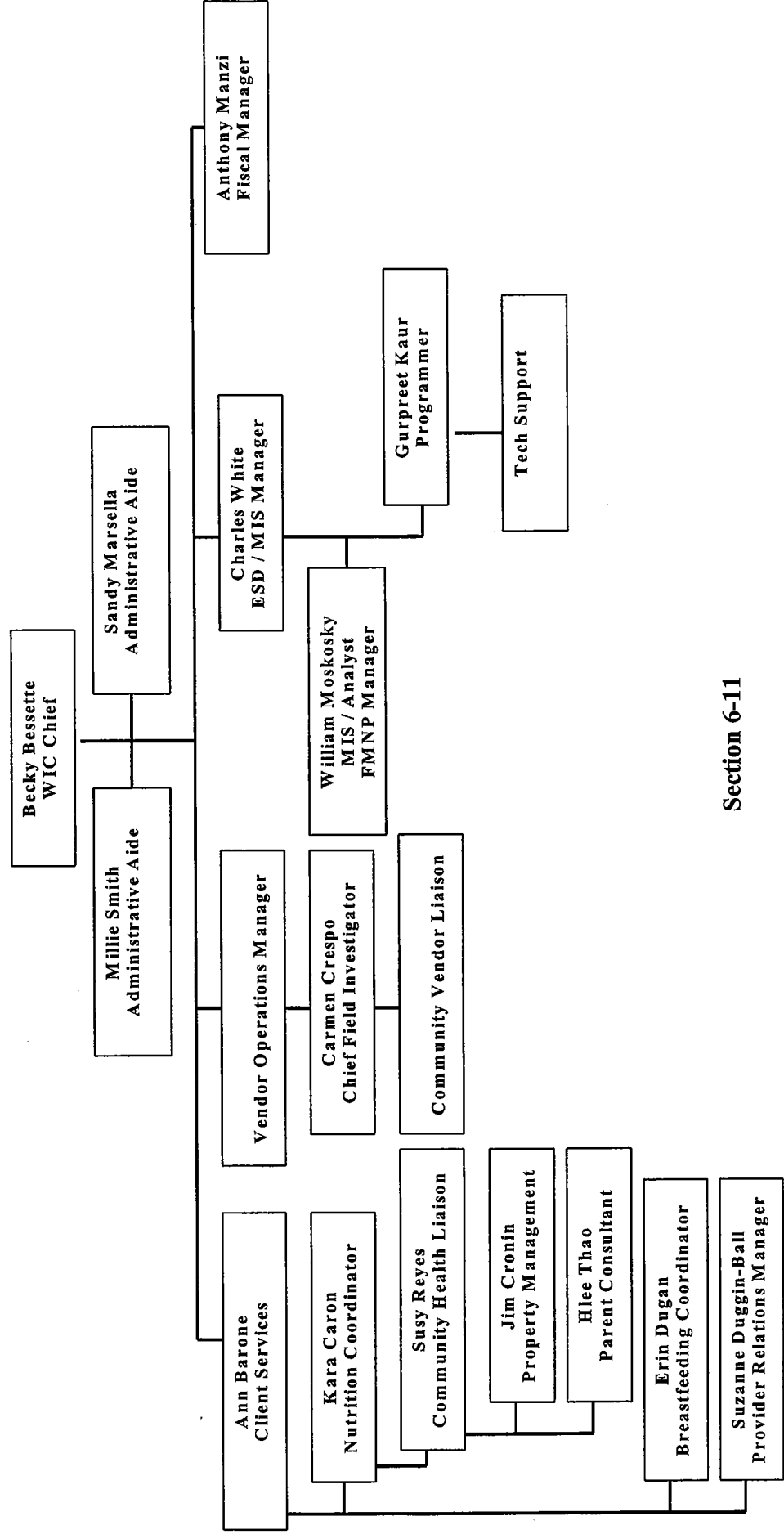
Rhode Island WIC Program**Operations Manual Sec. 6**

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.

Division of Family Health

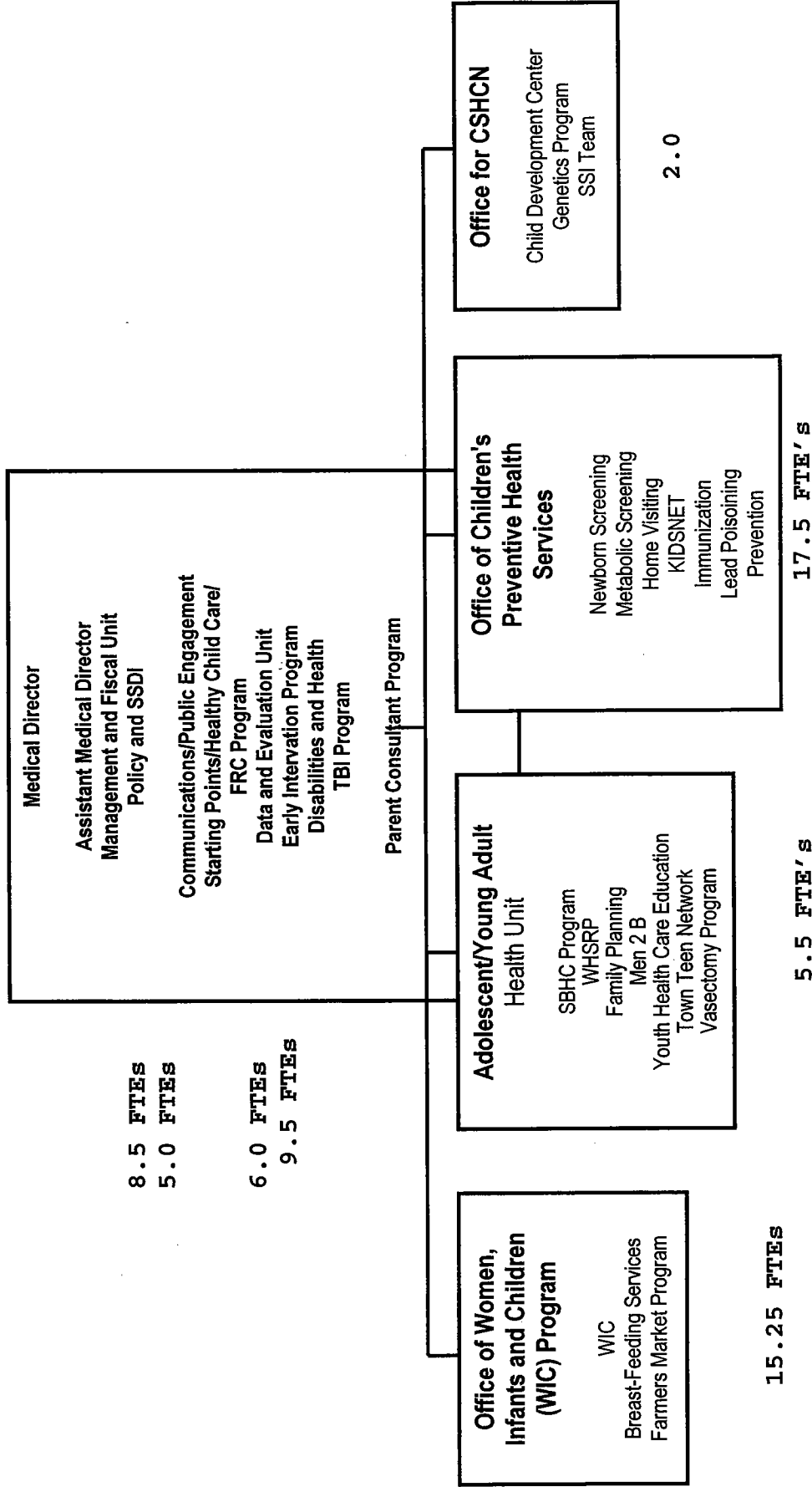
RI WIC PROGRAM ORGANIZATION CHART



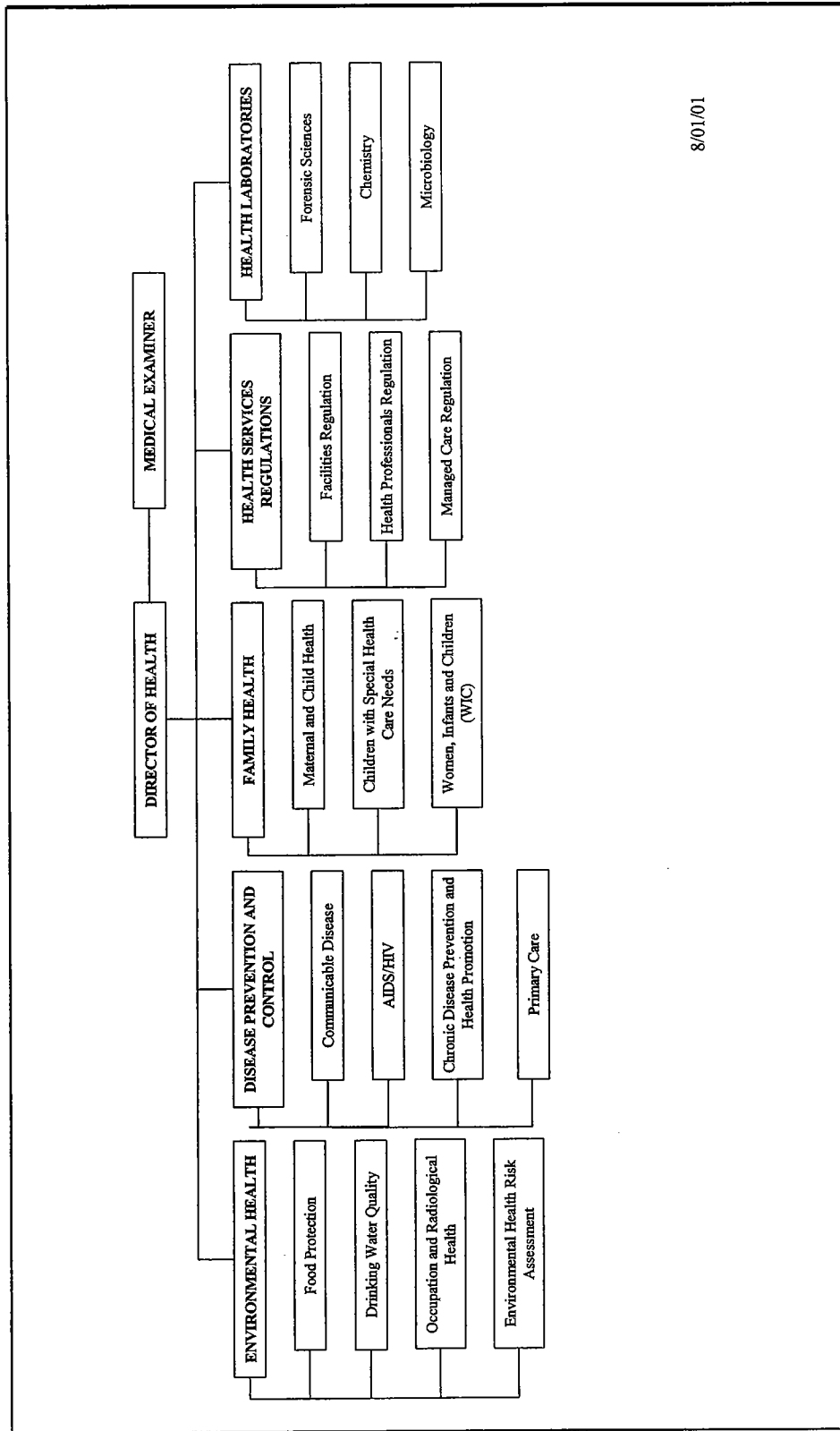
Section 6-11

Rhode Island WIC Program

Operations Manual Sec. 6 Office of the Medical Director



Operations Manual Sec. 6
RHODE ISLAND DEPARTMENT OF HEALTH
ORGANIZATIONAL STRUCTURE - Fiscal Year 2004



8/01/01

11/99

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

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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:

\$ amount of the # of checks redeemed

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 l

 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 spread sheet.
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 calculate 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

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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.

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Updated 5/00