



**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 2009**

October 1, 2008

**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 2009**

  
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THE HONORABLE DONALD L. CARCIERI  
GOVERNOR, STATE OF RHODE ISLAND

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

**PREFACE**

**ACKNOWLEDGMENTS**

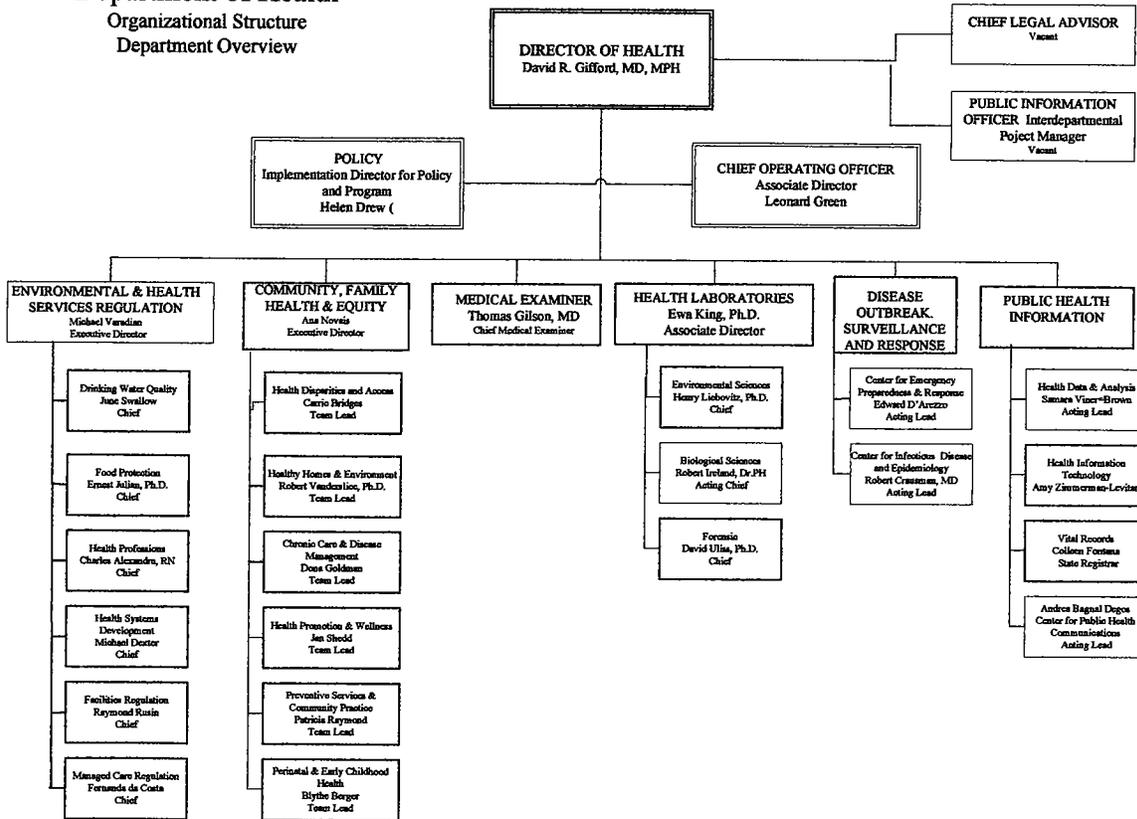
The Rhode Island Department of Health WIC Program wishes to acknowledge the contributions of the local agency WIC staff and the WIC Parent Consultant Program, WIC participants and community representatives in the preparation of this Plan. Their input and advice greatly assisted the State agency in formulating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

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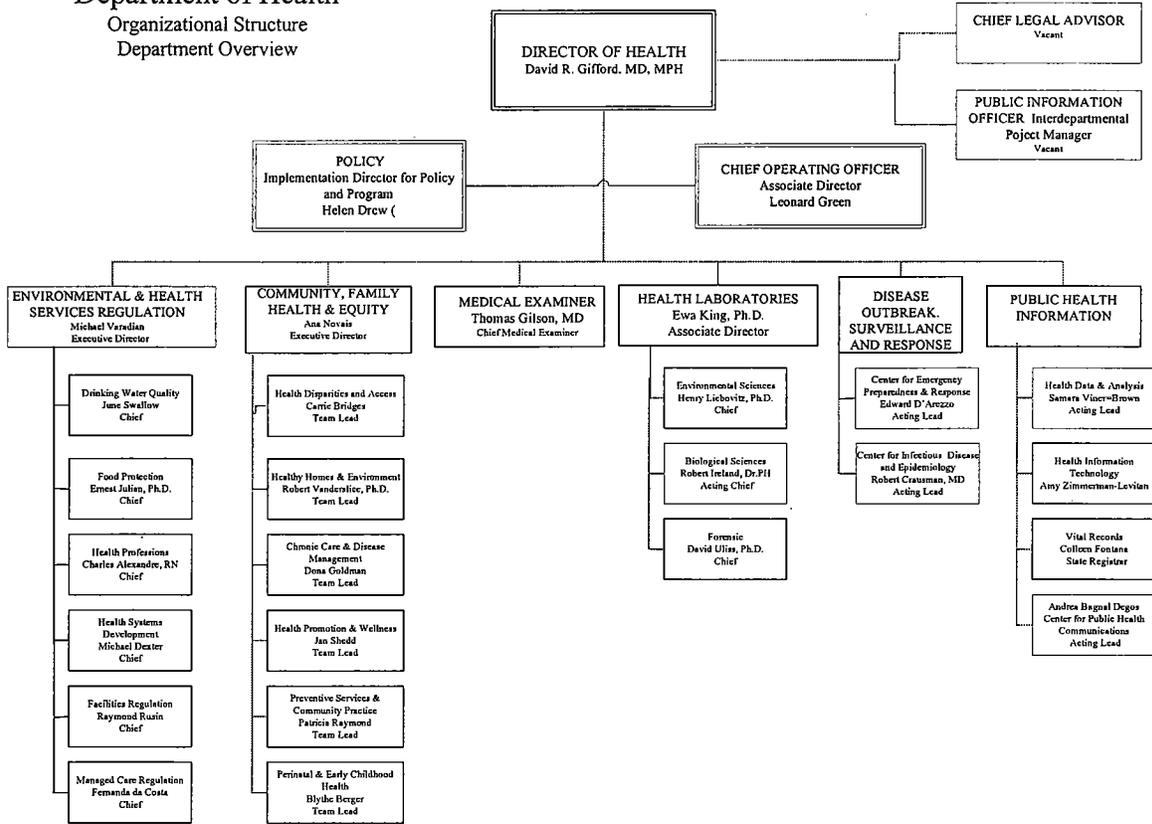
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Organizational Structure  
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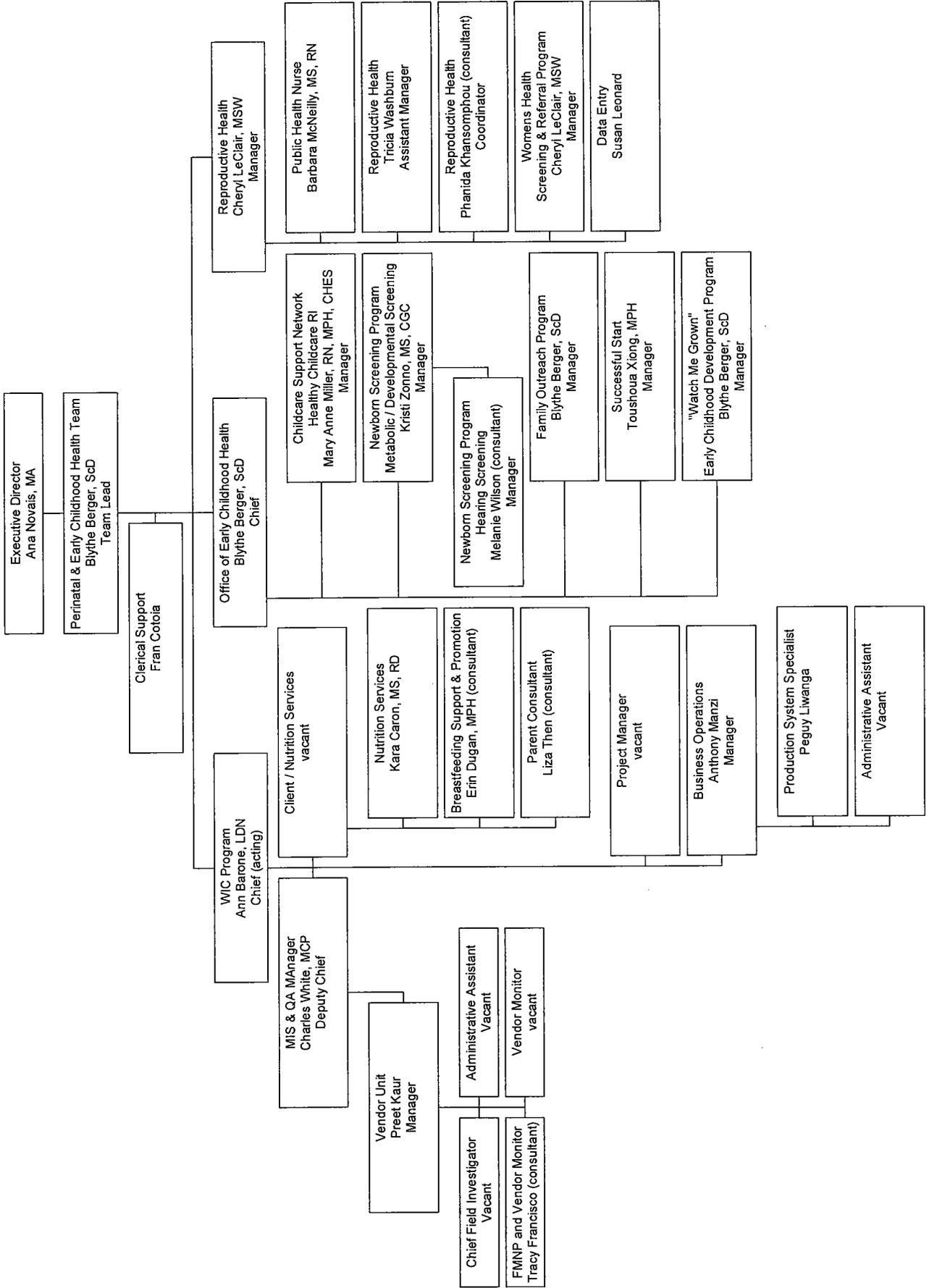
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Division of Community, Family Health and Equity

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Division of Community, Family Health and Equity  
Perinatal and Early Childhood Health Team



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

**WIC and Farmers Market Services**

**STATE PLAN OF OPERATION AND ADMINISTRATION**

**VOLUME I**

**GOALS FOR FISCAL YEAR 2009**

**Proposal  
Submitted to FNS / USDA  
October 1, 2008**

VOLUME 3 of RI WIC STATE PLAN  
STATE OPERATIONS MANUAL

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

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Section I

Selection of Local Agencies

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

*Recent Trends*

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

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

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

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

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

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

- *Racial, ethnic and poverty driven health disparities continue to be documented.* Increased cost of living (especially housing costs) is impacting many.
- *Shifting the focus from the individual to the community* recognizes that community-level changes foster and sustain individual behavior change to reduce disability and death.
- *The diversity of RI's population continues to expand.* – The continued immigration and refugee influx means an ever-expanding cultural and language backdrop. Hispanic/Latino population is the fastest growing minority group.

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- *Fewer people have health insurance and / or access to health care.* Immigration status, program eligibility, family income and costs of health insurance are all contributing to this continued drop in insurance rates. The growing cost of health care acts as a deterrent to accessing needed services.
- *New parents struggle with issues related to low income, safety, and lack of extended family support, hindering their efforts to be effective parents.* The emphasis is on those parents with multiple vulnerabilities and/or challenges, including those associated with children with special health care needs, and involve identifying and addressing risks before conception, during pregnancy, and in the infant/preschool years.

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

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

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

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

### *Additional WIC Program Services and Service and Performance Objectives*

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

#### **Objective 1: Ensure prompt access to services**

1. The Program must make available evaluation and receipt of benefits to non-breastfed infants in a much shorter time span, including ability to respond on a crisis intervention basis.
2. The Program's preventive effectiveness has been shown to be greatest when pregnant women receive benefits as early in pregnancy as possible. Any delay in responding to a request from

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a pregnant woman in effect undermines the Program's effectiveness.

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

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

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

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

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

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

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

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

1. Caseload and allocation adjustment,
2. Local agency performance in high risk identification, caseload maintenance,
3. Establishment of local agency satellite sites in areas of particularly high unmet needs,
4. State and local outreach activities.

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

1. Continued variations in the percent of need met where some communities have remained at more than ten percent below the statewide need met average over the course of several years.
2. Despite success in targeting benefits to high-risk eligibles such items as clinic location, additional satellite clinics, and local outreach need to be further evaluated to further improve

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such targeting.

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

1. The ability of other providers to provide quality WIC nutrition, eligibility and coordination and outreach services.
2. Evaluate different provider models to determine if any, all or which can provide services which equally or better meet the needs of the Rhode Island WIC Program and actual and potential clients.

### **Caseload Allocation and Adjustment**

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

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

1. Developing measures of local agency performance and indicators of future capability,
2. Improved measures of relative need in each service area,

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

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

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

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

### Potentially Eligible WIC Population

#### Population Changes in Rhode Island: 1990-2004

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

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

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

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

#### Children Living in Extreme Poverty

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

Young Children Under Age 6 in Poverty in Rhode Island

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

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

WIC Eligibility:

I. Categorical Eligibility:

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

II. Income Eligibility

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

III. Have to meet Nutritional Risk Criteria

\*\*\*\*\*

Estimates of WIC Eligibles in RI

I. Infants (0-12 months of age)

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

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

## II. Children (1-4 years of age)

- Total Number of Children aged 1-4 years in RI: **55,059 children**  
(Source: US Census Bureau)
- Rite Care Recipients: **20,075 children**  
(Source: RI DHS, Rite Care Program Data, MMIS database)
- Rite Care Eligibles also eligible for WIC: **22,082 children**

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

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

## III. Eligible Pregnant Women

(Based on the number of infants eligible for WIC)

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

## IV. Eligible Postpartum Women

(Based on the number of infants eligible for WIC)

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

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

According to the recent “CDC’s Breastfeeding National Immunization Data, 2005” the breastfeeding rate at 6 months in RI population is about 49%.

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(<http://www.cdc.gov/breastfeeding/data/NIS>). WIC eligible population's breastfeeding rate is usually lower than non-WIC eligible population. If we assume that the breastfeeding rate at 6 months in RI WIC eligible population is 30%, then the estimation of Eligible Postpartum Women will be 65% of eligible infants.

### Maternal and Child Health Risk Indicator

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

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

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

### WIC Need Index and Rank

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

### Statewide Parity

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

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

FY 2008, RI WIC released a request for proposals (RFP) for the provision of WIC services throughout the state. The Program is in the process of evaluating these proposals and anticipates that new contracts will be in place by January 1, 2009. Assignment of caseload will be based on data and policies delineated within the AAP. Additional slots will be allocated to local sites in relation to the

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expansion rank of the cities and towns served, the state mean, and the size of the needy population (Tables I, IV, VI). Unfilled slots shall be counted as allocated.

### Service Areas - Market Share Concept

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

#### 1. Market Sharing

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

#### 2. Normative Concept

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

Table 5 indicates current assignment of service areas.

#### 1. Realignment of Service Areas

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

### Future Allocations

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

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

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

1. Current or previous unutilized caseload at an agency shall be considered before allocating it additional slots.
2. The most current economic and health data, if feasible, will be incorporated to update the Affirmative Action tables.
3. Recognition will be given to each agency's willingness and capacity to expand operations. Agencies desiring increased caseload may be required to submit a plan of the methods they will utilize to ensure that the additional caseload is enrolled.
4. The need rankings and other measures of need in the Affirmative Action Plan will be applied. In addition the census tracts identified as those with the highest need will be viewed for effective penetration.
5. Preliminary and final identification of each local agency's estimated proportion of increased caseload will be made.
6. Enrollment and spending will be monitored and the expansion plan may be adjusted as warranted.

### Disaster Coordination and Planning

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

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

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

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

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

Emergency Response Summary

Planning:

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

Deployment of Services:

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

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

- The WIC Management team will evaluate the processing of clients, staffing levels and disbursement of staff to local agencies. As well as the availability of Vendors and products in the community.
- Evaluation of Local WIC programs will be assessed for the ability to have trained staff

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provide services at pre-pandemic levels.

- Assessment of caseload and funding will be provided through the RI WEBS system to evaluate need in each community.
- The WIC Chief (or Acting WIC Chief) will initiate communication to community stake holders to determine needs in the recovery

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

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

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

Table 6

<b>Affirmative Action Plan</b> <b>WIC Estimated Rhode Island Participants by Category</b> <b>FY 2008</b>
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<u>Category</u>	# of Estimated WIC Eligibles 2007 / 2008	Average # of WIC Participants Served per Month - FY 2007	Average % WIC Eligible Served per Month- FY 2007	Total Number unduplicated WIC Participants served in FY 2007	# of Estimated WIC Eligibles 2008 / 2009	Average # of WIC Participants Served per Month - FY 2008	Average % WIC Eligible Served per Month- FY 2008	Total Number unduplicated WIC Participants served in FY 2008	Change in # Served per Month from FY 07 to FY 08
<b>Pregnant Women</b>	4,643	2,898	62.4%	8,561	4,519	2,958	65.5%	8,583	60
<b>Postpartum Women</b>	4,023	2,783	69.2%	4,081	3,916	2,952	75.4%	4,213	169
<b>Infants</b>	6,190	5,912	95.5%	12,908	6,025	6,184	102.6%	13,690	272
<b>Children</b>	22,259	12,627	56.7%	16,952	22,062	13,577	61.5%	17,758	950
<b>Total</b>	<b>37,115</b>	<b>24,220</b>	<b>65.3%</b>	<b>42,502</b>	<b>36,522</b>	<b>25,671</b>	<b>70.3%</b>	<b>43,644</b>	<b>1,451</b>

Sources of data for all tables:  
 United State Census Bureau, (2000 Census),  
 HEALTH Division of Vital Records Reports  
 HEALTH WIC Program Enrollment Reports (August 2008)  
 RI Department of Human Services, Medicaid Management Information Sytem  
 2008 RI Kids Count Factbook

**Table 1**  
**Number and Percent of WIC Eligible Population Served by Each City and Town**

	<b>2008 Estimated WIC Eligible</b>	<b>2008 WIC Eligible Enrolled</b>	<b>2008 WIC Eligible Unservd</b>	<b>2008 Adjusted Eligible Unservd</b>	<b>2008 standard score* of unserved</b>	<b>2008 % WIC Eligible Unservd</b>
Barrington	86	27	59	59	2.484	68.44%
Bristol	319	228	91	91	-0.646	28.49%
Burrilville	297	233	64	64	-1.197	21.45%
Central Falls	2004	1,695	309	309	-1.668	15.43%
Charlestown	126	64	62	62	0.975	49.18%
Coventry	644	373	271	271	0.417	42.06%
Cranston	2047	1,368	679	679	-0.280	33.16%
Cumberland	485	352	133	133	-0.727	27.46%
East Greenwich	146	71	75	75	1.154	51.46%
East Providence	1279	958	321	321	-0.913	25.07%
Exeter	70	39	31	31	0.590	44.27%
Foster	76	51	25	25	-0.270	33.28%
Glocester	104	59	45	45	0.503	43.16%
Hopkinton	175	116	59	59	-0.224	33.87%
Jamestown	39	15	24	24	1.943	61.54%
Johnston	644	470	174	174	-0.762	27.01%
Lincoln	322	153	169	169	1.233	52.48%
Little Compton	44	24	20	20	0.642	44.93%
Middletown	313	252	61	61	-1.358	19.40%
Narragansett	153	77	76	76	1.026	49.83%
Newport	796	521	275	275	-0.170	34.56%
New Shoreham	11	7	4	4	-0.246	33.59%
North Kingstown	472	250	222	222	0.805	47.01%
North Providence	661	431	230	230	-0.152	34.79%
North Smithfield	120	85	35	35	-0.615	28.88%
Pawtucket	4164	3,547	617	617	-1.717	14.82%
Portsmouth	209	119	90	90	0.493	43.03%
Providence	13139	10,464	2675	2675	-1.282	20.36%
Richmond	129	72	57	57	0.578	44.11%
Scituate	106	41	65	65	1.935	61.44%
Smithfield	161	118	43	43	-0.782	26.74%
South Kingstown	336	247	89	89	-0.797	26.56%
Tiverton	180	124	56	56	-0.443	31.08%
Warren	219	150	69	69	-0.403	31.58%
Warwick	1678	913	765	765	0.694	45.60%
Westerly	595	396	199	199	-0.259	33.43%
West Greenwich	49	31	18	18	0.008	36.84%
West Warwick	1084	626	458	458	0.431	42.24%
Woonsocket	2620	1,992	628	628	-1.000	23.96%
No town listed	421	0	421	421		
<b>Total</b>	<b>36,521</b>	<b>26,759</b>	<b>9,762</b>	<b>9,762</b>		

**% of unserved among WIC eligibles:** 26.7% (= 9,762 / 36,521 \* 100)  
**city/town average % of unserved:** 36.73% (average of column "% WIC Eligible Unserved"-excluding no town listed)  
**SD of % unserved:** 12.77% (SD of column "% WIC Eligible Unserved"- excluding no town listed)

**NOTE:** \* Standard Score of each town/city is calculated by subtracting the average % value (36.73%: value in D53) from each city/town's "% WIC eligible unserved", then dividing the amount by the standard deviation (value in D54).

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

Table 5

## WIC Local Agency Current Service Areas

Local Agency	Need Index	Communities Served
Blackstone Valley Health Center	1.735	Central Falls
	-1.655	Cumberland
	1.333	Lincoln
	0.985	Pawtucket
Chad Brown Health Center	2.629	Providence
Family Health Center of Cranston	0.524	Coventry
	-0.097	Cranston
Health Center of South County	-0.054	Charlestown
	1.293	East Greenwich
	-0.218	Exeter
	0.564	Jamestown
	1.147	Narragansett
	-0.888	New Shoreham
	0.732	North Kingstown
	-2.357	South Kingstown
New Visions for Newport	0.564	Jamestown
	0.751	Little Compton
	-2.066	Middletown
	1.057	Newport
	-0.390	Portsmouth
Providence Ambulatory Health Care Foundation, Inc. (PAHCF)	-0.444	Tiverton
	-0.097	Cranston
	1.293	East Greenwich
	-0.145	East Providence
	-0.111	North Providence
Self-Help Inc.	2.629	Providence
	0.113	Barrington
	-1.537	Bristol
	-0.145	East Providence
St. Joseph Hospital	-0.820	Warren
	2.629	Providence
	1.333	Lincoln
Thundermist Health Associates, Inc.	-0.544	North Smithfield
	-2.538	Smithfield
	2.864	Woonsocket
	-1.977	Burrillville
Tri-Town Economic Opportunity Committee	-1.655	Cumberland
	0.610	Foster
	-1.300	Johnston
	-0.111	North Providence
	0.086	Scituate
	-2.538	Smithfield
	0.436	Glocester
WestBay Community Action Inc	0.524	Coventry

	1.293	East Greenwich
	0.521	Warwick
	-2.042	West Greenwich
	1.687	West Warwick
Women and Infants Hospital	0.113	Barrington
	2.629	Providence
Wood River Health Services	-0.054	Charlestown
	-0.218	Exeter
	-0.278	Hopkinton
	-0.200	Richmond
	-2.042	West Greenwich
	0.595	Westerly

# WIC Needs Index and Rank, RI 2008

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

City/Town	Average Stand. Score of 5 MCH Indicators#	MCH Risk Index## Col (1) x 2	Standard Score of		Needs Rank 2008	Needs Rank 2007	Change in Ranking from 07 to 08
	Col (1)	Col (2)	WIC Unserved Col (3)	Needs Index* Col (2)+Col (3)			
Woonsocket	1.932	3.864	-1.000	2.864	1	1	0
Providence	1.955	3.911	-1.282	2.629	2	3	1
Central Falls	1.702	3.403	-1.668	1.735	3	2	-1
West Warwick	0.628	1.256	0.431	1.687	4	4	0
Lincoln	0.050	0.100	1.233	1.333	5	14	9
East Greenwich	0.070	0.140	1.154	1.293	6	13	7
Narragansett	0.061	0.121	1.026	1.147	7	25	18
Newport	0.614	1.227	-0.170	1.057	8	9	1
Pawtucket	1.351	2.702	-1.717	0.985	9	7	-2
Little Compton**	0.055	0.109	0.642	0.751	10	6	-4
North Kingstown	-0.036	-0.073	0.805	0.732	11	16	5
Foster**	0.440	0.881	-0.270	0.610	12	10	-2
Westerly	0.427	0.854	-0.259	0.595	13	5	-8
Jamestown**	-0.689	-1.379	1.943	0.564	14	18	4
Coventry	0.053	0.107	0.417	0.524	15	19	4
Warwick	-0.087	-0.173	0.694	0.521	16	15	-1
Glocester**	-0.033	-0.067	0.503	0.436	17	8	-9
Barrington	-1.185	-2.371	2.484	0.113	18	31	13
Scituate**	-0.925	-1.849	1.935	0.086	19	11	-8
Charlestown**	-0.515	-1.029	0.975	-0.054	20	12	-8
Cranston	0.091	0.182	-0.280	-0.097	21	21	0
North Providence	0.021	0.041	-0.152	-0.111	22	32	10
East Providence	0.384	0.768	-0.913	-0.145	23	23	0
Richmond	-0.389	-0.778	0.578	-0.200	24	37	13
Exeter**	-0.404	-0.808	0.590	-0.218	25	17	-8
Hopkinton**	-0.027	-0.054	-0.224	-0.278	26	20	-6
Portsmouth	-0.441	-0.883	0.493	-0.390	27	33	6
Tiverton	-0.001	-0.002	-0.443	-0.444	28	26	-2
North Smithfield**	0.035	0.071	-0.615	-0.544	29	22	-7
Warren	-0.208	-0.416	-0.403	-0.820	30	24	-6
New Shoreham**	-0.321	-0.642	-0.246	-0.888	31	29	-2
Johnston	-0.269	-0.539	-0.762	-1.300	32	30	-2
Bristol	-0.446	-0.891	-0.646	-1.537	33	27	-6
Cumberland	-0.464	-0.928	-0.727	-1.655	34	28	-6
Burrillville	-0.390	-0.780	-1.197	-1.977	35	34	-1
West Greenwich**	-1.025	-2.050	0.008	-2.042	36	38	2
Middletown	-0.354	-0.709	-1.358	-2.066	37	39	2
South Kingstown	-0.780	-1.560	-0.797	-2.357	38	36	-2
Smithfield	-0.878	-1.756	-0.782	-2.538	39	35	-4

**NOTE:**

# Five MCH indicators include Children in Poverty, Infant Mortality, Low Birthweight Infants, Delayed Prenatal Care, and Teen Births

## MCH Risk Index is calculated as multiplying Average Standard Score of 5 MCH indicators (Col 1) by 2

\* Needs Index = MCH Risk Index (Col 2) + Standard Score of WIC Unserved (Col 3)

\*\* indicates cities/towns with less than 500 births during 2002-2006, resulted in statistically unreliable MCH Risk Index scores.

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

**DATA SOURCES:** The source of 5 MCH indicators (Children in Poverty, Infant Mortality, Low Birthweight Infants, Delayed Prenatal Care, and Teen Births) is the 2008 Rhode Island Kids Count Factbook.

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

The source of Estimated WIC Eligibles is the Department of Human Services, Medicaid Management Information System

Table 4

**WIC Needs Index and Rank, RI 2008**

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

City/Town	Average Stand. Score of 5 MCH Indicators#	MCH Risk Index##	Standard Score of		Needs Rank 2008	Needs Rank 2007
	Col (1)	Col (1) x 2 Col (2)	WIC Unserved Col (3)	Needs Index* Col (2)+Col (3)		
Barrington	-1.185	-2.371	2.484	0.113	18	31
Bristol	-0.446	-0.891	-0.646	-1.537	33	27
Burrillville	-0.390	-0.780	-1.197	-1.977	35	34
Central Falls	1.702	3.403	-1.668	1.735	3	2
Charlestown**	-0.515	-1.029	0.975	-0.054	20	12
Coventry	0.053	0.107	0.417	0.524	15	19
Cranston	0.091	0.182	-0.280	-0.097	21	21
Cumberland	-0.464	-0.928	-0.727	-1.655	34	28
East Greenwich	0.070	0.140	1.154	1.293	6	13
East Providence	0.384	0.768	-0.913	-0.145	23	23
Exeter**	-0.404	-0.808	0.590	-0.218	25	17
Foster**	0.440	0.881	-0.270	0.610	12	10
Glocester**	-0.033	-0.067	0.503	0.436	17	8
Hopkinton**	-0.027	-0.054	-0.224	-0.278	26	20
Jamesstown**	-0.689	-1.379	1.943	0.564	14	18
Johnston	-0.269	-0.539	-0.762	-1.300	32	30
Lincoln	0.050	0.100	1.233	1.333	5	14
Little Compton**	0.055	0.109	0.642	0.751	10	6
Middletown	-0.354	-0.709	-1.358	-2.066	37	39
Narragansett	0.061	0.121	1.026	1.147	7	25
New Shoreham**	-0.321	-0.642	-0.246	-0.888	31	29
Newport	0.614	1.227	-0.170	1.057	8	9
North Kingstown	-0.036	-0.073	0.805	0.732	11	16
North Providence	0.021	0.041	-0.152	-0.111	22	32
North Smithfield**	0.035	0.071	-0.615	-0.544	29	22
Pawtucket	1.351	2.702	-1.717	0.985	9	7
Portsmouth	-0.441	-0.883	0.493	-0.390	27	33
Providence	1.955	3.911	-1.282	2.629	2	3
Richmond	-0.389	-0.778	0.578	-0.200	24	37
Scituate**	-0.925	-1.849	1.935	0.086	19	11
Smithfield	-0.878	-1.756	-0.782	-2.538	39	35
South Kingstown	-0.780	-1.560	-0.797	-2.357	38	36
Tiverton	-0.001	-0.002	-0.443	-0.444	28	26
Warren	-0.208	-0.416	-0.403	-0.820	30	24
Warwick	-0.087	-0.173	0.694	0.521	16	15
West Greenwich**	-1.025	-2.050	0.008	-2.042	36	38
West Warwick	0.628	1.256	0.431	1.687	4	4
Westerly	0.427	0.854	-0.259	0.595	13	5
Woonsocket	1.932	3.864	-1.000	2.864	1	1

## NOTE:

# Five MCH indicators include Children in Poverty, Infant Mortality, Low Birthweight Infants, Delayed Prenatal Care, and Teen Births

## MCH Risk Index is calculated as multiplying Average Standard Score of 5 MCH indicators (Col 1) by 2

\* Needs Index = MCH Risk Index (Col 2) + Standard Score of WIC Unserved (Col 3)

\*\* indicates cities/towns with less than 500 births during 2002-2006, resulted in statistically unreliable MCH Risk Index scores.

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

Data Source: The source of 5 MCH indicators (Children in Poverty, Infant Mortality, Low Birthweight Infants, Delayed Prenatal Care, and Teen Births) is the 2008 Rhode Island Kids Count Factbook.

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

The source of Estimated WIC Eligibles is the Department of Human Services, Medicaid Management Information System

Table 3  
# of WIC Agency Enrollees by City/Town of Residence

City / Town of enrollees' residence	Women & Infants Hospital		St. Joseph Hospital		Eastbay CAP		Tri-Town Economic Oppor Comm		West Bay CAP		Wood River Health Services		BV/CHC Health Center		Chad Brown Health Center		Comprehensive Comm Action Program		Thundermist Health Assoc		PHC		Total
ALBION																							1
ASHAWAY																							8
BARRINGTON																							2
BLOCK ISLAND																							26
BRADFORD																							5
BRISTOL																							8
BURRILLVILLE																							234
CAROLINA																							208
CENTRAL FALLS																							3
CHARLESTOWN																							1675
CHEPACHET																							52
COVENTRY																							14
CRANSTON																							357
CUMBERLAND																							1350
EAST GREENWICH																							73
EAST PROVIDENCE																							964
EXETER																							41
FISKVILLE																							1
FORESTDALE																							1
FOSTER																							1
GLENDALE																							50
GLOCESTER																							3
GREENE																							54
GREENVILLE																							1
HARRISVILLE																							2
HOPE VALLEY																							5
HOPKINTON																							3
JAMESTOWN																							4
JOHNSTON																							116
KINGSTON																							17
LINCOLN																							483
LITTLE COMPTON																							2
MANVILLE																							25
MAPLEVILLE																							2
MIDDLETOWN																							280
NARRAGANSETT																							73
NEW SHOREHAM																							3
NEWPORT																							2
NORTH SCITUATE																							527
NORTH KINGSTOWN																							3
NORTH PROVIDENCE																							237
NORTH SMITHFIELD																							438
PASCOAG																							82
PAWLUCKET																							4
PEACEDALE																							1
PORTSMOUTH																							10
PROVIDENCE																							111
RICHMOND																							72
SAUNDERSTOWN																							6
SCITUATE																							7
SHANNOCK																							37
SLATERSVILLE																							2
SOUTH KINGSTOWN																							4
SMITHFIELD																							115
SOUTH KINGSTOWN																							184
TIVERTON																							114
WAKEFIELD																							7
WARREN																							151
WARWICK																							913
WEST GREENWICH																							27
WEST KINGSTOWN																							12
WEST WARWICK																							100
WESTERLY																							18
WOONSOCKET																							408
WYOMING																							1
Total	1682	1409	2295	1405	1425	611	4884	913	1526	2987	7118	26253											

Summary Table of the 5 MCH Indicator Standard Scores by city/town, RI 2008

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 for 2008	Average S.S for 2007
Barrington	-1.006	-1.472	-0.858	-1.882	-0.709	-5.926	-1.185	-1.051
Bristol	-0.637	-0.125	0.015	-1.514	0.033	-2.228	-0.446	-0.332
Burrillville	-0.285	-0.257	-1.366	0.331	-0.373	-1.950	-0.390	-0.463
Central Falls	4.054	2.370	-0.167	-0.923	3.175	8.509	1.702	1.774
Charlestown**	0.084	-0.224	-0.930	-0.997	-0.506	-2.573	-0.515	-0.344
Coventry	0.036	-0.684	0.524	0.774	-0.384	0.266	0.053	-0.154
Cranston	0.223	-0.125	0.233	0.184	-0.058	0.456	0.091	0.013
Cumberland	-0.424	-0.815	-1.039	0.626	-0.668	-2.320	-0.464	-0.246
East Greenwich	-0.760	-1.045	1.578	1.143	-0.567	0.349	0.070	-0.425
East Providence	0.218	-0.158	0.160	1.585	0.115	1.920	0.384	0.163
Exeter**	-0.418	-0.519	-0.603	-0.259	-0.221	-2.021	-0.404	-0.630
Foster**	-0.301	-0.158	1.469	1.881	-0.689	2.202	0.440	0.790
Glocester**	-0.327	-0.487	1.651	-0.702	-0.302	-0.167	-0.033	-0.068
Hopkinton**	-0.178	1.024	-1.003	0.405	-0.384	-0.136	-0.027	0.313
Jamestown**	-0.803	0.137	-0.058	-1.882	-0.841	-3.447	-0.689	-0.778
Johnston	-0.087	-0.552	-0.748	0.110	-0.068	-1.346	-0.269	-0.143
Lincoln	-0.343	-0.487	0.924	0.479	-0.323	0.250	0.050	-0.182
Little Compton**	-0.375	-0.618	0.415	1.733	-0.882	0.273	0.055	0.343
Middletown	0.025	0.039	-1.076	-0.407	-0.353	-1.772	-0.354	-0.361
Narragansett	-0.600	-0.060	0.815	0.257	-0.109	0.303	0.061	-0.175
Newport	0.255	1.483	-0.130	-0.038	1.498	3.068	0.614	0.629
Newsham**	-1.097	1.647	-1.803	-0.407	0.054	-1.605	-0.321	-0.381
North Kingstown	-0.311	-0.388	1.069	-0.554	0.003	-0.182	-0.036	-0.191
North Providence	0.121	-0.158	-0.530	0.626	0.044	0.103	0.021	-0.248
North Smithfield**	-0.488	-0.782	1.942	0.184	-0.678	0.177	0.035	-0.076
Pawtucket	1.959	1.615	0.597	0.995	1.589	6.755	1.351	1.341
Portsmouth	-0.514	-0.125	-0.167	-0.702	-0.699	-2.207	-0.441	-0.267
Providence	1.441	2.074	1.542	1.585	3.135	9.777	1.955	1.694
Richmond	-0.424	-1.242	-0.349	0.626	-0.556	-1.944	-0.389	-0.379
Scituate**	-0.696	-1.012	-1.003	-1.366	-0.546	-4.623	-0.925	-0.691
Smithfield	-0.846	-1.242	-0.349	-1.366	-0.587	-4.389	-0.878	-0.721
South Kingstown	-0.846	-0.388	-0.930	-1.292	-0.445	-3.901	-0.780	-0.745
Tiverton	-0.375	0.728	0.306	0.036	-0.699	-0.004	-0.001	-0.081
Warren	0.121	0.006	-1.148	0.110	-0.129	-1.041	-0.208	-0.134
Warwick	0.057	-0.388	-0.058	0.257	-0.302	-0.433	-0.087	-0.008
Westerly	0.565	1.089	0.706	-0.259	0.033	2.134	0.427	0.763
Westgreenwich**	-0.392	-1.373	-1.803	-0.849	-0.799	-5.126	-1.025	-0.897
Westwarwick	0.875	0.597	0.924	-0.112	0.857	3.141	0.628	0.484
Woonsocket	2.499	2.074	1.251	1.585	2.250	9.660	1.932	1.863

\*\* indicates cities/towns with less than 500 births during 2002-2006, resulted in statistically unreliable MCH scores. These cities/towns are recommended to be excluded in ranking.

Medicaid Children Under 5 by Age as of: 08/31/2008 - per: RI Dept of Human Services, Medicaid Management Information System						
Age	Under 1	1 year	2 years	3 years	4 years	Total
Barrington	13	9	13	15	11	61
Bristol	51	46	46	47	34	224
Burrillville	47	42	41	39	40	209
Central Falls	313	307	267	282	249	1,418
Charlestown	12	20	22	18	27	99
Coventry	104	89	96	80	82	451
Cranston	315	310	286	277	266	1,454
Cumberland	76	71	59	67	70	343
East Greenwich	24	19	24	16	19	102
East Providence	197	200	196	153	162	908
Exeter	9	12	10	10	11	52
Foster	12	14	7	11	10	54
Glocester	15	16	22	15	7	75
Hopkinton	36	20	26	8	23	113
Jamestown	5	6	6	8	4	29
Johnston	94	98	81	92	99	464
Lincoln	47	59	44	31	51	232
Little Compton	9	4	5	5	5	28
Middletown	42	54	42	40	52	230
Narragansett	19	27	17	23	29	115
New Shoreham	2	2	1	2		7
Newport	116	134	111	107	106	574
North Kingstown	65	87	69	53	71	345
North Providence	113	84	81	88	89	455
North Smithfield	16	24	20	8	20	88
Pawtucket	644	661	566	546	537	2,954
Portsmouth	34	30	23	25	34	146
Providence	2,110	1,942	1,792	1,705	1,672	9,221
Richmond	21	20	15	21	13	90
Scituate	16	18	15	10	17	76
Smithfield	29	23	19	23	15	109
South Kingstown	61	42	43	38	43	227
Tiverton	26	28	30	21	25	130
Warren	32	29	44	23	30	158
Warwick	253	222	251	233	240	1,199
West Greenwich	9	9	7	6	2	33
West Warwick	176	163	154	146	119	758
Westerly	99	83	77	82	72	413
Woonsocket	411	397	359	341	343	1,851
Unknown	65	59	39	70	66	299
<b>Total</b>	<b>5,738</b>	<b>5,480</b>	<b>5,026</b>	<b>4,785</b>	<b>4,765</b>	<b>25,794</b>

Age Re-grouped		
Under 1	1-4 yrs	Total
13	48	61
51	173	224
47	162	209
313	1105	1418
12	87	99
104	347	451
315	1139	1454
76	267	343
24	78	102
197	711	908
9	43	52
12	42	54
15	60	75
36	77	113
5	24	29
94	370	464
47	185	232
9	19	28
42	188	230
19	96	115
2	5	7
116	458	574
65	280	345
113	342	455
16	72	88
644	2310	2954
34	112	146
2,110	7111	9221
21	69	90
16	60	76
29	80	109
61	166	227
26	104	130
32	126	158
253	946	1199
9	24	33
176	582	758
99	314	413
411	1440	1851
65	234	299
<b>5,738</b>	<b>20056</b>	<b>25794</b>

Data Source: RI Dept of Human Services, Medicaid Management Information System  
S:\WIC\Plan\Plan 2009\2008 WIC needs index tables.xls]Table 6

2008 WIC Eligible Population Estimates					
	Under 1*	1-4 yrs*	Pregnant Women#	Postpartum Women##	Total
Barrington	14	53	10	9	86
Bristol	54	190	40	35	319
Burrillville	49	178	37	32	297
Central Falls	329	1216	246	214	2004
Charlestown	13	96	9	8	126
Coventry	109	382	82	71	644
Cranston	331	1253	248	215	2047
Cumberland	80	294	60	52	485
East Greenwich	25	86	19	16	146
East Providence	207	782	155	134	1279
Exeter	9	47	7	6	70
Foster	13	46	9	8	76
Glocester	16	66	12	10	104
Hopkinton	38	85	28	25	175
Jamestown	5	26	4	3	39
Johnston	99	407	74	64	644
Lincoln	49	204	37	32	322
Little Compton	9	21	7	6	44
Middletown	44	207	33	29	313
Narragansett	20	106	15	13	153
New Shoreham	2	6	2	1	11
Newport	122	504	91	79	796
North Kingstown	68	308	51	44	472
North Providence	119	376	89	77	661
North Smithfield	17	79	13	11	120
Pawtucket	676	2541	507	440	4164
Portsmouth	36	123	27	23	209
Providence	2216	7822	1662	1440	13139
Richmond	22	76	17	14	129
Scituate	17	66	13	11	106
Smithfield	30	88	23	20	161
South Kingstown	64	183	48	42	336
Tiverton	27	114	20	18	180
Warren	34	139	25	22	219
Warwick	266	1041	199	173	1678
West Greenwich	9	26	7	6	49
West Warwick	185	640	139	120	1084
Westerly	104	345	78	68	595
Woonsocket	432	1584	324	281	2620
Unknown	68	257	51	44	421
Total	6025	22062	4519	3916	36521

**Methods used for Estimation:**

\* To adjust the number of children who are eligible for WIC (under 185% FPL) but not participate in the Rite Care, 5% increases for age < 1yr and 10% increases for ages 1-4 years were made.

# Eligible Pregnant Women =number of Eligible Infants x 0.75 (9 months of pregnant periods)

## Eligible Postpartum Women =number of Eligible Infants x 0.65 (based on breastfeeding rate at 6 months postpartur)

2008	Teen Birth Rate (per 1000)	Standard Score*
Barrington	1.7	-1.006
Bristol	8.6	-0.637
Burrillville	15.2	-0.285
Central Falls	96.4	4.054
Charlestown	22.1	0.084
Coventry	21.2	0.036
Cranston	24.7	0.223
Cumberland	12.6	-0.424
East Greenwich	6.3	-0.760
East Providence	24.6	0.218
Exeter	12.7	-0.418
Foster	14.9	-0.301
Glocester	14.4	-0.327
Hopkinton	17.2	-0.178
Jamestown	5.5	-0.803
Johnston	18.9	-0.087
Lincoln	14.1	-0.343
Little Compton	13.5	-0.375
Middletown	21	0.025
Narragansett	9.3	-0.600
Newport	25.3	0.255
New Shoreham	0	-1.097
N. Kingstown	14.7	-0.311
North Providence	22.8	0.121
North Smithfield	11.4	-0.488
Pawtucket	57.2	1.959
Portsmouth	10.9	-0.514
Providence	47.5	1.441
Richmond	12.6	-0.424
Scituate	7.5	-0.696
Smithfield	4.7	-0.846
S. Kingstown	4.7	-0.846
Tiverton	13.5	-0.375
Warren	22.8	0.121
Warwick	21.6	0.057
Westerly	31.1	0.565
West Greenwich	13.2	-0.392
West Warwick	36.9	0.875
Woonsocket	67.3	2.499
town/city average	20.528	
standard deviation	18.717	

NOTE: \* Standard Score of each town/city is calculated by subtracting the average value (value in B43) from city/town's observed value, then dividing the amount by the standard deviation (value in B44).

Data Source: 2008 Rhode Island Kids Count Factbook (p77).

"Table 22. Birth to Teens, Ages 15-19, Rhode Island, 2002-2006"

2008	% delayed prenatal care	Standard Score*
Barrington	4.1	-1.472
Bristol	8.2	-0.125
Burrillville	7.8	-0.257
Central Falls	15.8	2.370
Charlestown	7.9	-0.224
Coventry	6.5	-0.684
Cranston	8.2	-0.125
Cumberland	6.1	-0.815
East Greenwich	5.4	-1.045
East Providence	8.1	-0.158
Exeter	7	-0.519
Foster	8.1	-0.158
Glocester	7.1	-0.487
Hopkinton	11.7	1.024
Jamestown	9	0.137
Johnston	6.9	-0.552
Lincoln	7.1	-0.487
Little Compton	6.7	-0.618
Middletown	8.7	0.039
Narragansett	8.4	-0.060
Newport	13.1	1.483
New Shoreham	13.6	1.647
N. Kingstown	7.4	-0.388
North Providence	8.1	-0.158
North Smithfield	6.2	-0.782
Pawtucket	13.5	1.615
Portsmouth	8.2	-0.125
Providence	14.9	2.074
Richmond	4.8	-1.242
Scituate	5.5	-1.012
Smithfield	4.8	-1.242
S. Kingstown	7.4	-0.388
Tiverton	10.8	0.728
Warren	8.6	0.006
Warwick	7.4	-0.388
Westerly	11.9	1.089
West Greenwich	4.4	-1.373
West Warwick	10.4	0.597
Woonsocket	14.9	2.074
town/city average	8.582	
standard deviation	3.046	

NOTE: \* Standard Score of each town/city is calculated by subtracting the average value (value in B43) from each city/town's observed value, then dividing the amount by the standard deviation (value in B44).

Data Source: 2008 Rhode Island Kids Count Factbook (p63).

"Table 16. Delayed Prenatal Care, Rhode Island, 2002-2006"

2008	Low Birthweight(%)	Standard Score*
Barrington	4.8	-1.882
Bristol	5.3	-1.514
Burrillville	7.8	0.331
Central Falls	6.1	-0.923
Charlestown	6	-0.997
Coventry	8.4	0.774
Cranston	7.6	0.184
Cumberland	8.2	0.626
East Greenwich	8.9	1.143
East Providence	9.5	1.585
Exeter	7	-0.259
Foster	9.9	1.881
Glocester	6.4	-0.702
Hopkinton	7.9	0.405
Jamestown	4.8	-1.882
Johnston	7.5	0.110
Lincoln	8	0.479
Little Compton	9.7	1.733
Middletown	6.8	-0.407
Narragansett	7.7	0.257
Newport	7.3	-0.038
New Shoreham	6.8	-0.407
N. Kingstown	6.6	-0.554
North Providence	8.2	0.626
North Smithfield	7.6	0.184
Pawtucket	8.7	0.995
Portsmouth	6.4	-0.702
Providence	9.5	1.585
Richmond	8.2	0.626
Scituate	5.5	-1.366
Smithfield	5.5	-1.366
S. Kingstown	5.6	-1.292
Tiverton	7.4	0.036
Warren	7.5	0.110
Warwick	7.7	0.257
Westerly	7	-0.259
West Greenwich	6.2	-0.849
West Warwick	7.2	-0.112
Woonsocket	9.5	1.585
town/city average	7.351	
standard deviation	1.355	

NOTE: \* Standard Score of each town/city is calculated by subtracting the average value (value in B43) from each city/town's observed value, then dividing the amount by the standard deviation (value in B44).

Data Source: 2008 Rhode Island Kids Count Factbook (p67).

"Table 18. Low Birthweight Infants, Rhode Island, 2002-2006"

	2008 Infant Mortality (rate/1,000)	Standard Score*
Barrington	2.6	-0.858
Bristol	5	0.015
Burrillville	1.2	-1.366
Central Falls	4.5	-0.167
Charlestown	2.4	-0.930
Coventry	6.4	0.524
Cranston	5.6	0.233
Cumberland	2.1	-1.039
East Greenwich	9.3	1.578
East Providence	5.4	0.160
Exeter	3.3	-0.603
Foster	9.0	1.469
Glocester	9.5	1.651
Hopkinton	2.2	-1.003
Jamestown	4.8	-0.058
Johnston	2.9	-0.748
Lincoln	7.5	0.924
Little Compton	6.1	0.415
Middletown	2	-1.076
Narragansett	7.2	0.815
Newport	4.6	-0.130
New Shoreham	0	-1.803
N. Kingstown	7.9	1.069
North Providence	3.5	-0.530
North Smithfield	10.3	1.942
Pawtucket	6.6	0.597
Portsmouth	4.5	-0.167
Providence	9.2	1.542
Richmond	4	-0.349
Scituate	2.2	-1.003
Smithfield	4	-0.349
S. Kingstown	2.4	-0.930
Tiverton	5.8	0.306
Warren	1.8	-1.148
Warwick	4.8	-0.058
Westerly	6.9	0.706
West Greenwich	0	-1.803
West Warwick	7.5	0.924
Woonsocket	8.4	1.251
town/city average	4.959	
standard deviation	2.7509	

NOTE: \* Standard Score of each town/city is calculated by subtracting the average value (value in B43) from each city/town's observed value, then dividing the amount by the standard deviation (value in B44).

Data Source: 2008 Rhode Island Kids Count Factbook (p69).

"Table 19. Infant Deaths, Rhode Island, 2002-2006"

	2008 child Poverty rate (%)	Standard Score*
Barrington	2.7	-0.709
Bristol	10	0.033
Burrillville	6	-0.373
Central Falls	40.9	3.175
Charlestown	4.7	-0.506
Coventry	5.9	-0.384
Cranston	9.1	-0.058
Cumberland	3.1	-0.668
East Greenwich	4.1	-0.567
East Providence	10.8	0.115
Exeter	7.5	-0.221
Foster	2.9	-0.689
Glocester	6.7	-0.302
Hopkinton	5.9	-0.384
Jamestown	1.4	-0.841
Johnston	9	-0.068
Lincoln	6.5	-0.323
Little Compton	1	-0.882
Middletown	6.2	-0.353
Narragansett	8.6	-0.109
Newport	24.4	1.498
New Shoreham	10.2	0.054
N. Kingstown	9.7	0.003
North Providence	10.1	0.044
North Smithfield	3	-0.678
Pawtucket	25.3	1.589
Portsmouth	2.8	-0.699
Providence	40.5	3.135
Richmond	4.2	-0.556
Scituate	4.3	-0.546
Smithfield	3.9	-0.587
S. Kingstown	5.3	-0.445
Tiverton	2.8	-0.699
Warren	8.4	-0.129
Warwick	6.7	-0.302
Westerly	10	0.033
West Greenwich	2.7	-0.709
West Warwick	18.1	0.857
Woonsocket	31.8	2.250
town/city average	9.672	
standard deviation	9.8344	

NOTE: \* Standard Score of each town/city is calculated by subtracting the average value (value in B43) from each city/town's observed value, then dividing the amount by the standard deviation (value in B44).

Data Source: 2008 Rhode Island Kids Count Factbook (p37).

"Table 9. Children living below the Federal Poverty Threshold, Rhode Island, 2000"

**Rhode Island WIC Program**  
**Operations Manual**

The Hon. Donald L. Carcieri, Governor

David R. Gifford, MD, MPH, Director of Health

December 2008

Rhode Island Department of Health

**SECTION 1**

**GENERAL INFORMATION**

**STATEMENT ON A DRUG FREE WORKPLACE**

The Rhode Island Department of Health WIC Program has taken measures to maintain a drug free workplace as part of an effort to maintain a drug free workplace in all state offices. Employees have attended meetings informing them of their rights and responsibilities and of consequences of drug abuse. Employees have also been asked to voluntarily sign and submit to the Office of Personnel a statement that they would not use illegal drugs. See State of Rhode Island Drug Free Workplace Policy.

**PREAPPLICATION PACKAGE**

1. Pre-application letter
2. WIC Program Information Sheet, FNS-131
3. Application Form
4. Current WIC Program Federal Regulations (deleted for State Plan)
5. Rhode Island WIC Policies For Program Initiation, Expansion and Selection.

Dear

Thank you for expressing an interest to have your agency operate a WIC Program in the State of Rhode Island. A Rhode Island Department of Health WIC Program application package is enclosed. This package consists of the following information:

1. FNS-131, Special Supplemental Nutrition Program For Women, Infants and Children Information Sheet provides a description of criteria for local agencies.
2. Application Form; Information needed to determine if an applicant agency is eligible to operate a WIC Program
3. Current WIC Program Federal Regulations Regulations pursuant to Public Law 95-627 under which the WIC Program operates. Note: Section 246.6, Agreements with Local Agencies, which delineates the responsibilities of a local agency that operates a WIC Program.
4. Rhode Island policies for program initiation, expansion, and selection.

The Rhode Island Department of Health (HEALTH) requires of each agency which desires approval as a local agency to submit a written application which contains sufficient information to enable the HEALTH to make a determination as to the eligibility of the local agency. Within fifteen (15) days after receipt of an incomplete application the HEALTH shall provide written notification to the applicant agency of the additional information needed.

The HEALTH shall notify the applicant agency, in writing, of the approval or denial of its application within thirty (30) days of a receipt of a completed application. When an application is disapproved, HEALTH will advise the applicant agency of the reasons for disapproval and of the right to appeal as set forth in WIC Program Federal Regulations.

The HEALTH shall deny application from local agencies if funds are not available for program initiation or expansion. Such agencies shall be notified when funds become available.

Please contact the HEALTH WIC Program with any questions you have

concerning the information in this package or in completing the application form.

Sincerely,

Ann M. Barone, Acting Chief  
WIC Program

(401) 222-4623

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR  
WOMEN, INFANTS & CHILDREN**

US DEPARTMENT OF AGRICULTURE/FOOD AND NUTRITION SERVICE/WASHINGTON, DC  
Revised December 1997 FNS-131

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides specified nutritious supplemental foods to pregnant, postpartum, and breastfeeding women and to infants and children up to their fifth birthday who are determined by competent professionals (physicians, nutritionists, nurses, and other health officials) to be at "nutritional risk" because of inadequate nutrition and inadequate income. Funds are made available to participating State health departments or comparable State agencies: to Indian tribes, bands or groups recognized by the Department of the Interior or their authorized representative or to the Indian Health Service of the Department of Health, Education, and Welfare. These agencies distribute funds to the participating local agencies. These funds are used to provide specified supplemental foods to WIC participants and to pay specified administrative costs, including those for nutrition education.

**WHAT ARE THE ELIGIBILITY CRITERIA FOR INDIVIDUAL PARTICIPANTS?**

Infants, children, and pregnant, postpartum or breastfeeding women are eligible for the WIC Program if they: (1) reside in an approved project area or are a member of a special population; (2) meet the income eligibility standards of the local agency; and (3) are individually determined by a competent professional to be in nutritional need of the supplemental foods provided by the WIC Program. A person is determined in nutritional need for such reasons as anemia, abnormal growth, high risk pregnancy, and inadequate diet. When a local agency no longer has funds to serve additional participants, applicants are placed in one of six nutritional need priority levels in order to assure that those persons in greatest need are placed on the WIC Program as soon as space is available.

**WHAT SUPPLEMENTAL FOODS DO THE PARTICIPANTS RECEIVE?**

Under the WIC Program, infants up to one year old receive iron-fortified formula, cereal which is high in iron, and fruit juice which is high in vitamin C. Participating women and children receive fortified milk and/or cheese, eggs, hot or cold cereal which is high in iron, and fruit or vegetable juice which is high in vitamin C and peanut butter or dried beans or peas. Women and children with special dietary problems may receive special formula by request of the physician. Breastfeeding women may receive carrots and canned tuna fish.

**HOW DO PARTICIPANTS RECEIVE SUPPLEMENTAL FOODS?**

WIC participants receive foods from a food delivery system operated by their State Agency, which is responsible for the accountability of the system and its effectiveness in meeting their needs. Systems the State agencies use are: (1) retail purchase systems in which participants obtain supplemental foods through local retail stores; (2) home delivery systems in which food is delivered to the participant's home; and (3) direct distribution system in which participants pick up food from a storage facility. RI WIC provides food through the retail purchase system.

**HOW ARE LOCAL AGENCIES SELECTED?**

Each State agency may rank areas and special populations under its jurisdiction in order of greatest need based on economic and health statistics and may or may not approve new programs in this rank order. When funds are available to open a WIC Program in an area, the State agency selects a local agency in the following order; (1) a health agency which can provide both health and administrative services; (2) a health or welfare agency which must contract with another agency for health or administrative services; (3) a health agency which must contract with a private physician in order to provide health services to a particular category of participant (women, infants, or children); (4) a welfare agency which must contract with a private physician in order to provide health services; and (5) agencies that will provide routine pediatric and obstetric care through referral to a health provider. Such local agencies must have a plan for continued efforts to make health services available to participant at the clinic or through written agreements with health care providers.

**WHAT RECOURSE DOES A PERSON HAVE FOR ANY ADVERSE DECISION WITHIN THE WIC PROGRAM?**

Each State agency is required to have a fair hearing procedure under which pregnant, postpartum and breastfeeding women parents, or guardians can appeal any decision made by the local agency regarding program participation.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability.

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

STATE OF RHODE ISLAND  
RHODE ISLAND DEPARTMENT OF HEALTH

AGENCY APPLICATION TO OPERATE WOMEN, INFANTS AND CHILDREN  
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM (WIC)

FISCAL YEAR 2008

1. Name of Applicant Agency \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Officials to be responsible for WIC Program

Chief Executive Officer Name \_\_\_\_\_

Title \_\_\_\_\_

Medical Director or  
Physician on call Name \_\_\_\_\_

Title \_\_\_\_\_

Application Contact Person Name \_\_\_\_\_

Title \_\_\_\_\_

Agency Tax ID Number \_\_\_\_\_

2. Name and address of organization sponsoring applicant agency, if any.

3. Sources of funding for local agency, (Private nonprofit organizations must attach documentation of tax-exempt status).

USDA _____	HUD _____	RIDEA _____	Private Nonprofit
USDHHS _____	RI Health Dept. _____	RIDHS _____	Other (specify)
USDOE _____	Local Gov't. _____		

4. Congressional district: \_\_\_\_\_  
\_\_\_\_\_

5. Will any of the WIC Program health and administrative services be provided through a contractual relationship with another agency(ies), or individual(s)? If yes, please specify.

6. Identify by type and number health professionals who will determine eligibility for WIC Program and authorize supplemental food.

Physician	_____	Number	_____
Registered Nurse	_____	Number	_____
Nutritionist	_____	Number	_____
Health Aides	_____	Number	_____
Pediatric Nurse	_____	Number	_____
Practitioners	_____	Number	_____
Other	_____	Number	_____

7. Health services offered to: (Please check all that apply).

	<u>Women</u>	<u>Infants</u>	<u>Children</u>
Physician	_____	_____	_____
On-Call Physician	_____	_____	_____
Nursing	_____	_____	_____
Home Health	_____	_____	_____
Nutrition	_____	_____	_____
Dental	_____	_____	_____
X-Ray	_____	_____	_____
Occupational Therapy	_____	_____	_____
Physical Therapy	_____	_____	_____
Pharmacy	_____	_____	_____
Other (Specify)	_____	_____	_____

8. Brief description of financial, residential or other socioeconomic criteria applied to determine the eligibility of such individuals for health care including treatment, free or at less than the customary full charge.

9. Medical record data maintained. (Check)

Type	Women	Infants	Children
<u>Height</u>			
<u>Weight</u>			
<u>BMI</u>			
<u>Hemoglobin</u>			
<u>Hematocrit</u>			
<u>Lead</u>			
<u>Immunizations</u>			

10. Proposed geographic areas for WIC Project (attach map to clarify, if needed).

11. Population estimates (WIC Affirmative Action Plan data may be used)

<u>Project Area</u>	<u>WIC Eligible Total Population</u>	<u>% Unserved by WIC</u>

\*Identify criteria used \_\_\_\_\_

List all subdivisions within the proposed project area which will be participating in WIC.

12. Data indicating Rates/1,000 of Nutritional Risk Within Program area. (WIC Affirmative Action Plan data may be used as well as RI Kids Count Factbook, and the most recent Vital Statistics Annual Report).

(If data is unavailable, place n/a in space provided).

- a) \_\_\_\_\_ Adult Pregnancies =  $\frac{\text{Pregnancies (ages 20-40 yrs.)}}{1,000}$  x 1,000
- b) \_\_\_\_\_ Teenage Pregnancies =  $\frac{\text{Pregnancies (ages 10-19 yrs.)}}{1,000}$  x 1,000
- c) \_\_\_\_\_ Fetal Mortality =  $\frac{\text{Fetal deaths at gestation (20 wks. Or over)}}{\text{Live births}}$  x 1,000
- d) \_\_\_\_\_ Low birth weight infants =  $\frac{\text{Birth weight less than 5.5 lbs.}}{\text{Live births}}$  x 1,000
- e) \_\_\_\_\_ Infant Morbidity =  $\frac{\text{Sickness under one year of age}}{\text{Live birth}}$  x 1,000
- f) \_\_\_\_\_ Infant Mortality =  $\frac{\text{Death under one year of age}}{\text{Live birth}}$  x 1,000
- g) \_\_\_\_\_ Neonatal mortality =  $\frac{\text{Live births dying under 28 days of age}}{1,000}$  x 1,000
- h) \_\_\_\_\_ Premature rate =  $\frac{\text{Birth between 20 \& 36 wks gestation}}{1,000}$  x 1,000
- i) \_\_\_\_\_ Low income persons =  $\frac{\text{Low income persons within program area}}{1,000}$  x 1,000
- j) Nutritional Anemia  
 Pregnant or lactating Women  
 Infants  
 Children
  - 1) \_\_\_\_\_ % of Pregnant/lactating women with WIC risk of low hemoglobin / hematocrit levels
  - 2) \_\_\_\_\_ % of Infants with WIC risk of low hemoglobin / hematocrit levels
  - 3) \_\_\_\_\_ % of Children with WIC risk of low hemoglobin / hematocrit levels

13. Estimated growth to maximum caseload

Year _____	<u>Women</u>	<u>Infants</u>	<u>Children</u>	<u>TOTAL</u>
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____
Year _____	_____	_____	_____	_____
January	_____	_____	_____	_____
February	_____	_____	_____	_____
March	_____	_____	_____	_____
April	_____	_____	_____	_____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____

14. Estimated number average monthly participation of pregnant or lactating women, infants and children by racial/ethnic group in program area.

Participation by Group	Number of Participants			Race /Ethnicity Makeup of Total Population
	Women	Infants	Children	
a) Hispanic or Latino				
b) White				
c) Black or African American				
d) American Indian and Alaska Native				
e) Asian				
f) Native Hawaiian and other Pacific Islander				
g) Some other race				
h) Two or more races				
TOTAL				

15. Describe any past substantiated civil rights problems or noncompliance situations and corrective actions taken.

16. Describe your agency's procedures for handling civil rights complaints.

17. Do any clinic sites or agency offices deny access to any person because of his or her race, color, national origin, age, sex, or handicap?
  
18. What languages are spoken by residents in the area you will serve? What staff, volunteer or other translation resources are available (specify by language)?
  
19. Describe your agency's procedures for handling customer service, mistreatment or inadequate/inappropriate treatment/service complaints or grievances.
  
20. A brief description of method of making supplemental foods available to expected participants.
  
21. A brief description of any non-WIC supplemental type feeding program for the benefit of pregnant or lactating women, infants or children which is already in operation in the project area. Include an estimate in the number of participants in project target group served, type of food provided, and an explanation of the expected relationship between any such program and the WIC program.



procedures for modification of this grant, if they become necessary, are provisions of this grant application, or its modifications will be the liability of the applicant. The information furnished in this application is true and accurate to the knowledge of the signer.

Applicant:

(Name of Applying Agency) \_\_\_\_\_

(Address) \_\_\_\_\_

Signature:

(Authorized Agency Official) \_\_\_\_\_

(Title) \_\_\_\_\_

Date \_\_\_\_\_

The signature of the official in the local agency who shall be responsible for supervising local WIC Program operation.

**S-1 SELECTION OF LOCAL AGENCIES**

GOAL

To ensure that local agencies are selected and funded in accordance with the need for Program benefits in an area and with the efficient and effective utilization of administrative and program services funds.

GENERAL

In addition to this policy, the State Agency will employ the provisions of 7 CFR Part 246.5.

This section sets forth the procedures for the selection of local agencies and the expansion, reduction and disqualification of local agencies already in operation. In making decisions to initiate, continue and discontinue the participation of local agencies, the State agency shall give consideration to the need for Program benefits as delineated in the Affirmative Action Plan.

STATEWIDE SOLICITATION OF PROVIDERS - See Goals I, Selection of Local Agencies

INDIVIDUAL AGENCY SELECTION

Application Of Local Agencies

Each agency, which desires approval as a local agency, must submit a written local agency application. Within 15 days after receipt of an incomplete application, the State shall provide written notification to the applicant agency of the additional information needed. Within 30 days after receipt of a complete application, the State agency shall notify the applicant agency in writing of the approval or disapproval of its application.

When an application is disapproved, the State agency shall advise the applicant agency of the reasons for disapproval and of the right to appeal as set forth in paragraph 246.18. An agency whose application is disapproved may not re-apply for a period of one year after the date of a notice of disapproval, unless specifically requested to do so by the HEALTH.

When an agency submits an application and there are no funds to serve the area, the applicant agency shall be notified within 30 days of receipt of the application that there are currently no funds available for Program initiation or expansion. The applicant agency shall be notified by the State agency when funds become available.

Program Initiation And Expansion

- A. The State agency may fund local agencies serving those areas or special populations most in need first, in accordance with their order of priority as listed in the Affirmative Action Plan and in relation to the local agency priority system. The State may also consider the number of participants in each priority level being served by existing local agencies in determining when it is appropriate to move into additional areas in the Affirmative Action Plan or to expand existing operations in an area. The State agency may also give consideration to the extent of unmet need in areas considered to have high levels of risk factors and poor health factors, such as those identified in the needs assessment study conducted by the WIC and Data Evaluation Divisions.
- B. The State agency may fund more than one agency to serve the same area or special population as long as more than one local agency is necessary to serve the full extent of need in that area or special population.
- C. Local agency priority system. The selection of new local agencies shall consider the local agency priority system, which is based on the relative availability of health and administrative services, in the selection of local agencies. Unless warranted by extraordinary circumstances, an agency may not be selected unless it will provide ongoing, routine pediatric and prenatal care and administrative services:
  - 1. First consideration shall be given to a public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.
  - 2. Second consideration shall be given to a public or a private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.
  - 3. Third consideration shall be given to a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants or children).
  - 4. Fourth consideration shall be given to a public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.
  - 5. Fifth consideration shall be given to a public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.
- D. Other standards to be considered in the selection of local agencies include, but are not limited to:
  - 1. The effective and efficient administration of the program.
  - 2. Satisfactory compliance with a Civil Rights Pre-Review.

3. A new agency, if selected, shall not duplicate services to a significant portion of an existing WIC local agency's service area, unless the State agency deems selection will further the standard in 1., above.
4. The applicant agency must demonstrate short and long range viability as to staff, location, facility, equipment, management, corporate situation, finances, and so forth.
5. Whether the agency is convenient for participants as to location, hours and accessibility.
6. Whether the agency has the potential need and capacity to serve a caseload of at least 500 participants, as determined by the HEALTH.
7. Demonstrates, in conjunction with a comprehensive review by State agency staff, the capability, if selected, of complying with applicable standards of the WIC Local Agency Review.
8. The agency must provide all information and documentation requested by the State agency needed to make judgments as to the agency's fitness and readiness to comply with all of the herein listed standards.
9. Whether another agency can operate the Program more effectively and efficiently for a particular geographic area.
10. Whether the State's program funds are sufficient to support an additional agency(s).
11. No local agency may be selected if it is debarred or suspended from entering into contracts or agreements with grantees and subgrantees of federal funds under the terms of 7 CFR Part 3017.

\* SOLICITATION FOR NEW AGENCIES

Solicitation of Local Agency Providers

In the event the state agency determines it is in the best interests of the Program and its actual or potential clients to contract with additional provider(s) to serve as WIC Local Agency(ies), the Department will issue a Request For Proposals for Agreements for WIC Local Agency services. The RFP will include the following:

1. Performance objectives.
2. Description of service areas and relative need.

3. Proposals to address underserved areas.
4. By reference, the current State Plan and Procedure Manuals and require bidder acceptance of USDA approved revisions to those core documents.

Local Agency Proposals

The local agency proposals should address the information requested in the above areas and acceptance of the requirements set out in the core documents. The proposals should also include:

1. A description of WIC service provider experience.
2. Experience with providing allied programs such as maternal and child health care, immunization, anti-hunger and similar programs.
3. Demonstrate the quality of performance of any WIC services or similar services to date.

Evaluation of proposals

The HEALTH will evaluate local proposals in determining which agencies are qualified to be WIC providers. Such evaluation will include review of the following:

1. The local agency's proposal.
2. Prior WIC Management Evaluation results.
3. Corrective actions taken for WIC exceptions or deficiencies cited.
4. Communications from the public, applicants or participants in the Department's files.
5. Evaluation reports by allied programs.
6. Unmet need in the service area.
7. Size and population of the high risk population.
8. The bidder's financial and managerial stability.
9. The bidder's experience in providing similar health, nutrition, education or financial assistance services.
10. The quality of the bidder's similar services and service and fiscal record-keeping.

11. Compliance with business and professional law, regulations and accepted standards of practice.

Agreement to provide WIC services

The Department will enter into Agreements with those agencies selected to be WIC providers. The following elements will comprise the entire Agreement:

1. The terms and conditions of the Request For Proposal.
2. The contents of the provider's Proposal.
3. Any agreed to additions or modifications to the Proposal.
4. Any Department of Health and/or Administration award document.

Term of Agreement

The Agreement shall be for an initial period and additional renewal periods. The initial period shall be for either two full fiscal years or one fiscal year plus the balance remaining in the year of implementation. For example, if implemented in March, the Agreement would be effective from March to September of that fiscal year and then for the full following fiscal year. The initial period will be followed by three, one year renewal periods. Renewal will be based upon:

1. Review of local agency qualifications (7 CFR 246, Operations Manual Sec. 1, S-2, S-3)
2. Mutual Agreement between the Department and the Provider.
3. Acceptance by the Provider of any change in terms and conditions the State may need to stipulate as a result of changed federal or state rules or changes in the State Plan.

Extension of Existing Agreements

Until completion of any RFP Proposal, evaluation and contracting process, the HEALTH may extend existing Agreements. The extension period will be until notification of each current WIC local agency provider whether it has been accepted for a new Agreement or whether it has not been selected as a provider. In the event that a current local agency is not selected as a provider for the new Agreement, the State and the agency will develop a plan for phasing out of services and transfer of participants to active agencies.

Response to Unacceptable Local Agency Proposals

In the event that a current WIC local agency submits a Proposal which in the judgement of the HEALTH fails to meet the requirements of the RFP or is evaluated as an unacceptable Proposal or if there appears to be a likelihood that the agency will not be accepted as a WIC provider after the evaluation process, the State

agency will advise the local agency as to the deficiencies in its Proposal. The HEALTH may offer suggestions to the local agency regarding how it may revise its Proposal to be acceptable and satisfactory and provide the local agency with a reasonable opportunity to modify its Proposal. The State will set what it determines to be a reasonable deadline by which time the local agency must submit a modified and acceptable Proposal or have its Proposal rejected.

Advertisement of Request For Proposal

The State Agency shall advertise the issuance of the Request For Proposal in a general newspaper of statewide circulation. The advertisement will outline the basic qualifications imposed by the State to be a WIC local agency and inform as to how potential respondents may obtain a copy of the RFP.

The State Agency will also hold a Respondent's Conference at which potential responding agencies may seek additional information and clarification from State representatives to assist them in preparing their Proposal.

S-2 DISQUALIFICATION OF LOCAL AGENCIES

- A. The State agency may disqualify a local agency:
1. When the State agency determines serious noncompliance with Program regulations and the Local Agency Agreement which the local agency has been unable to correct, given reasonable opportunity to do so.
  2. When the State's Program funds are insufficient to support the continued operation of all its existing local agencies;
  3. When the State agency determines, following a review of local agency credentials, that another local agency can operate the Program more effectively and efficiently;
  4. When a local agency fails to meet such standards used in the selection of local agencies described above as are appropriate and applicable; or
  5. When a local agency is debarred and/or suspended from participating in any transactions involving federal funds or other assistance under the terms of 7 CFR Part 3017.
- B. The State agency shall notify the local agency of any additional State-established criteria. In addition to any State established criteria, the State agency shall consider, at a minimum:
1. The availability of other community resources to participants and the cost efficiency and cost effectiveness of the local agency in terms of both food and administrative and program services costs;
  2. The percentages of participants in each priority level being served by the local agency and the percentage of need being met in each participant category;
  3. The relative position of the area or special population served by the local agency in the Affirmative Action Plan;
  4. The local agency's place in the local agency priority system; and
  5. The capability of another local agency or agencies to accept the local agency's participants.
- C. When disqualifying a local agency from the Program, the State agency shall:
1. Make every effort to transfer affected participants to other local agencies without benefit disruption;
  2. Provide the affected local agency with written notice not less than 60 days in advance of the pending action which includes an explanation of the reasons for disqualification, the date of expiration of a local agency's agreement, the local agency's right to appeal; and
  3. Ensure that the action is not in conflict with any existing written agreements between the State and

the local agency.

S-3 PERIODIC REVIEW OF LOCAL AGENCY QUALIFICATION

The State agency will conduct periodic reviews of the qualifications of authorized local agencies, through local agency reviews and periodic and special monitoring as warranted. Based upon the results of such reviews the State agency may make appropriate adjustments among the participating local agencies, including the adjustment of caseload and administrative and program services allocations or funding, disqualification of a local agency or non renewal of an agency's local agency agreement, when the State agency determines that another local agency can operate the Program more effectively and efficiently. In conducting such reviews, the State agency shall consider the factors listed in S-2, above, in addition to whatever criteria it may develop. The State agency shall implement the above procedures when disqualifying a local agency.

S-4 PRESENT SITUATION

Currently, there is no area of the state which is unserved.

Without significant additional funding for this state's WIC Program, there are no funds available for administrative funding of additional local agencies. Previous studies have shown that higher administrative costs are associated with increased numbers of small caseload local agencies. It is in the interests of Program efficiency, effectiveness, and stability to maintain the current number of local agencies.

In the event of additional funding, the State Agency may make an assessment and determination as to whether additional agencies are in the interests of the effective and efficient administration of the Program.

LIMITATION OF LOCAL AGENCIES

It is the general policy not to fund local agencies in addition to the number currently operating. This policy is subject to review in the event that funding is increased to an extent which can not be utilized by the current agencies, if actual or potential participants can be more efficiently and effectively served by additional agencies or if it is determined to be advisable to procure specified WIC services or operations from additional providers.

All WIC local agencies must be public or private non profit health agencies or providers, unless an emergency exists, such as the permanent closing of the only WIC agency(s) serving a town or group of census tracts, as determined by HEALTH, with limited transportation to other clinics.

OPERATION OF ADDITIONAL CLINICS

The Rhode Island WIC Program encourages existing local agencies to establish additional WIC sites, as long as they are associated with on-site non profit health care, in areas with demonstrated unmet need.

Establishment of any additional site must be with the prior review and approval of the state agency.

Costs of operation of any such site must be met through the local agency's WIC administrative allocation, or from Non WIC sources.

C-1 CASELOAD ALLOCATION AND ADJUSTMENTGOAL

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

PROCEDURE

1. Each year when funding becomes known, the most current monthly figures, from the preceding period of up to twelve months, shall be used as measures for determining levels of caseload allocation. The period to be reviewed shall be that which in the judgment of the State agency, best reflects current and projected caseload capability.
2. The factors utilized by the federal government in deciding on funding shall be given consideration in determining caseload adjustments as well as such factors as:
  - a. The local agency's demonstrated capacity, and its feasible plan, for implementation of expanded caseload.
  - b. Geographical unmet need.
  - c. Number and/or ratio of participants in each priority level being served by existing local agencies and indications of unserved high risk persons.
3. If necessary to ensure full utilization of funds, any caseload below the assigned range or figure at a local agency can be reassigned to other agencies.
- \* 4. If statewide caseload is at less than 98% of allocated level or a local agency is at less than 95% of its allocated level or if funds exist to expand the allocated level, caseload and administrative and program services allocations may be allocated at a partial level plus additional allocation based on actual enrollment or participation.

The state agency may also make such interim adjustments to caseload and/or administrative allocations as needed to carry out the Goal stated above.

5. If an agency fails to carry out all requirements of federal and state law, regulations, policies and procedures or terms of the Local Agency Agreement or to provide all required services to any part of its caseload, the State agency may make such adjustment to caseload and local agency funding allocations as it deems necessary to maintain Program services which meet established requirements and criteria to clients or potential applicants and required administrative activities. Such adjustments may include changing the allocation(s) or reassigning any portion or all of such allocation(s) to another agency(ies).
6. Caseload being reassigned will be given to agencies which are within the assigned range or at the assigned figure, giving consideration to the factors described in 2, above.

7. Each quarter, after a caseload adjustment in accordance with the above, the state will reevaluate the need for additional adjustment. If over or under utilization or spending or other circumstances necessitate a caseload adjustment, current or averaged caseload figures should be used as the basis for adjusting a local agency's caseload.

C-2 SPENDING CONTROLSGOAL

To respond effectively and efficiently to situations where available funds will not support existing or projected levels of spending; to prevent overspending. In recent years, considerable debate has taken place within government about the future of WIC and the final funding level. The normal process for allocating funds has been at times severely altered for WIC and for many other federally funded programs. States have not always had a clear picture of future funding and have had to operate WIC in a very uncertain climate in which the prospects of suddenly reduced funding have been very real.

Because of this, and other factors which affect funding or expenditures, such as food price fluctuations, it is necessary to have a strategy for dealing effectively with situations where overspending is occurring or projected. This may require a reduction in caseload, at all or selected local agencies, or other measures to reduce expenditures. As it deems necessary because of actual or potential overspending, the Rhode Island WIC Program reserves its prerogative to take the following measures:

CONTROL OF FOOD COSTS\* A. Curtailing Enrollment

While redetermining food dollar, caseload, and administrative allocations for local agencies, a cessation of certifications/recertifications of participants to the Program or delay of benefit issuance may be instituted if necessary to protect the fiscal integrity of the Program and to minimize the need for terminating participants during certification periods.

Enrollment curtailment should be in accordance with the Priority System to such extent as needed to reduce enrollment of participation, statewide, to achieve the level needed to bring spending to within that afforded by available resources. Available resources may take into account funds for the current fiscal year and such funds reliably anticipated and as can be utilized under carry forward and backspending rules. Prudent management should allow for balancing current and projected participation levels to achieve a reasonable level of stability.

B. Reduction of Costs

When funds are insufficient or there is a danger of overspending, the state agency may reduce food costs by such measures as restricting authorized purchase of more costly food types/brands, containers or forms, if nutritionally adequate less costly alternatives are available, and/or by lowering the prices allowed to be charged by vendors. Federal approval will be sought as required.

C. Termination or Suspension of Benefits

If necessary, mid certification delay, withholding, suspension, or termination of benefits will be implemented in proportion to funding limitations.

D. Reduction and Reallocation of Caseload

Caseloads may be reduced and/or reallocated in accordance with relative need. Such caseload changes will be determined through a multi-factor analysis and procedure:

- (1) Reduction of local agency caseload in relation to unutilized assigned caseload, (Measures ability to maintain caseload).
- (2) Reduction of local agency caseload in reverse order of priorities served. If data is incomplete or unavailable, other measures of higher risk service may be used. (Measures service to high risk)
- (3) Consideration of the Affirmative Action Plan in reverse to determine percent of unmet need and most needy areas and "market share" of each local and then determining the reductions by which locals may reach the new state mean (Measures geographic need). The reverse AAP may be updated by utilizing whatever most current economic or health data or state and local caseload data are available.
- (4) An agency which did not expand with previous expansions cannot be held immune from receiving its share of reductions.

E. Administrative and Program Services Funding-Local Agencies

Funding will be recomputed based on the changed level of funding for the total program and based on each local agency's revised caseload.

**G – 1 REVISIONS IN PROCEDURE MANUALS**Manuals

- A. Procedure Manual
- B. State Operations Manual

- \* Procedure

- A. Each new proposed change to WIC procedures shall be reviewed for approval by the Chief, WIC Program.
- B. When approved by the Chief, the policy shall be enumerated according to placement in the appropriate manual.
- C. Policies - State and Local
  - (1) Policies concerning the internal management of the State agency shall become effective when approved by the Chief.
  - \* (2) Policies affecting the participation, benefits, requirements and standards for the public, participants, local agencies or vendors whenever possible, will have a period for comment, in accordance with federal regulations and the State Administrative Procedures Act. This period shall be stipulated when the policy is distributed.
- \* D. Policies which revise either Manual or the State Plan, except for technical language changes and error corrections, shall be submitted to USDA/FNS Regional Office for review.
- \* E. Once internal, Division, Department and FCS approval is received, the policy should be transmitted to Division of Health Services Regulation for filing with the Secretary of State. Appropriate cover form or memo, shall accompany.
- \* F. The submission shall stipulate an effective date, not less than twenty days after filing.
- \* G. When printing copies to implement and promulgate, check Yes on the State Publication query on the Printing Requisition.
- H. Once in effect, the new policy shall be considered an integral part of the manual and shall be filed therein.

**G – 2 USE OF WIC NAME AND LOGO PROHIBITED**

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

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

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

If you have any questions about the use of the WIC name or logo, contact the WIC Vendor Unit (222-4642 or 4621) or Client Services Unit (222-4622).

SECTION II

WIC ELIGIBILITY AND ENROLLMENT

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

GOALS FOR FY 2009

II. ELIGIBILITY AND ENROLLMENT

Application and Eligibility Determination.....	II - 2
Nutritional Assessment.....	II - 4
Program Violations or Abuse/Multiple participation.....	II - 4

Section II  
Eligibility and Enrollment

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

*Application and Eligibility Determination*

**Objective 1: Identify training needs**

**Evaluation:** Identified training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, management evaluations, and changes in rules, regulations, policies and procedures impacting local WIC sites. Provided Touching Hearts/Touching Minds training to LA WIC Staff

**Plan:** Identify training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, quality assessment data reports, management evaluations, technical assistance calls logged by SA and changes in rules, regulations, policies and procedures impacting local WIC sites. Plan on providing Developing training and evaluation of client Centered training. An evaluation tool will be developed to assess soft skills

**Objective 2: Conduct training**

**Evaluation:** Provided individual agency training during Management Evaluations (14 sites). Touching Hearts Touching Minds was offered to staff as a kick off to Client Centered counseling.. CLC training was offered to any nutrition or Peer Counselor staff that had not previously become CLC certified. This training was held in Brockton in June '07.. LA nutrition and PC staff has been offered the opportunity to complete the IBCLC exam through state WIC funding. During the ME evaluation of client centered counseling and LA were provided with a review of expectations. LA staff were trained on the up coming new food package and encouraged to provide education to clients. Staff trained on Affirmative Action during the August Support staff training.

**Plan:** Breastfeeding Peer Counselors will attend bi-monthly training. The SA will conduct two 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. CLC recertifications and trainings will be offered to LAstaff in FY'09.. All LA nutrition staff and peer counselors will be offered the opportunity to complete the IBCLC exam through state WIC funding. RIT will be providing training on client Centered interviewing and Critical thinking. An Evaluation for assessing soft skills will be developed.

**Objective 3: Assure enrollment of high priority applicants**

Evaluation: Local Agency staff are providing appointments to accommodate the needs of the community these appts will include Open Access, non-traditional hours and flexibility in scheduling.. Outreach efforts have continued with the Provider Liason in conjunction with SA and LA staff. The WIC Parent consultant has been providing outreach education in the community to assist in reaching the highest need populations. Plan: Continue outreach efforts in the community to target high risk clients. Education will continue to be provided through our Kidsnet Unit to providers about the WIC program.

**Objective 4: Streamline eligibility determination process**

Evaluation: Continued follow-up training of local agency WIC staff on use of adjunctive eligibility for WIC income verification. RIWEBS is implemented which has streamlined the eligibility criteria for those receiving Medicaid, food Stamps or FIP. SA continued to monitor sites on access to services and information required for an appointment.

Plan: . Will continue to review documentation requirements to ensure compliance with regulations while simplifying determination process. Training on eligibility is an ongoing activity with new staff as well as Support staff meetings meetings.

**Objective 5: Separation of Duties**

Evaluation: The State Agency incorporates SOD monitoring into the biennial Management Evaluations performed. seven local agency management evaluations were completed. There were no WIC local agency sited for SOD non-compliance in FY 2008.

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

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

Evaluation: Within the division of Community Family Health and Equity , Minority health as well as the needs of special populations are integrated throughout the work of the WIC Program.

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

***Nutrition Assessment***

**Objective 1: Dietary assessment tools**

Evaluation: The participant survey for identifying clients needs has been revised inconjunction with the Touching Hearts/Touching Minds training in February 2008.

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

**Objective 2: Prompt implementation of revised risk criteria**

Evaluation: VENA implementation is ongoing and being reviewed during the ME Process.

Plan: Continue with followup VENA training. RIT will be providing technical assistance during FY 09.

*Minimize violations of Program rules and misuse of Program funds.*

**Objective 1: Warnings and sanctions**

Evaluation: Continuation of monitoring LA staff to ensure rights and responsibilities are being explained.

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

213 NUTRITION ASSESSMENT

A. Assessment Procedures

1. A Competent Professional Authority determines nutritional risk by performing a complete nutritional assessment on a one-on-one basis. Each individual seeking certification or recertification for participation in the program shall be physically present at the clinic site for determination of program eligibility. This applies to all new applicants for their initial certification as well as participants who are presently receiving benefits and who are applying for a subsequent certification. The only exceptions to this policy are:
  - (a) 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 unless a waiver code is deemed appropriate.
3. An exception to the assessment procedure can be made only for Priority II infants. When it is impossible to get anthropometric data or when the parent or guardian cannot bring the infant or medical records to the local agency promptly after birth, the infant may be certified on the basis of the mother's documented status during pregnancy. A follow-up weight check should be done in WIC at the 6 week follow-

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up appointment.

1. Anthropometric measurements may not be more than 60 days old prior to certification, **and age-appropriate/category-appropriate blood work results (hemoglobin/hematocrit) must be entered within 90 days of the WIC certification.** Lead screening results may not be more than 180 days old. Collected data must be reflective of the category.
  
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
  - ✓ Infant or Child Growth Grids
  - ✓ Diet Survey tool for Infants, Children and Women (WIC 3B, 3C, 3D, 3E)
  
- B. The assessment includes all the following areas:
  1. An individual history that includes:
    - (a) Dietary history obtained through the use of:
      - (i) Nutrition assessment
      - (ii) Exploration of food preferences, family mealtime dynamics, nutritional supplements, fads, etc.
  
    - (b) Medical history related to nutrition. The history may be obtained through a review of the applicant's medical record or referral information from a competent professional not on staff of the local agency. For example:
      - (i) Obstetrical history.
      - (ii) Condition of teeth.
      - (iii) Use of drugs or medications.
  
    - (c) Socioeconomic factors that affect nutrition.
      - (i) Resources available for food purchase.
      - (ii) Availability of food storage and cooking facilities.
      - (iii) Educational level of the participant.

Particular attention should be paid to determine whether nutritional patterns

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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
  - (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).

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

3. Laboratory Analyses:
  - (a) Hematocrit/hemoglobin measurement must be done as follows:
    - (i) Pregnant Women:
      - The data collected must be taken as early as possible during the current pregnancy.
      - Prenatal women may be certified without receipt of bloodwork for

up to 90 days after the date of WIC certification, but only for patients with at least one nutrition risk factor at the time of their WIC appointment. The date, bloodwork is recorded in the record will be documented in the chart.

- For pregnant women, use the bloodwork cutoff that corresponds to the woman's trimester when the bloodwork was taken.
- (ii) Breastfeeding and Postpartum Women:
- The data collected must be taken once during the postpartum period, ideally 4-6 weeks after delivery.
  - Breastfeeding women 6-12 months postpartum, **no additional blood test is required** if a blood test (taken after delivery) was already obtained and documented by the WIC local agency.
- (iii) Infants:
- The bloodwork must be collected between 9-12 months.
  - However, bloodwork may be collected early by the provider for infants 6 - 12 months old under certain circumstances (i.e. on low-iron formula, preterm and low birthweight infants, fully breastfed infant, and when deemed prudent based on a case-by-case basis). RI Webs will accept anemia screening results for infants starting at 6 months of age to meet this need. WIC is NOT responsible for conducting anemia screenings before the age of 9 months.
  - If no nutrition risk factor can be determined, and they are due for bloodwork but it has not yet been collected, a blood test must be performed on-site by WIC-or be obtained from a clinician-before the person can be determined to be eligible for WIC services.
- (iv) Child:
- Children need bloodwork at their initial certification as a child at 12 months of age (bloodwork done between 9-12 months of age may be used for this certification).
  - Bloodwork is again required between 15 and 18 months of age respectively
  - Thereafter, if blood values were normal, bloodwork should be done every 12 months
  - However, if blood values were low, blood work must be done again in 6 months

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- Bloodwork results may be deferred for up to 90 days after the date of WIC certification, but only for patients with at least one nutrition risk factor at the time of their WIC appointment.
- If no nutrition risk factor can be determined, a blood test must be performed on-site by WIC, or be obtained from a clinician, before the person can be determined to be eligible for WIC services.

Example:

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

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

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

CHILD (27 –30 months)  
RECERTIFICATION: New blood test is required. Blood test was not done at last certification.

All children must be screened at least once per year.

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

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

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- f. Make referrals to health care or social services, as appropriate.

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

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

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

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

#### **4. Minimum Immunization Screening and Referral Protocol in WIC.**

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

Minimum Screening and Referral Protocol

- a. When scheduling WIC certification appointments for children under the age of two, advise parents and caretakers of infant and child WIC applicants that immunization records are requested as part of the WIC certification and health screening process. Explain to the parent/caretaker the importance that WIC places on making sure that children are up to date on immunizations, but assure applicants that immunization records are not required to obtain WIC benefits.
- b. At initial certification and subsequent certification visits for children under the age of two, screen the infant/child’s immunization status using a documented record. A documented record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent’s hand-held immunization record (from the provider), an immunization registry, an automated data system (KIDSNET), a client chart (paper copy), and the WIC Medical Information Sheet, signed by the health care provider.
- c. At a minimum, screen the infant/child’s immunization status by counting the number of doses of DtaP vaccine they have received in relation to their age, according to the following table:

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

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

5. The Competent Professional Authority records the results of the assessment on the appropriate Nutritional Assessment Sheet.
6. The Competent Professional Authority determines the applicant's nutritional risk. See appendix 200 for approved WIC Risk Criteria for Women, Infants and Children.
7. The Nutrition Assessment 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.
8. If the applicant meets all eligibility criteria, including nutritional risk, the local agency personnel will proceed to certification (or recertification) procedures.

C. Priority System for Nutritional Risk Criteria

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

Income

Eligible participants will be subprioritized first according to income.

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

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

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

The computer will automatically assign the highest priority and

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subpriority for each applicant.

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

## 214 NUTRITION EDUCATION

### A. Breastfeeding Peer Counselor (PC) Program Support

Local agency WIC Nutritionists and Support Staff will consistently:

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

### A. Criteria for Breastfeeding Referral

1. Referral to Medical Doctor
  - Breast infections (temperature above 101 degrees, possibly along with localized redness and heat and/or plugged duct symptoms of localized pain and firmness)
  - Slow weight gain of infant (as perceived by mother)

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- Jaundiced infant (yellowish tinge to skin as perceived by mother)
- Fewer than 6 wet diapers in 24 hours for infants from 4 days to 4 months old
- Fewer than 3 stools in 24 hours for infants from 4 days to 3 weeks of age

2. Referral to Lactation Consultant (through Warm-Lines)

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

B. Breastfeeding Nutrition Education Materials

1. Utilize WIC-approved brochures listed on the WIC Nutrition Education Materials Order Form posted at [http://kidsnet.health.ri.gov/forms/divisions/family\\_health/form\\_wic\\_nutr.html](http://kidsnet.health.ri.gov/forms/divisions/family_health/form_wic_nutr.html)

Timeframe Guidelines	Brochures Guidelines
<b>Early to mid-prenatal</b> (as appropriate for client readiness & knowledge)	<ul style="list-style-type: none"> <li>– RI WIC: Breastfeeding is Good for Moms and Babies</li> <li>– Colostrum is Mother's First Breast Milk</li> <li>– Is Breastfeeding Right for Me?</li> </ul>
<b>Late prenatal</b> (or earlier if relevant for concerns & planning)	<ul style="list-style-type: none"> <li>– RI WIC: Breastfeeding Your Baby (for all mothers)</li> <li>– Tear sheets (as needed to address questions &amp; concerns)</li> </ul>
<b>Postpartum</b> (or earlier if relevant for concerns & planning)	<ul style="list-style-type: none"> <li>– Breastfeeding Law Card</li> <li>– <u>Distribute only as needed for client concerns &amp; planning:</u></li> <li>– Breastfeeding Record for Baby's First Week</li> <li>– Babies First #4—Common Problem</li> <li>– RI WIC: Breastfeeding and Going Back to Work or School</li> </ul>

2. Utilize nutrition education materials as a teaching tool to complement counseling:

- a. Tailor distribution to client concerns and stage-specific information
  - b. Highlight details in relevant materials to complement discussion
  - c. Distribute only one or two relevant brochures at each visit
3. Only WIC Nutritionists should distribute and discuss WIC nutrition brochures.
  4. WIC staff must receive approval from the State WIC Breastfeeding Coordinator to distribute breastfeeding brochures and materials not included on the WIC Nutrition Education Materials Order Form or on the following list of additional WIC-approved resources.
- C. Additional WIC-Approved Breastfeeding Resources
1. All information posted for parents on the Rhode Island Department of Health breastfeeding web pages at [www.health.ri.gov/family/breastfeeding](http://www.health.ri.gov/family/breastfeeding) (web address included on law card)
  2. The following materials posted on or linked to the Massachusetts Breastfeeding Coalition website at [www.massbfc.org/parents/index.html](http://www.massbfc.org/parents/index.html):
    - a. Making Milk is Easy! (Portuguese, French or Italian only—use *RI WIC: Breastfeeding Your Baby* for English and Spanish clients)
    - b. Skin-to-Skin Contact (all languages)
  3. WHO Growth Charts for Breastfed Children (WHO)
  4. Sharing a Bed With Your Baby (UNICEF / UK Baby Friendly Initiative)  
<http://www.babyfriendly.org.uk/pdfs/sharingbedleaflet.pdf>
  5. Resources listed on the RI WIC “Breastfeeding Your Baby” brochure
  6. US Department of Health and Human Services “Easy Guide to Breastfeeding for...”
  7. La Leche League pamphlets covering specific topics (only for high-literacy clients)
  8. “The Breastfeeding Answer Book” by La Leche League International
  9. Jack Newman website resources at [www.drjacknewman.com](http://www.drjacknewman.com)
  10. “A Medication Guide for Breastfeeding Moms” by Thomas Hale
    - a. PCs may give moms photocopies for their own information or to share with providers.
    - b. Information in Thomas Hale's clinical version of this book, “Medications and Mothers' Milk”, can be sent directly to providers but is not appropriate to share with mothers.
    - c. When photocopying information from either resource, please include copies of:

- i. Cover sheet (page that includes publishing information and date)
- ii. Lactation risk category definition page
- iii. Relevant drug information page

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

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

The WIC Breastfeeding Peer Counselors will consistently:

1. Project a positive image about WIC and provide information and services consistent with WIC's philosophy.
2. Provide culturally appropriate individualized and/or group peer counseling sessions for pregnant and breastfeeding WIC participants.
3. Comply with all personnel guidelines applicable to staff at the local WIC agency including reporting to work as scheduled, notifying local agency WIC Coordinator of absences and illnesses in a timely manner, following through with supervisor directives, etc.
4. Attend relevant meetings and trainings as requested by State WIC Breastfeeding Coordinator or local agency WIC Coordinator.
5. Work collaboratively with WIC staff to maximize breastfeeding initiation and duration at the WIC site.
6. Work autonomously, under the supervision of the local agency WIC Coordinator, in the clinic setting and at home to establish and maintain relationships with pregnant and breastfeeding clients and maintain documentation.
7. Develop and demonstrate basic organizational skills to effectively track participants.
8. Comply with guidelines outlined in the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.
9. Utilize client-centered counseling techniques learned through Peer Counselor and other relevant trainings.
10. Strive to achieve competency in the skill areas outlined in the Peer Counselor Competency Checklist.
11. Contact prenatal and postpartum clients and follow-up on referrals in accordance with the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.
12. Document all personal contacts with WIC participants according to program guidelines.

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13. Comply with all other documentation requirements according to program guidelines.
14. May receive phone calls at home or by pager from either WIC staff (making referrals) or WIC clients (providing breastfeeding support) or both when not present at the WIC site.

**B. Counseling Strategies**

1. Maximize opportunities to contact women in-person rather than on the phone.
2. Utilize client-centered counseling techniques taught in Peer Counselor training.

3-Step Counseling Strategy

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

**C. Client Contact Prioritization**

Prioritize daily client contacts in the following order:

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

**D. Telephone Contacts**

1. Make sure your client has consented to receive phone calls at home, particularly teen moms. The telephone numbers of women who have not consented should not be entered into the database or should be entered with a dummy number.

2. Find out from the client whether it is okay for you to identify yourself when you call.
3. Ask for the client using only her first name when you call. Do not mention WIC.

E. Prenatal Referrals

Purpose	<ul style="list-style-type: none"> <li>▪ Assess a woman’s knowledge of breastfeeding and interest in choosing breastfeeding as infant feeding method</li> <li>▪ Address concerns or barriers to breastfeeding and provide information on benefits of breastfeeding</li> <li>▪ Help women make an informed choice about infant feeding method without being critical or making women feel defensive or inadequate</li> </ul>
Protocol	<ul style="list-style-type: none"> <li>▪ All prenatal women should be referred to the Breastfeeding Peer Counselor at intake according to state and local WIC agency program guidelines unless the woman is extremely resistant or breastfeeding is medically contraindicated</li> <li>▪ Use computer reports or alternate system to routinely identify, track and contact prenatal participants at each site who were not referred</li> </ul>
Paperwork	<ul style="list-style-type: none"> <li>▪ Document all contacts within 1 week</li> <li>▪ Document <i>inability</i> to contact participants if unsuccessful after 2 weeks</li> </ul>
Timeframe	Initiate contact with referred prenatal women within 2 weeks of receiving referral or staff schedules a follow-up appointment for client with PC within a month
Method	Phone, mail, in-person

F. Prenatal Support

Purpose	Provide lactation information and support for women intending to breastfeed
Protocol	<ul style="list-style-type: none"> <li>▪ A minimum of 2 contacts should be made with all referred prenatal participants who intend to breastfeed</li> <li>▪ Contact prenatal participants who do not intend to breastfeeding in accordance with local WIC agency PC program guidelines</li> <li>▪ Use WIC Breastfeeding Peer Counselor Prenatal &amp; Postpartum Assessment Form (WIC #82) as guideline for discussion</li> <li>▪ Use computer reports or alternate system to routinely identify, track and contact prenatal participants at each site who were not referred</li> <li>▪ Make referrals to other health care professionals for breastfeeding contraindications (e.g., inverted nipples, previous breast surgery, etc.)</li> <li>▪ Advise breastfeeding clients to call the WIC office to report their deliveries</li> </ul>
Paperwork	<ul style="list-style-type: none"> <li>▪ Document all contacts within 1 week</li> <li>▪ Document <i>inability</i> to contact participants if unsuccessful after 2 weeks</li> </ul>

Timeframe	Preferably 1 contact at each trimester (6-9 months, 3-6 months, 1-3 months) and again at 2-4 weeks before anticipated due date
Method	Phone, one-on-one counseling, group class, mail (if no phone number available)

## G. Postpartum Support

Purpose	<ul style="list-style-type: none"> <li>▪ Assess how breastfeeding is going and provide encouragement and support</li> <li>▪ Identify common breastfeeding problems and provide problem-solving information and support</li> <li>▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following “Criteria for Breastfeeding Referral”)</li> </ul>
Protocol	<ul style="list-style-type: none"> <li>▪ A minimum of 2 contacts should be made within the first two weeks postpartum and again after the first 2 weeks postpartum (4 contacts total)</li> <li>▪ Contact breastfeeding participants as soon as possible after delivery</li> <li>▪ Attempt to schedule an in-person appointment ASAP when necessary</li> <li>▪ Use WIC Breastfeeding Peer Counselor Prenatal &amp; Postpartum Assessment Form (WIC #82) as guideline for discussion</li> <li>▪ Use computer reports or alternate system to routinely identify, track and contact postpartum participants at each site who were not referred</li> <li>▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following “Criteria for Breastfeeding Referral”)</li> </ul>
Paperwork	<ul style="list-style-type: none"> <li>▪ Document all contacts within 1 week</li> <li>▪ Document <i>inability</i> to contact participants if unsuccessful after 2 weeks</li> </ul>
Timeframe	<p><u>During first 2 weeks postpartum:</u></p> <ul style="list-style-type: none"> <li>▪ Contact deliveries reported through WIC Infant Delivery Log and WIC Lactation Consultant Referrals by phone within 24 hours of receiving report</li> <li>▪ Contact deliveries identified using “Due Date Follow-up Report” (Report 400B) or another tracking method 2-3 days after anticipated due date</li> <li>▪ Follow-up on contacts within 2-3 days or as requested by participant</li> <li>▪ Follow-up on problems within 24 hours (see Problem Referrals)</li> </ul> <p><u>After first 2 weeks postpartum:</u></p> <ul style="list-style-type: none"> <li>▪ Preferably contact at 2-3 weeks, 4-8 weeks, and 3-4 months postpartum</li> <li>▪ Maintain contact as needed or as requested for entire breastfeeding duration</li> </ul>
Method	Phone, in-person, mail (only after first 2 weeks)

## H. Problem Referrals

Purpose	<ul style="list-style-type: none"> <li>▪ Provide problem-solving information and support</li> </ul>
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Protocol	<ul style="list-style-type: none"> <li>▪ Contact client by phone within 24 hours of receiving referral</li> <li>▪ Attempt to schedule an in-person appointment ASAP when necessary</li> <li>▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following “Criteria for Breastfeeding Referral”)</li> </ul>
Paperwork	<ul style="list-style-type: none"> <li>▪ Document successful contact within 1 week</li> <li>▪ Document <i>inability</i> to contact participants in unsuccessful after 3 days. Place follow-up phone call to WIC staff person who made referral to PC and document in chart within 1 week of referral.</li> </ul>
Timeframe	<ul style="list-style-type: none"> <li>▪ Follow-up on referrals by WIC staff within 24 hours of receiving referral</li> <li>▪ Follow-up contact with client within 24 hours of problem discussion</li> </ul>
Method	In-person (preferred), phone

## 216 NUTRITION DOCUMENTATION

## A. Documentation purpose

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

## B. Documentation procedures

## 1. Certifications, Recertifications, and High-Risk Follow-ups

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

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

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

## 2. Breastfeeding Documentation (also included in Breastfeeding Documentation section below)

Local agency WIC nutritionists and support staff will consistently:

- a. Record new deliveries reported to the WIC office by phone or in person using the WIC Infant Delivery Log (WIC #84) and ensure that the Peer Counselor received all faxed WIC Lactation Consultant Referrals.
- b. Document prenatal, postpartum, and problem referrals for the PC whether the PC is on-site or off-site using the WIC Breastfeeding Peer Counselor Referral Log (WIC #80) **and**

/ or a full-sheet WIC Breastfeeding Peer Counselor Referral Form developed by the local WIC agency.

- c. Document client breastfeeding contacts in the participant records in RI WEBS as follows:
  - i. **Nutritionists:** document all client contacts regarding breastfeeding and referrals to the Breastfeeding Peer Counselor or another breastfeeding specialist in the SOAP Notes of the participant records of BOTH the mother and breastfeeding child
  - ii. **Support Staff:** document all client referrals in the Breastfeeding Notes of the participant records of BOTH the mother and breastfeeding child

### 3. SNEC (Secondary Nutrition Education Contact)

- a. All low-risk SNEC's should be documented in RI Webs in either of the following ways:
  - 1. A brief note in the general note section that states any pertinent information about the participant that will be useful for follow-up or general reporting purposes.
  - 2. A selection of a nutrition education topic in the nutrition education contact tab of the participant folder.
  - 3. Other Nutrition Assessment Documentation Information
    - a. If a dietary risk factor is selected by the nutritionist, the rationale for its' selection must be documented in the note.  
  
For Example: Qualifying rationale for the selection of 425 risk factor – “inappropriate nutrition practices for infants” should be explained in the note (bottle use for juice, early introduction to solids, cereal in bottle, etc.).
    - b. Should a participant miss a nutrition education appointment, local agency staff, for purposes of monitoring and further education efforts, should document this fact in the general notes section of the participant file in RI Webs.
    - c. State agency nutrition staff shall not provide nutrition assessment services (including food package assignments) remotely to local agency participants in the absence of local agency nutrition staff. In the event of planned and/or unplanned nutrition staff absences at local WIC agencies, staff must make their own accommodations to serve clients at the local agency level.

**A. Documentation Overview**

1. Local WIC agencies must submit an agency-specific PC Job Classification and Breastfeeding Peer Counselor Program Description to the State WIC Office for review and approval when initiating or making changes to the PC Program (see Paperwork—Agency Coordinator).
2. WIC Breastfeeding Peer Counselors will consistently:
  - a. Complete documentation requirements outlined under Paperwork—Peer Counselor below before and after each counseling/educational contact with participants.
  - b. Document all client contacts and referrals in the Breastfeeding Notes section of the participant records of BOTH the mother and breastfeeding child in RI WEBS within one week of contact *and preferably before leaving the clinic at the end of each workday*. The Peer Counselor may copy and paste Breastfeeding Notes into both participant records **or** write a brief note in one participant record referring staff to the other participant record for complete information (e.g., write in mother’s Breastfeeding Note “See Breastfeeding Notes in child chart # [insert State ID #]” or vice versa).
  - c. Generate monthly computer “Due Date Follow-up Report” (Report 400B) to identify and contact prenatal and postpartum women who indicated that they planned to breastfeed **or** use an alternate system to routinely identify, track and contact prenatal and postpartum participants. The Peer Counselor will refer to the participant record as needed to verify client contact information and most recent contact.
  - d. Enter alerts for staff to deliver to clients into RI WEBS as needed to ensure that clients receive breastfeeding materials when PC is not present.
  - e. Ensure the security of client information carried between the WIC clinic and PC home by keeping it close at hand or securely locked in the trunk during stops between the clinic and home. WIC has confidentiality protocols apart from HIPPA guidelines so is not required to adhere to specific HIPPA procedures.
  - f. Immediately alert Local Agency Coordinator if items containing client information are lost or stolen.
3. Local agency WIC nutritionists and support staff will consistently:
  - a. Record new deliveries reported to the WIC office by phone or in person using the WIC Infant Delivery Log (WIC #84) and ensure that the Peer Counselor received all faxed WIC Lactation Consultant Referrals.
  - b. Document prenatal, postpartum, and problem referrals for the PC whether the PC is on-site or off-site using the WIC Breastfeeding Peer Counselor Referral Log (WIC #80) **and**

/ or a full-sheet WIC Breastfeeding Peer Counselor Referral Form developed by the local WIC agency.

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

## B Paperwork—Local Agency Staff

### 1. Referrals

- a. Sites must use **at least one** of the following systems to document prenatal, postpartum, and problem referrals for the WIC Breastfeeding Peer Counselor:
  - WIC Breastfeeding Peer Counselor Referral Log (WIC #80) **or**
  - WIC Breastfeeding Peer Counselor Referral Form developed by the local WIC agency
- b. Local Agency WIC Nutritionists and Support Staff will consistently use either or both of these referral systems whether the Peer Counselor is on-site or off-site **and** nutritionists will document all referrals in the participant records of BOTH the mother and breastfeeding child in RI WEBS.
- c. Breastfeeding Peer Counselors will consistently follow-up on client referrals received through either or both of these systems in accordance with the protocol outlined in the Procedure Manual and in the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.

### 2. Infant Deliveries

- a. Local Agency WIC nutritionists and support staff will consistently:
  - Document infant deliveries reported to the WIC office by phone or in person on the WIC Infant Delivery Log (WIC #84)
  - Ensure that the Peer Counselor received all faxed WIC Lactation Consultant Referrals
- b. Peer Counselors will consistently follow-up on infant deliveries reported through both of these systems in accordance with the protocol outlined in the Procedure Manual and in the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.
- c. Peer Counselors will file all WIC Lactation Consultant Referrals in the client charts.

**C Paperwork—Breastfeeding Peer Counselors**

## 1. Progress Notes

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

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

## 2. Overview of Summaries

- a. The following two forms must be completed for each calendar month and submitted to the local agency Breastfeeding Coordinator for review and signature by the 10<sup>th</sup> day of the month following the report month:
  - WIC Breastfeeding Peer Counselor Monthly Summary (WIC #81)  
= 1 monthly copy for each agency (see details below)
  - WIC Breastfeeding Peer Counselor Monthly Contact Record (WIC #83)  
= 1 monthly set for each site (see details below)
- b. The local Agency Breastfeeding Coordinator and the PC will each retain copies of these forms.
- c. Copies of these two forms must be submitted to the State Breastfeeding Coordinator for the first six months of employment for any newly hired PC and on request by the State WIC Office to ensure appropriate record keeping and permit calculation of the monthly contact rate for each PC.

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

- a. Complete one copy for each local WIC agency for each calendar month following the instructions provided on the form.
- b. Document “Outreach Activities” and “Other Breastfeeding Activities” as they occur to ensure accurate record keeping.

4. WIC Breastfeeding Peer Counselor Monthly Contact Record (WIC #83)
  - a. Phone = phone contact / Clinic = in-person at WIC clinic / Mail = mail contact / Home = in-person at client home (PC must receive approval from local WIC agency to conduct home visits).
  - b. Complete one set of records for every local WIC agency **site** for each calendar month.
  - c. Document even minimal client contact on Monthly Contact Record and in Breastfeeding Notes section in the participant record of BOTH the mother and breastfeeding child in RI WEBS (see details in Documentation section above).
  - d. Document only successful contacts on the Monthly Contact Record.
  - e. Document unsuccessful contacts only as needed to track number of attempted calls and in accordance with local agency WIC Breastfeeding Peer Counselor Program Description.
  - f. Document client contacts when they occur to ensure accurate record keeping.

**C. Paperwork—Agency Coordinator**

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

Supervision >

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

Agency Support >

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

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

Internal Referrals >

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

Client Contacts >

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

Other Activities >

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

218 DENIAL OF ELIGIBILITY

1. If the applicant is determined ineligible for the Program, or there are insufficient Program funds to enroll the applicant, local agency personnel will complete duplicate copies of WIC-9A, Program Denial/Termination (Appendix).
2. Local agency personnel will explain to the applicant or caretaker of the applicant the reason(s) for denial of eligibility for program benefits and provide the person with a copy of the completed form in the appropriate language.
3. Local agency personnel will inform the applicant or caretaker of his/her right to appeal any decision made by the local agency regarding his/her eligibility for the program.
4. Local agency personnel will provide the applicant or caretaker with the WIC-14, Fair Hearing Information. A WIC-15, Request for Fair Hearing form, will be given if the applicant expresses a wish to appeal a denial. Information about available resources for legal counsel must be given.

5. Local agency personnel will ensure that a completed copy in English, of the Denial of Eligibility form and other eligibility determination documents are signed by a WIC staff person and are retained in the applicant/participant's file. If the copy of the WIC-9A provided to the applicant or caretaker is in a foreign language, that language should be indicated on the bottom of an English language version of the form.
6. A complete record should be made of dates of activity, assessment data and reasons for denial.
7. If the denial is due to insufficient Program funds, and the applicant meets all other eligibility criteria, place the person's name on the appropriate waiting list. Determine whether another agency may be able to serve the person and refer as appropriate. If waiting lists are long and low priority applicants may not be reached in a reasonable period of time, consult with the state agency to see if a portion of the waiting list may be discontinued.
8. If the denial is due to reasons other than insufficient Program funds, the applicant/participant may reapply whenever circumstances change.
9. Local agency personnel will provide information about other potential sources of food assistance in the local area to individuals who apply in person to participate in the WIC Program, but who cannot be served because the Program is operating at capacity in the local area.

219 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.

**SECTION III**

**Food Delivery System**

**Refer to WIC Procedure Manual Section 300**

**WIC Operations Manual Section 3**

GOALS FOR FY 2009

III. FOOD DELIVERY SYSTEM

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**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: FSMC has partially implemented ACH only on debit. This process currently is not a priority for FSMC, so the process will remain at its current level for the foreseeable future.

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

*Automated Data Processing*

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

Evaluation: A new RFP for MIS software enhancements was posted in FY' 08. CSC Covansys proposal was accepted. Awaiting contract approval by FNS to sign the contract.

*Management Tools - Financial Reporting*

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

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

*Local Agency Clinic Data Processing*

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

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

Plan: . Continue to monitor efficiencies and provide technical assistance during routine and management evaluation site visits. Monitor the appointment times.

*Operation of the Retail Vendor Management System*

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

effective administration of the Program, in particular with regard to their charges for WIC purchases, provision of authorized foods, service to participants, and cooperation with the goals of the Program and its vendor monitoring procedures.

### *Vendor Selection and Authorization*

**Objective 1: Maintain no more than 200 authorized WIC retail grocery vendors in FY 2008.**

Evaluation: Actual vendors as of 11/08, there were 43 large chain / extra large grocery stores, 22 large or small chain stores, 17 medium grocery stores, 93 small grocery stores, 58 large pharmacies, 1 small pharmacies with 1 commissary. There were a total of 210 vendors; 176 were grocery vendors.

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

### *Vendor Management*

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

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

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

### *Vendor Education and Training*

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

Evaluation: On-going training events were held for 210 legacy vendors during the WIC reauthorization process. In addition, new vendor applicants received training, and current vendors received update training. Monitoring and follow-up site visits were also made. Trainings are held every other month for new and existing vendors. This data will be reported in the 2008 TIP Report.

Plan: Continue training sessions at Health for applicants and existing vendors. Increase the number of one-on-one on-site training/monitoring visits and investigate alternative training methods. Schedule statewide training in FY 2008 as vendor

related materials are developed.

### *Excessive Price Limits*

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

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

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

**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. In 2004, systems were developed to move to ACH crediting for the processing of WIC checks submitted over the maximum value. In 2005, testing of the new WEBS and bank processing resulted in the need to expand the WEBS capacity to manage additional ACH processing numbers. The ACH process was deployed in 2006. An evaluation of the process is now being undertaken. The ACH system is working efficiently to control over the maximum payments.

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). Continue to make an effort to implement ACH check processing for both debit and credit for future.

### *Program Integrity*

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

Evaluation: Employees were secured to perform compliance visits in FY 2006 and conducted the required visits. Twenty-four high risk vendors had compliance buys conducted at their stores. This data will be reported in the 2007 TIP Report.

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

**Objective 2: Increase staff time for vendor compliance investigation management**

Evaluation: The process and forms were streamlined to increase the accuracy of reporting, and

decrease duplication of reporting, and to incorporate RI WEBS capability into the process.

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

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

Evaluation: 93 monitoring visits to WIC authorized stores in FY '08

Plan: Ensure required routine visits are conducted in FY 2009.

**Objective 4: Strengthen sanctions related to violations**

Plan: The new WEBS vendor module was rolled out, and assignment of sanction points to specific program violations were finalized.

*Federal/State Information Sharing*

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

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

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

*Community Relations*

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

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

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

**SECTION 3**

**Food Delivery System**

## FOOD DELIVERY SYSTEM

(Goals - III, Procedures - 300)

**Description of System**

Department of HEALTH WIC Program

The State of Rhode Island Department of HEALTH WIC Program (HEALTH WIC PROGRAM) operates a statewide, computerized food delivery/management system. This system has four main components: the banking community, vendors, the state agency, and WIC local agencies. The Rhode Island food delivery system consists only of contracted retail grocery or food stores, or pharmacies, located in Rhode Island. Participants receive the Program's supplemental foods free of charge.

In June, 2006 the Rhode Island WIC Program converted to a Web Enabled computer system (RIWEBS) Food Instruments are tailored more to meet the nutritional needs of each individual client. Data is inputted into the system at the clinic and one, two or three months worth of benefits are printed for each qualifying household member..

The system now consists of a PC central computer at the state WIC office linked by modem to PCs at each clinic. Clinic configurations range from Novel LAN systems of 2 to 8 PCs, stand alone PC clinics and a few clinics using portable PCs. The state agency computer telephonically polls local agencies on a nightly unattended basis to send and receive data. The central state computer also dials into the bank system to nightly upload and download information pertaining to check issuance, bank payment and rejection activity and a vendor information file consisting of authorized vendor by type. Each check issued is designated as to food package and check type and each check type has the capability of five different maximum allowed prices depending upon the vendor classification system related to size.

*The starting point for the system is with the order and delivery of blank WIC check stock to the State WIC Agency and ultimately to the local WIC sites (See WIC Procedure Manual (Section 320 – Check Accountability). The local agencies begin participant certification. Staff members assign to the applicant a caseload slot, issue an identification (ID) folder, checks, and enter enrollment and nutrition information in the computer such as participant's name, address, food prescription, certification date, , as well as other data. The computer assigns the individual's ID number and household numbers.*

The computer maintains the participant's record as active for the duration of the certification period (in most cases, six months). During that time, the computer produces a monthly set of two or three months of checks for the participant as prescribed by the nutritionist. A participant's input data passes through an edit to locate errors. For example, if a participant is coded as a child, the computer checks to see that the transition from date of birth to action date is under five years.

At the retail store, the participant selects the WIC foods authorized. If an alternate shopper is shopping for the participant, the alternate's signature on the check should match the alternate's signature on the ID card. The grocer enters the cost of the food items on the face of the check in the presence of the participant, in the designated space, and the participant countersigns the check. The grocer verifies that the participant's ID card matches the number on the check, and that the two signatures on the check match.

Retail grocers must enter into a written agreement with the HEALTH WIC PROGRAM prior to their accepting any WIC food checks. Once an Agreement is signed, grocers receive a special WIC stamp bearing the store's name and an identifying number. The HEALTH WIC PROGRAM is responsible for supplying the retailers with the special store stamp. Grocers can redeem WIC checks at their banks only if they stamp them with the designated stamp.

After a retailer deposits a WIC check at the bank, the check moves through the banking system in much the same manner as a personal check. After passing through a clearinghouse bank, the check is deposited at the contracted service bank, where the state has set up a WIC account.

The process for paying participating food vendors is in conjunction with participating banks throughout the state. When the retailer delivers a redeemed WIC check to a bank, the bank will post a ledger credit to said vendor's account. At this time, the participating bank sends the deposited WIC checks to the Rhode Island WIC bank. The bank encodes the vendor number from the check on the issue file for that check and then runs a series of prepayment edits upon receipt of said checks. If the check clears all edits, the bank remits the funds to the vendor's bank.

At this point the WIC contract bank charges the established Rhode Island Department of HEALTH WIC Program WIC account for monies paid out for redeemed checks. The bank is under contract with the HEALTH WIC PROGRAM to:

(ACH?)

1. Reject payment of all checks over sixty days old.
2. Stop payment on checks at HEALTH WIC PROGRAM request.
3. Provide 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 CMIA guidelines in concert with the Controller's Office and the Treasurer's Office.

**Food Instrument Reconciliation**

Using reports generated by both the bank and the WIC state automated system, state staff will collect questionable redeemed checks and other related information with a method of collection as follows:

**A. Bank Reconciliation**

After the close of each day, the bank submits to the HEALTH WIC PROGRAM a transaction file of paid and rejected checks. This information is matched against the state file sent each night to the bank of checks issued and voided. The files are merged, and the HEALTH WIC PROGRAM learns the difference between the amount obligated for food costs, and the amount that WIC participants actually expended. This difference is added to or subtracted from the next drawdown of federal monies.

**B. Check Reconciliation (monthly from the bank in file format and on fiche)**

An automated check reconciliation.

This report provides an analysis of each check the bank has processed. The computer has an average price index that fluctuates according to price changes. Checks that exceed the average price for the items specified are identified and the amounts of overage are provided. The state monitors will use this report to locate vendors with overcharges and take the appropriate action.

The amount of overcharges is forwarded to the retailer, who in turn must submit payment to the Rhode Island Department of HEALTH WIC Program for the amount of overcharge. Checks received by the Rhode Island Department of HEALTH WIC Program will be credited back into the WIC account established at the state level. Stores that overcharge will receive notice in writing. Warnings, sanctions and other steps are taken to correct the problem.

Checks that do not match during this reconciliation process are listed and investigated by the HEALTH WIC PROGRAM staff. These unmatched checks fall into the categories in the table listed above.

Monthly, the computer system and the Vendor Unit perform a detailed vendor specific analysis. It is then matched with participant and vendor information and vendor for volume, average price, and any irregularities analyzes checks.

As staff resources allow, the state takes a sample of checks to investigate overcharges, the presence or absence of an authorized WIC vendor stamp, and any other discrepancies. Investigation follows significant abnormalities noted, and appropriate measures are taken.

**FD-1 Lost or Stolen Check Procedures  
(Procedure Manual Sec.320)****Goal**

To protect the WIC Program from financial obligations resulting from the redemption of stolen WIC checks.

**Procedure**

The following procedures will be adhered to by Rhode Island Department of HEALTH WIC Program and local agency personnel in cases involving theft, and/or loss of checks:

- A. The local agency will phone, within a reasonable time, with relevant information. The call should be directed to the staff member who maintains the computer "Bad Check" Register and Check Alert Log Book or, if absent, to the alternate. If both are absent, the staff person who takes the call will record the information in the Log.
- B. A log number will be issued to the Local Agency for each lost or stolen check. These numbers will be consecutive and entered into the Register along with date of alert, check number, local agency number, description of loss and void instructions. 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 italicized*

**Policy V-1: APPLICANT VENDOR SELECTION AND AUTHORIZATION**

(Revised 12/05)

**GOAL**

To ensure that only vendors which will be a benefit to the RI WIC Program are accepted and maintain their authorization.

**PROCEDURE**

*Revised 2-06*

- A. *Retail grocers, food stores (know as grocers), and registered pharmacies (known as pharmacies) located in the State of Rhode Island may request initial participation as authorized vendors in the WIC Program throughout the year. An application will only be issued to a grocery or pharmacy owner, partner or corporate officer acceptable to WIC. Mobile stores and home food delivery companies are not eligible to be WIC vendors. Persons or entities may also apply up to thirty days before commencing operations of a grocery or pharmacy.*
- B. A Vendor Application Package, consisting of
- a. Letter of Introduction,
  - b. Vendor Application Form (WIC-31),
  - c. WIC Price List,
  - d. Redemption Procedures,
  - e. Sample WIC check,
  - f. WIC-Approved Foods list,
  - g. Vendor Minimum Inventory, and
  - h. WIC's Guide to Retailers
  - i. Proof of Ownership
  - j. WIC Bulletins
  - k. Vendor Policy

is sent to the vendor, only.

The applicant vendor returns the:

- a. Vendor Application,
  - b. Price List,
  - c. Proof of ownership,
  - d. Copy of a recent driver's license or other positive photo identification, and
  - e. List names of stores, owner, partnership, manager, spouse, clerk
- to WIC for review after completion by the vendor.

The establishment owner, partner or a corporate official (provided they have the authority to sign on behalf of the company) must sign the Vendor Application and WIC Price List. The applicant must provide evidence of ownership and/or control, satisfactory to the HEALTH WIC Program, of the operations of the grocery or pharmacy at the location for which the application is being submitted.

- C. For the purposes of the HEALTH WIC Program the terms vendor, applicant or applicant vendor, except as described above, shall refer to the business and any person, firm, corporation, officer, owner or manager or any entity who/which has or has had a controlling or partnership interest in, or

managerial control of the business with respect to the business' WIC vendor application or re-application for participation in the Program and in compliance with any Food And Nutrition Service (FNS) Program's rules, regulations or procedures.

- D. If the vendor has withheld, misrepresented or falsified any information required by the application process, the application will be denied and/or any subsequent Vendor Agreement relating thereto will be immediately rendered null and void, upon discovery.

If the vendor has participated in any actions which are violations of Program rules or accepted WIC checks prior to authorization, (in accordance with Vendor Compliance, V-4) the application will be denied and/or any subsequent Vendor Agreement relating thereto will be immediately rendered null and void, upon discovery.

The vendor may not be accepted if it has been debarred or suspended from participating in any transactions involving federal funds or other assistance with grantees and sub grantees of federal funds under the terms of 7 CFR Part 3017.

- E. A vendor will not be accepted if it shows potential for risk (see Policy V-2).
- F. FNS and WIC Compliance (Applies to Programs' Compliance in RI or in other states)
1. Unless needed to serve an area (Section S, below), a grocery vendor will not be approved unless the vendor is authorized by the Food Stamp Program under the current ownership. If the Vendor is disqualified from the Food Stamp Program as a result of disqualification from the WIC Program, the Vendor may not reapply until FSP authorization is reinstated
  2. (a) A vendor will not be approved if a vendor as a vendor owner, officer, partner, manager or individual:
    - (i) Has not paid in full any fiscal claim, penalty, or fine owed to any USDA or other Federal or State Program or if the Vendor has not corrected any previous violation.
    - (ii) Has committed or been convicted of any violation of or been found in violation of any of the laws and/or regulations, or rules of any USDA or other Federal or State Program, or the terms of any previous Vendor Participation Agreement.

The vendor will not be accepted for from one to six years from the time of the last violation committed, or from the time it was determined the violation had been committed, or prior to the end of any disqualification, sentence, or sanction imposed with respect to that violation; whichever last occurs.

If the sanction was a civil money penalty, or fine or other monetary settlement imposed in lieu of a disqualification or agreed to as part of resolution of a charge of violation of USDA rules, the vendor may not be accepted during the period of time the monetary penalty or settlement is in lieu of, beginning with the date the sanction was imposed.

### Section 3 Appendix - 3

Re-applicant(s) must serve this time under the WIC Program before they can be re-approved as a WIC Vendor or such term as consistent with the nature of the act and penalties for a similar act as set forth in Policy V - 4. The HEALTH WIC PROGRAM may accept such a vendor if it deems vendor would be a special benefit to the Program and acceptance to be in the best interests of the Program, and impose an alternative penalty and/or special conditions of participation in lieu of denial of participation.

- (iii) Is owned, in whole or in part, or is managed by any person who has committed or been convicted of any violation of or found in violation of the laws, regulations, or rules, of any above USDA Program in accordance with the above.
  - (iv) Employs any person who has committed or been convicted of any violation of, or found in violation of, any of the laws, regulations, or rules of any USDA Program in accordance with the above, whether such violations occurred in relation to that applicant store while the store was under previous ownership, or any other store where such person committed such violations unless such person is under on-site supervision of a superior during all hours of WIC related activity and is not allowed to take part in any WIC check transactions.
  - (v) Has committed any violation of the laws, rules, or regulations of any USDA Program while under disqualification or other sanction by any USDA Program, or when not participating in such Program; in accordance with Policy V-4, Vendor Compliance.
  - (vi) Where there is evidence of an attempt to circumvent, or assist in a circumvention of, a period of disqualification from any USDA Program or a civil money penalty imposed for violations of the rules or regulations of any USDA Program in accordance with Policy V-4 or Program vendor selection and authorization rules and requirements.
  - (vii) Where there is a likelihood that a former owner, who would not him/herself qualify, still retains direct or indirect ownership in, control over or interest in the business or its operations.
- (b) Re-application/Re- approval of Vendor Agreement - When reliable evidence or likelihood exists of violations of the regulations, rules, or procedures of any USDA Program in accordance with (a), above or Policies V-2 or V-4, such evidence shall be grounds for denial of the WIC Vendor Agreement. The Rhode Island Department of HEALTH WIC Program may deny vendor participation in the Program for a period in accordance with (a), above, or until such time as the vendor is no longer subject to, or under judicial, administrative penalties, sanctions and/or sanction reviews, or other punishment, whichever last occurs. Any of the conditions of (a) above, shall constitute a violation for purposes of re-approval of a vendor even when it has been served under any USDA Program but not under the

#### Section 3 Appendix - 4

WIC Program. Applicant(s) or re-applicant(s) must serve this time under the WIC Program before he/she can be re-approved as a WIC Vendor.

3. The HEALTH WIC PROGRAM may, at its option, enter into a conditional Vendor Participation Agreement when a vendor is pending judicial or administrative finding, decision, or applicant sanction for an alleged violation, or being readmitted following an allegation of violation, or for special authorization needs as provided for in O, below,.
4. Each applicant vendor, including re-applications, will be reviewed for compliance with any current or previous WIC Agreement for the past three years from the date of application or from the termination of the most recent Agreement.

A vendor will not be accepted or renewed if it meets any of the following criteria:

- (a) Is currently suspended or disqualified from any USDA Program for non-compliance, or is under threat of disqualification related to pending charges. This shall not be subject to administrative or judicial review under the WIC Program.
- (b) Committed three violations of WIC Program rules such as would be grounds for a 90 day or less disqualification under the provisions of Policy V-4: Vendor Compliance.
- (c) Committed two violations, and/or was issued two notices of violation, of a type described in Policy V-4: Vendor Compliance, as Violations and Sanction Types A, B, C, D, E, F; or committed serious, deliberate, or widespread violations described under I or J of that policy.
- (d) Received two suspensions or disqualifications during the preceding three years. Such vendors shall not be renewed or approved for participation for from one to three years from the date of termination of their current or most recent Agreement, in accordance with Policy V-4.
- (e) Has been determined to be charging excessive prices, in accordance with Policy V-10.
- (f) If federal regulations for the WIC Program are adopted which change the maximum disqualification or suspension term or standards for vendor authorization the HEALTH WIC Program may modify the terms of disqualification or non-approval for participation in accordance with the standards set forth in the new federal regulations.
- (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.

**G** *Revised 6/07*

*If new WIC Vendor is determined to be an "Above 50% Vendor", they will not be authorized by WIC.*

### Section 3 Appendix - 5

*The “potentially Above-50% Vendor” (PA50%V) peer group will be assigned to applicants who have the potential for total WIC sales to comprise more than 50% of their total food sales.*

*The “Above 50% Vendor” (A50%V) Peer group will be applied to those Vendors whose total WIC sales comprise of 50% or more of their total food sales.*

*The redemption histories of all new WIC authorized grocery (ie non-pharmacy, non-farmers market) vendors will be reviewed during the application process. To identify a potential Above 50% Vendor (A50%V) the following information will be considered:*

- (a) It the applicant is a new business with no redemption history*
- (b) Recent Food Stamp Program redemption data for the applicant*
- (c) Self reported total gross food sales for the prior year*
- (d) Recent State of RI Monthly Sales & Use Tax Return (Form T-204M)*
- (e) Recent State of RI Quarterly Reconciling for Monthly Filers Form (Form T-204M-R)*
- (f) Projected WIC food sales, based on WIC’s analysis of peer group food redemption profiles.*

*A new vendor with no food sales history or Food Stamp Program sales history will be considered a potential A50%V for the first 6 months of WIC authorization. A new branch of a national chain grocery store will not be considered as a potential A50%V.*

*During this 6- month period of time, the potential A50%V’s redemptions will be monitored to ensure their reimbursements are no greater than the statewide average price of their peer group, or the maximum allowed price for their peer group (whichever is the lower amount).*

**Revised 9-11-06**

***If individual food package redemptions are identified at a higher cost than the statewide average, A50%V stores will be required to lower their prices if they want to maintain their WIC authorization. Concurrently, WIC will review its competitive and its maximum allowed price and make adjustments as needed.***

*In addition, newly authorized stores identified as potential A50%V, will be given a 6- month probationary period. During this time, monthly redemption data will be reviewed to identify if, in fact, the probationary WIC vendor is an A50%V. If this is confirmed, they will be terminated from the WIC Program.*

H. Vendors must be in good standing with all other HEALTH units, such as Food Protection and Sanitation and Board of Medical Licensure & Discipline, as applicable.

I.     Added 11/05

*Applicants must document and provide proof upon request that infant formula available in their store has been purchased from the RI WIC Authorized List of Infant Formula Providers. In addition, they must agree to only purchase infant formula from sources on this WIC authorized list.*

J. Prior to a site visit, the following items will be reviewed for completeness and acceptability in conformance with applicant selection standards and criteria:

**Section 3 Appendix - 6**

1. Application form WIC-31 completed, WIC Price Sheet, proof of ownership, photo identification
  2. USDA active authorization (required for grocery applicants)
  3. No debarment or suspension
  3. Prior USDA and prior WIC compliance
  4. Food Protection/Board of Medical Licensure & Discipline status
  5. Acceptable prices
  6. ~~\_\_\_\_\_~~ 6. ~~\_\_\_\_\_~~ No potential for risk
- K. If the vendor is acceptable according to the above criteria and if openings exist in accordance with Q, below, an on site visit is conducted at the location of the applicant store using the Vendor Application Site Visit Form (WIC-32) including WIC food availability, check handling and redemption, willingness to cooperate in vendor monitoring, willingness to fulfill obligations of the Vendor Participation Agreement and prices.
- L. The Vendor applicant must demonstrate that inclusion of the store or pharmacy would prove to be a benefit to the program. The vendor must demonstrate cooperation with Program staff, participants and procedures as well as comprehension and acceptance of Program goals and objectives. A Vendor deemed to be a potential for risk (in accordance with Policy V-2) is not considered to be a benefit to the Program.

**Revised 2-05**

- M. The grocer applicant must stock a *variety of staple foods for sale including fresh, frozen and/or canned fruits and vegetables, fresh, frozen and/or canned meats, dairy products, and grain products such as bread, rice and pasta.* and a minimum inventory and supply of WIC-Approved Foods at competitive prices.
1. A minimum inventory shall be defined as the WIC Vendor Minimum Inventory Requirements in effect at the time:
    - (a) For a grocery or food store, the WIC-Approved Food Groups are milk, cereal, cheese, juice, eggs, infant formula, beans, peanut butter, and infant cereal. For the categories of milk, eggs, and infant cereal, two types are preferred but not required.

Stores authorized to accept checks for Special Infant Formula must maintain the minimum inventory for such products.

**Revised 2-06**

- (b) *For a registered pharmacy, the WIC-Approved Food groups are exempt formulas and medical foods. The pharmacy is not allowed to accept WIC checks for standard infant formulas, nor food items.*
- (c) *The registered pharmacy shall obtain and make available within two working days any exempt formula or medical foods requested by a WIC shopper and specified on a WIC check in the amount, form, size and type specified on at least two WIC checks, as presented, provided the product is available to retail pharmacies, at less than or equal to the maximum allowed price for the product.*

*The WIC Office, will make every effort to match checks to packing, but where this is not possible Vendor must break package/case to complete the amount specified on the check.*

2. An applicant will not be approved if its shelf price(s) for any WIC-Approved food(s) is excessive as defined in policy V-10. An exception to this policy may be made when a clinic area has fewer than four full line WIC-Approved food vendors, or a city or town less than two, or if the vendor is, or would be, the lowest WIC price store in the area. A clinic area is defined as those census tracts in which a clinic has at least 25% of the participants or in which 10% of its participants reside.

Revised 2-06

3. *Acceptance or denial of grocers will be predicated on a full consideration of the variety of staple foods, minimum inventory of foods, overall needs of the Program, FNS and WIC compliance, prices of WIC foods, need for additional vendors, application data, site visit, benefit to the Program, business integrity, other applicant vendor criteria and the impact of that store's acceptance on the Program's ability to effectively monitor or assess all applicant or authorized vendors.*

*Acceptance or denial of pharmacies will be predicated on a full consideration of the minimum inventory of foods, overall needs of the Program, FNS and WIC compliance, prices of WIC foods, need for additional vendors, application data, site visit, benefit to the Program, business integrity, other applicant vendor criteria and the impact of that store's acceptance on the Program's ability to effectively monitor or assess all applicant or authorized vendors*

A vendor cannot be accepted or renewed if its potential or likelihood to violate the Program's rules would require special, burdensome or disproportionate monitoring efforts by the Program.

#### O. Combined Grocery/Liquor Establishments

A grocer vendor will not be accepted if the vendor also sells alcoholic beverages at the same location. In order to be considered as a separate location, any alcoholic beverages must be displayed and sold in a separate physical unit, with no direct in building access between the grocery and liquor sales units. Said units must have separate entrances, no shared entrance, a physical barrier between which prevents access, and registers for each unit and within each unit.

- P. The WIC Program will review applicant vendors on a regular basis. Vendor monitors will plan part of each month, up to 20% of each month's total visits, to schedule applicant vendor site visits so that any applicant can expect an answer within a reasonable period of time.

Applicant site visits may be curtailed *from August to October* at the discretion of the Program Chief to concentrate resources on the Agreement re-application process.

- Q. The WIC Program will review the records of existing vendors each year prior to Agreement re-application. The review will be based upon criteria used for applicant vendors, and information submitted by vendor on re-application forms or otherwise required by HEALTH WIC Program,

other information received or acquired by HEALTH WIC Program and other re-application criteria, including all criteria mentioned above. Only vendors who meet all criteria will be re-approved.

1. Re-applications will also be denied if a vendor:  
*Revised 2-06*
  - a. *Redeems fewer than 25 WIC checks in any one-month period on two or more occasions during the consecutive 12-month period preceding the re-application review.*
  - b. *If the vendor's prices are or have been in excess of the maximum price standard (Policy V-10) twice during the consecutive 15-month period preceding the re-application review.*
  - c. If the vendor's completed application and its requirements are not received within the allowed time period and/or due date.
2. Neither the FSP decision to impose a Civil Money Penalty (CMP) nor the HEALTH WIC Program's participant access determination shall be subject to administrative review under the WIC Program.
3. At the sole discretion of HEALTH WIC PROGRAM, approximately one half (1/2) of vendors not designated as potential for risk may have their Agreements extended for the Federal Fiscal Year. The other half of those not designated as potential for risk may be granted a two year Agreement.
4. Vendors classified as potential for risk and Vendors whose current authorization has been in effect for less than twenty-four (24) consecutive months prior to July 1, in a given year, will be granted only up to a one year contract. At HEALTH WIC Program's sole discretion, new Vendors may upon review have their contracts extended for an additional year.

#### R. Applicant Training

1. Prior to approval/re-approval, all applicant vendors must undergo Vendor Training under the auspices of HEALTH WIC PROGRAM WIC Staff. Such training shall consist of at least an orientation to the purposes and goals of the WIC Program, its capped funding and impact on the number of people served, WIC-Approved Foods, Minimum Inventory requirements, WIC Check redemption procedures, excessive price policies, and other Program vendor policies and procedures as are normally a part of formal vendor training sessions. HEALTH WIC PROGRAM may add such other topics it deems necessary.
2. In general, these training sessions will take place at the HEALTH WIC PROGRAM, although HEALTH WIC PROGRAM has the prerogative to designate other locations where it deems training would be more efficient or effective

#### S. Maximum Number of Authorized Vendors

1. As a rule, the number of authorized retail grocer vendors may not exceed **200** and of pharmacies may not exceed 40. Pharmacy counters in WIC approved stores shall be

counted as a pharmacy for the purpose of determining the maximum number of authorized vendors and pharmacy vendors, and whether an opening exists for an applicant.

2. When it is in the interests of the effective and efficient administration of the Program, an exception may be allowed for a temporary period of time at the discretion of the HEALTH WIC PROGRAM. Such circumstances may include such conditions as the following:
    - a. The vendor would be the only grocer or pharmacy in a clinic area, or a city or town.
    - b. The vendor's prices are significantly below the state average for WIC-Approved foods and the vendor carries at least 75% of the allowed types or brands and usually has in stock sufficient quantities of foods to redeem more than two infant and two non-infant maximum food packages, in addition to the minimum inventory requirements.
    - c. In the case of pharmacies, the HEALTH WIC Program shall consider the following priority system, which is based on the relative price, ability to meet minimum inventory requirements, and participant shopping convenience in authorizing a pharmacy in excess of the maximum number:
      - (i) No store is authorized in an area and the store's prices are more than 10% below the statewide WIC average for special formulas and other WIC foods, the store meets the minimum inventory for all WIC food categories and types and the store stocks four or more special formulas.
      - (ii) No store such as in (i) is authorized in an area and the pharmacy carries four or more special formulas and its prices for special formulas and contract brand infant formulas are more than 10% below the statewide averages.
  3. As needed, the applicant vendors will be reviewed to bring the number authorized up to the maximum allowed level.
    - a. Except as provided for in 2, above, and b, below, and vendors being considered for contract re-approval or extension, the appropriate number of applicants will then be selected for authorization in order of lowest composite food prices for WIC foods, provided fully and correctly completed application and related items have been received by the state WIC office. Price information may be updated as needed, such as more recent redemption reports and vendor price lists.
  4. The WIC Program reserves the right to further limit vendor participation, application and/or application review in order to ensure that effective vendor monitoring and education is maintained.
- T. A decision is then sent to the applicant vendor in writing. If acceptance is denied, the decision notice shall contain the causes for denial and an opportunity to appeal the action by requesting an appeal within 15 days of the date of the notice. Vendors who are denied may be reconsidered according to the following criteria:

1. Vendors denied solely on the basis of sufficient vendors in the state or the local area shall be reconsidered when openings become available.
2. Vendors denied on the basis of violations, sentence, or other sanctions imposed or pending may reapply after the stipulated period.
3. Vendors denied on the basis of previous disqualification or other noncompliance with rules of any FNS Program, or WIC vendor agreement may reapply when the noncompliance sanction period is completed.
4. A Vendor served notice that it does not meet criteria will be considered as a withdrawn application if it does not contact the State WIC office within 15 days of the date of the notice to claim conformance with the criterion. Such a vendor may not reapply for at least 90 days.
5. A Vendor given a final decision of denial on its application may not reapply for at least six months from the date of the decision letter, or for such longer period of time commensurate with sanctions as set forth in policy V-4.

U. Special Authorization

1. The HEALTH WIC Program may solicit vendors to provide such services as are needed and review those who express an interest in authorization and may make a selection based upon the vendors' ability to provide needed services, lowest price, largest selection of foods, and such other indicators of benefit to the Program as are appropriate.
2. Such selections may be made to provide service in a defined area where there is no authorized WIC grocer and/or pharmacy, where particular WIC foods are unavailable, and for other needs.
3. If the number of participants in need of service in an area is twenty or less, the HEALTH WIC Program may limit the number of vendors selected to provide such service in such area to one. This selection may be reviewed at the time of re-application of the vendor agreement and revised selection(s) made, as benefit to the Program indicates.
4. To meet special participant needs vendors may be authorized to provide all services or foods or only certain services or foods, as appropriate, when the need for special services is determined.
5. For foods which are unavailable through retail vendors or which have an average retail price more than 15% above the average price for the food type (e.g., formula), the Program may make such arrangements for the participant to obtain such foods through specialized providers (e.g., low priced retailers, hospital clinics or pharmacies, HEALTH WIC Program center clinics, HEALTH WIC PROGRAM, manufacturers, wholesalers/resellers etc.), based on price and accessibility.
6. The HEALTH WIC Program may offer temporary provisional authorization to prevent disruption of service to participants when an applicant is replacing a store which has

recently been a high WIC volume vendor, the ownership and/or management is/are authorized at other locations and the agency determines that the vendor is likely to be and remain in conformance with the preponderance of vendor selection and performance criteria and that the vendor's prices for WIC foods are less than 95% of the statewide average according to HEALTH WIC PROGRAM analysis.

7. The HEALTH WIC PROGRAM may authorize a retail grocer to redeem checks for a special formula product designated by the HEALTH WIC PROGRAM. If a WIC authorized store has a pharmacy counter (owned by the same company), it may be authorized to offer any approved WIC special formula and be issued a separate stamp for tracking purposes (If so designated, the pharmacy counter must meet all requirements for WIC pharmacy vendors.). The decision to authorize shall include consideration of whether the store's price for the product is less than that charged by other vendors, using the statewide average or other price measures selected by the HEALTH WIC PROGRAM.
8. The HEALTH WIC PROGRAM may authorize such arrangements for the participant or go out to bid so that the Program may make available such foods through specialized providers (e.g., low priced retailers, hospital clinics or pharmacies, HEALTH WIC Program center clinics, HEALTH WIC PROGRAM, manufacturers etc.), based on price and accessibility. The foods would include, but not be limited to, specialty low volume formula.

**Policy V-2: IDENTIFICATION OF POTENTIAL FOR RISK VENDORS**

## Goal

To focus vendor monitoring efforts on those vendors with the greater potential or likelihood to abuse or err in complying with WIC Program requirements:

## I. Indicators

*Revised 11/05*

Potential for risk vendors are those applicants or participating vendors who demonstrate or indicate the potential or likelihood to violate the Program's regulations, policies, or the terms of the vendor agreement in any manner. The Program will employ such procedures as may be helpful in identifying potential for risk vendors. Indicators of potential for risk or likelihood may include, but are not limited to, the following identifiable quantitative criteria:

- high or disproportionate volume,*
  - questionable pricing patterns,*
  - high cost of redeemed food instruments,*
  - sanction points assigned to vendor for violations of WIC rules.*
- B. A history of errors, violations, warnings, notices or sanctions related to any USDA Program, including imposition of a Food Stamp Program Civil Money Penalty or bond requirement for approval to accept Food Stamp Benefits. Vendor, court and administrative records of the WIC Program and the Food and Nutrition Service (FNS) will be reviewed to determine this potential.
- C. Violations of any state, federal or local business or food delivery or government ethics law, or regulation; or violation of any law where the unlawful conduct of the vendor relates to:
- a. the business, the operation thereof or the use of the business premises (including violations of laws or rules pertaining to food, HEALTH WIC Program and sanitation requirements, weights and measures, pricing, packaging, consumer protection, lottery and the like); or to
  - b. criminal behavior related to violence, weapons or illicit drugs or to threat of or committing physical violence; or
  - c. violation of government business conduct rules, or attempts to induce agents of state, local or federal agencies to violate ethics rules or to improperly influence the actions of such an agent; or
  - d. where evidence exists of a likelihood of such behavior, actions or violations.
- D. High or other questionable prices or charges.
- E. Errors in check redemption practices.
- G. Low inventory, especially in relation to level of redemptions.
- H. Complaints received from participants, local agencies, other vendors, or the public.

- I. Reports of vendor errors or violations received during participant surveys of vendor services, or interviews.
  - J. Actual violations, or circumstances leading to the likelihood of violations.
  - K. Ineffective supervision of vendor employees.
  - L. Lack of cooperation with vendor monitoring or vendor education.
  - M. Lack of understanding or support of the purposes, goals or needs for the Program.
  - N. Lack of knowledge or comprehension about program procedures or WIC-Approved foods.
  - O. Lack of cooperation with Program participants, the HEALTH WIC Program, or the US Department of Agriculture.
  - P. The business integrity and reputation of the vendor.
  - Q. Vendor withdrawal from participation, or of an application, following written notification of violation, regardless of any settlement language between the vendor and HEALTH WIC PROGRAM, unless all HEALTH WIC PROGRAM charges are adjudicated as unjustified, unsubstantiated, unwarranted or improper.
  - R. Failure to report involvement of any owner or management personnel of a store, or their immediate relatives, in the operating of any other WIC vendor.
  - S. Failure to respond to the re-application offer by the designated due date for filing of all information.
  - T. Non- return of a previously issued WIC Vendor Stamp.
  - U. Such other relevant factors as may reasonably indicate the likelihood of vendor violations.
- II. Review of Potential for Risk Vendors

When a vendor is identified as a potential for risk, priority is given to use of program resources for case review, monitoring, site visits, review of food instruments redeemed, investigation and other methods.

- A. If review of redeemed food instruments (as defined in Policy V-4,IA1a) reveals actual or suspected errors, overcharges, or other pricing violations or patterns associated with potential violations then appropriate investigative, sanction, claim or penalty procedures will be followed.
- B. Additional site visits may focus not only on all vendor procedures but also on specific actual or potential violation(s).
- C. Additional information may be sought from local agency staff, participants, or others and FNS may be contacted regarding any Food Stamp Program concerns.

- D. Review of vendor records related to inventory, redemption and fiscal operations with regard to the WIC Program.
- E. Available resources for special investigative activities including compliance purchases may be utilized (see items following this Policy).

III. Follow-up Activities

The Potential for Risk vendor will be intensively monitored until such time as compliance with all program regulations and procedures is assured and/or sanctions are implemented. Steps to assure compliance or take sanctions may include but are not limited to the following:

- A. Special education and training at the HEALTH WIC Program, the vendor's location or any other location, given by vendor monitoring or program administrative staff, or other appropriate parties.
- B. Appropriate letters of notice describing the vendor's responsibilities and the penalties for noncompliance.
- C. A written compliance agreement may be required from the vendor for the purpose of the vendor's giving written assurance of future compliance, understanding of his responsibilities and understanding of the penalties for future violations.
- D. Sanction procedures may be instituted as set forth in the Vendor Compliance Policy V-4.

**Policy V-3: VENDOR EDUCATION AND TRAINING**

**Goal**

To delineate education and training, both initial and ongoing, of vendors.

**Procedure**

- A. When a store applies for the WIC Program, a copy of the Allowed Foods List, Redemption Terms, Applicant Minimum Inventory and the "WIC's Guide to Retailers" pamphlet is distributed. This provides basic orientation to the rules and operations of the Program.
- B. Before a vendor is accepted, the vendor owner, or management official acceptable to HEALTH WIC Program, shall attend a vendor training at a time and place designated by HEALTH WIC Program. Such training shall usually be at the HEALTH WIC Program, although another location may be designated.
- C. A vendor monitoring staff person will also visit the store to further explain the Program. This includes check redemption procedures, allowed foods, provisions of the Vendor Participation Agreement, and minimum inventory requirements.
- D. As the allowed foods list changes, or any other vendor related aspect of the Program changes, vendors shall be advised both in writing and during vendor monitoring visits.
- E. As determined by HEALTH WIC Program, vendors shall be required to attend training sessions at the HEALTH WIC Program Department. A vendor may request to be rescheduled up to two times for a particular session. Such request must be received during normal working hours on at least the day preceding a session. The Office of Supplemental Nutrition has the sole prerogative to grant or deny the request.
- F. Failure to attend a complete training session is grounds for termination, disqualification and/or other sanctions in accordance with the Vendor Agreement and Policy V-4.
- G. In their regular contacts with vendors, the monitors will provide additional training.
- H. While investigating complaints or inquiries, or potential for risk, the monitors will educate vendors on an as needed basis.
- I. Written notices to vendors will be distributed as needed. These may include information about Program changes, procedural reminders, vendor sanctions, and education about WIC foods, nutrition, and HEALTH WIC Program. Vendors are required to maintain a file, book, or other readily accessible compilation of such notices.

**Policy V-4: VENDOR COMPLIANCE, Violations and Sanctions**

Rev.2/21/06

## GOAL

To ensure vendor compliance through a policy which provides the HEALTH WIC Program with administrative actions for dealing with WIC vendors (including applicants) or other persons or entities found to be in violation of contract requirements or Program regulations, rules, or procedures.

## PROCEDURE

## I. GENERAL CONDITIONS

*Potential high-risk vendors will be identified according to Policy 3. Based on that Policy's outlined criteria, authorized high-risk vendors will be ranked. Based on this prioritization, those ranked at highest risk will be investigated prior to those with a lower risk ranking. At a minimum, Compliance Investigations will be conducted at 10% of WIC authorized vendors on an annual basis, based on this prioritization.*

When during the course of a single investigation, the HEALTH WIC Program determines that the vendor has committed multiple violations (which may include violations subject to HEALTH WIC Program sanctions), the HEALTH WIC Program shall disqualify the vendor for the period corresponding to the *most serious violation or the total acquired sanction points*. However, the HEALTH WIC Program shall include all violations in the notice of sanction. If a mandatory Federal sanction is not upheld on appeal, then the HEALTH WIC Program may impose a HEALTH WIC Program -established sanction.

The HEALTH WIC Program shall not accept voluntary withdrawal or use non re-approval of the vendor contract instead of disqualification, but shall enter the disqualification on the record.

*Prior to imposing a disqualification, the HEALTH WIC Program shall determine, in its sole discretion, and document in the vendor file, whether the disqualification would result in inadequate participant access for all mandatory sanctions (except for conviction for trafficking / illegal sales). This determination will be based on the unavailability of other authorized vendors in the same area as the vendor under review and any geographic barriers to using such other vendors.*

If the HEALTH WIC Program determines that a disqualification would result in inadequate participant access, then the HEALTH WIC Program shall impose a civil money penalty in lieu of disqualification, except for the third or subsequent violation [and conviction for trafficking / illegal sales]. The amount of a civil money penalty shall equal the average monthly WIC redemptions for the [six] month period [Explanation - The number of months must be at least six months, but may be more than six months] ending with the month immediately preceding the month during which the notice of sanction is dated, multiplied times 10 percent (.10), and then multiplied times the number of months for which the vendor would have been disqualified, provided that the civil money penalty shall not exceed \$10,000 for each violation, and provided further that the civil money penalty in lieu of permanent disqualification shall be \$10,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed \$40,000.

If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty within 30 days of the notice of sanction or for the periods provided in an installment plan, subject to revision for good cause, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty was assessed (for a period corresponding to the most serious violation in cases where a mandatory sanction included the imposition of multiple civil money penalties as a result of a single investigation).

When a vendor, who had previously been assessed a mandatory sanction [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the second violation. Civil money penalties may only be doubled up to the previously noted \$10,000 / \$40,000 limits.

*Revised 2/21/06*

*The State will notify vendors of initial violation, for violations that require a pattern of occurrences in order to impose a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation*

*Revised 11/05*

## *II. Violations and Sanctions*

*A point system to record vendor abuses has been developed. Each instance of a violation of Program rules has a set point value and a specific time period during which the points will remain on a vendor's record.*

*A one (1) year disqualification will be imposed if a vendor accumulates a total of twenty (20) points in a period of twenty-four (24) months or less. Should a Pattern (more than one occurrence) of any offense be determined to exist HEALTH shall impose sanctions and disqualification for a period of time not less than one (1) year and up to permanent disqualification. (See Tables 3A-1, 3A-2, 3A-3 below for Sanction Descriptions and Point Values)*

### *A. USDA Mandatory Sanctions (WIC/ FSP Vendor Disqualification Rule 7 CFR 246.12)*

*Mandatory Sanctions are those sanctions imposed due to non-compliance with federally mandated policies and procedures regarding the WIC Program, as designated by the USDA. Should a vendor be found in non-compliance of any of these policies the vendor shall be immediately disqualified from the WIC Program.*

*- "Incidence" refers to one "positive" compliance buy, or, in some instances below, to any single occurrence of a violation.*

*"Pattern" is defined as a minimum of two (2) violations occurring within a six (6) month period.*

#### *1. Class 1 Violations - Permanent Disqualification (Federal, Mandatory)*

##### *a) Conviction for Trafficking / Illegal Sales*

*A vendor convicted in court for the crime of trafficking in food instruments or for selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act, 21 U.S.C. 802) in exchange for WIC checks will be permanently disqualified, effective on the date of receipt of the notice of disqualification.*

**2. Class 2 Violations - Six (6) Year Disqualification (Federal, Mandatory)**

**a) Buying or Selling Food Instruments for Cash (Trafficking) and Illegal Sales**

*The State Agency will disqualify a vendor for six years for one incidence of trafficking or one incidence of selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act, 21 U.S.C. 802) in exchange for WIC checks.*

**3. Class 3 Violations - Three (3) Year Disqualification (Federal, Mandatory)**

**a) Sales of Alcohol or Tobacco in Exchange for Food Instruments**

*The State Agency will disqualify a vendor for three years for one incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for WIC checks.*

**b) Sales Exceeding Documented Inventory**

*The State Agency will disqualify a vendor for three years for a pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item that exceeds the store's documented inventory of that supplemental food item for a specific period of time.*

**c) Charging WIC Participants More Than Other Customer or Shelf / Contract Price (Overcharging)**

*The State Agency will disqualify the vendor for three years for a pattern of charging WIC customers more for supplemental food than non-WIC customers or charging WIC customers more than the current shelf or contract price.*

**d) Unauthorized Channels**

*The State Agency will disqualify the vendor for three years for a pattern of receiving, transacting, and/or redeeming WIC checks outside of authorized channels, including the use of an unauthorized vendor and/or an unauthorized person.*

**e) Food Not Received**

*The State Agency will disqualify the vendor for three years for a pattern of charging for supplemental food not received by the WIC customer.*

**f) Credit and Certain Non-Food Items Exchanged for Food Instruments**

*The State Agency will disqualify the vendor for three years for a pattern of providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition,*

*explosives, or controlled substances as defined by section 102 of the Controlled Substances Act (21U.S.C. 802), in exchange for WIC checks.*

**4. Class 4 Violation - One (1) Year Disqualification (Federal, Mandatory)**

a) Unauthorized Food

*The State Agency will disqualify the vendor for one year for a pattern of providing unauthorized food items in exchange for WIC checks, including charging for food provided in excess of items listed on the check.*

**5. Class 5 Violation - Variable Length Disqualification (Federal, Mandatory)**

a) Disqualification from the Food Stamp Program

*The State Agency will disqualify a vendor, which has been disqualified from the Food Stamp Program (FSP). The WIC disqualification will be for the same length of time as the FSP disqualification and the WIC disqualification may begin at a later date than the FSP disqualification.*

*The State Agency will disqualify a vendor who has been assessed a civil money penalty for hardship in FSP under 7 CFR 278.6. The length of disqualification will correspond to the period for which the vendor would otherwise have been disqualified in FSP. Such disqualification may not be imposed unless the State Agency has first determined that the disqualification would not result in inadequate participant access. If the State Agency determines that inadequate participant access would result, then neither a disqualification nor a civil money penalty in lieu of disqualification may be imposed.*

*Revised 11/05*

*The State will notify vendors of initial violations requiring a pattern of occurrences in order to improve a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation.*

**B. Class 6 Violations - State Agency Vendor Sanctions**

*The State Agency will impose sanctions, including disqualification, civil money penalties, and fines for violations in addition to those listed under USDA Mandatory Sanctions.*

*A point system to record vendor abuses has been developed so that each instance of a violation of Program rules has a set point value and a specific time period during which the points will remain on a vendor's record.*

*A one (1) year disqualification will be imposed if a vendor accumulates a total of twenty (20) points in a period of twenty-four (24) months or less.*

*The State Agency will impose a civil money penalty (CMP) in lieu of disqualification if, in the determination of the State Agency, inadequate participant access would result if the vendor were disqualified.*

1. Sanction Terms and Point Value Tables

- i. 6-Year Disqualification – Mandatory Sanction Violation or 20 Sanction Points accumulated based on a pattern (more than once) of violations within a six (6) month period.
- ii. 3-Year Disqualification – 20 Sanction Points accumulated within a twenty-four (24) month period based on a pattern (more than once) of violations.
- iii. 1-Year Disqualification - 20 Sanction Points accumulated within a twenty-four (24) month period with no pattern (more than once) of violations.
- iv. Mandatory Re-Training – 10 Sanction Points accumulated within a twelve (12) month period.

Table 3A-1Monitoring or Simulated Shopper Visit

<u>VIOLATION ID</u>	<u>SANCTION POINTS</u>	<u>DESCRIPTION</u>	<u>Points Retained For</u>
1	1	WIC Sign posted	6 months
2	1	Prices posted on shelf or foods (per item)	6 months
3	7	Minimum stock not available	1 year
4	1	Expired dates on WIC Authorized items (per item)	1 year
5	10	Evidence of discrimination	3 years
6	2	Poor sanitary conditions in store	6 months
7			
8	2	ID not checked at register	6 months
9	2	Unauthorized brands purchased	6 months
10	5	Unauthorized amounts purchased	1 year
11	5	Check not signed	1 year
12	5	Check signed before amount is entered	1 Year
13	2	Signatures not compared	6 months
14	2	Cash register receipt not retained	6 months
15	2	No Vendor ID Stamp	1 year
16	1	Food list not at register	6 months
17	20	No Current Food Stamp Authorization	DQ
18	5	Violation of Sanitary Code	1 year
19	20	Check Redemptions from other locations	DQ
20	20	Fiscal Term	DQ
21	20	Violation of Civil Rights	DQ

Table 3A-2COMPLIANCE VISIT VIOLATIONS

<u>VIOLATION ID</u>	<u>SANCTION POINTS</u>	<u>DESCRIPTION</u>	<u>Points Retained For</u>
1	1	WIC Food Prices not posted (per item)	6 months
2	1	WIC Sign is not posted	6 months
3	1	Material, training manual, food lists not at register	6 months
4	2	Discourteous to participants	1 year
5	2	Demands identification other than WIC ID	1 year
6	7	Loses or does not return vendor stamp	2 years
7	2	Refuses to honor valid food instrument	18 months
8	2	Attempts to limit number of food instruments redeemed	18 months
9	4	Submits Price List that is incomplete, incorrect or late	6 months
10	2	Refuses to accept manufacturer coupons for WIC foods	1 year
11	2	Fails to train store personnel in WIC procedures	1 year
12	2	Does not follow proper check cashing procedures	6 months
13	5	Redeems invalid food instrument	1 year
14	5	Fails to attend state Vendor training	1 year
15	4	Fails to submit a Price List when requested	1 year
16	5	Redeems food instrument for non-authorized food brands, quantities, or types within WIC food categories	18 months
17	5	Labels non-authorized brands as WIC approved	18 months
18	5	Does not maintain competitive prices on WIC authorized items	18 months
19	1	Expired dates on WIC Authorized items (per item)	1 years
20	5	Misbranding WIC items	18 months
21	5	Does not maintain a clean and sanitary store	1 year
22	5	Fails to maintain store business hours as specified on application	6 months
23	7	Fails to maintain minimum stock. (Pharmacies fail to provide special formula within 48 hours)	1 year
24	10	Seeks restitution from participants for checks not paid by the State agency or subject to non payment by the State agency	1 year
25	5	Submits false information on Commodity Price List	18 months
26	10	Provides rain checks for food instruments	2 years
27	10	Fails to provide evidence of proof of purchase (invoices) of WIC foods	2 years

Table 3A-3COMPLIANCE VISIT VIOLATIONS (Continued)

<u>VIOLATION ID</u>	<u>SANCTION POINTS</u>	<u>DESCRIPTION</u>	<u>Points Retained For</u>
28	5	Fails to remit payment for overcharges or provide justification for the overcharges, including scanner vs. shelf price discrepancies	2 years
29	10	Discriminates against WIC participants (protected classes)	2 years
30	5	Submits false information on application	1 year
31	10	Counterfeit Stamp	2 years
32	10	Redeems food instruments for foods which are not in WIC food categories	2 years
33	10	Redeems specific contract formula check for other formula	2 years
34	20	Terminates the Agreement without (required) advance notice to the agency as alternative to disqualification	DQ
35	10	Uses stamp on checks redeemed at another store	2 years
36	10	Charges the WIC program for foods not received by the participant	2 years
37	20	Overcharging (Charges the WIC program more than the actual cash value of the items purchased)	DQ
38	20	Fails to pay civil money penalty as scheduled	DQ
39	10	Exchanges food instruments for money credit and/or non food items	2 years
40	20	Circumvents disqualification or civil money penalty through a purported transfer of ownership	DQ
41	20	Food and Nutrition Service Sanction (Food Stamps)	DQ
42	0	Civil Money Penalty (FSP or WIC)	Variable
43	5	Accepted future dated checks	1 year
44	5	Accepted expired checks	1 year
45	5	Accepted previously signed checks	1 year
46	2	Failed to ask/check ID	6 months
47	2	Failed to compare signatures	6 months
48	10	Sold extra amount of food not specified on check	2 years
49	20	Price fixing (Charges WIC customers more than non-WIC customers)	3 years
50	10	Asked shopper to sign before price posted on check	18 months
51	5	Sold non authorized food items	1 year
52	20	Sold non food items	DQ
53	10	Provided Disallowed Incentive Item to WIC customer	1 year

a) Other Disqualifications

*An additional item that can lead to or extend a disqualification period is:*

- (1) *The State Agency may disqualify a vendor that has been assessed a civil money penalty in lieu of disqualification by the Food Stamps Program for a mandatory vendor sanction.*

C. Fiscal Claims Against Vendors

1. The HEALTH WIC Program may assess such claim as is appropriate related to any improper redemption in the provision of supplemental foods, in the price charged to the Program on any food instrument(s) (as defined in Policy V-4, IA1a) or for other burden on Program resources. Payment of such claim shall be in addition to any appropriate disqualification, denial or non-re-approval in accordance with this Policy and/or Policy V-1.

Claim may be made for amount paid on any food instrument(s) improperly redeemed or charged and banking, data processing, investigation and reasonable administrative costs incurred by the Department in the course of discovering, calculating, developing, collecting and so forth such claim.

*Updated 4/2006*

2. *Claims - A reimbursement or payment credit will be initiated if a WIC check is submitted for payment above the current Maximum Allowed Price for that check based on the vendor's peer group. On day 1 the state's banking contractor will reject the check over the maximum allowed price (MAP); on day 2 the check will be reprocessed. During the reprocessing, the vendor will receive an ACH credit for the MAP (minus any associated bank fees assigned to the state WIC office). The vendor agrees to accept this adjusted ACH credit and the payment of any related fees if the price on the WIC check(s) submitted for payment exceeds the current MAP for the vendor's peer group/ subcategory.*

a) Bank fees

*If the WIC contract bank rejects a check because a vendor deposited it in violation of WIC redemption rules (other than those outlined in the above section "Claims"), the bank may debit the vendor's account for the amount of the "Returned Check" fee called for in the contract between the bank and the HEALTH WIC Program (note: the fee in 1/99 is \$.85/check). Each month, the bank will total the returned checks by vendor and initiate an ACH debit for the appropriate amount. When vendor receives notice of returned items, vendor may contact the HEALTH WIC Program to show cause why the debit should not be imposed or be reversed.*

If the claimed costs exceed the amount improperly charged by the vendor plus the currently \$5.00 service charge, the state shall provide vendor with an explanation of how the amount of the claim was determined.

b) Vendor Dispute

If vendor disagrees with the claim, or the amount of the claim, vendor may request a review within twenty days of the postmark date of the claim. The vendor is entitled to submit any evidence to show why any or all of the claim should not be due, and to meet with the Program's manager of the HEALTH WIC Program's vendor unit to seek cancellation or adjustment of the amount of the claim.

If vendor disagrees with the claim after the above review, vendor may request an Administrative Hearing, within thirty days of postmark date of the HEALTH WIC Program's final decision on the review.

c) Payment of Claim

Subject to any review or appeal as above, failure to pay any portion or all of the money claim according to the schedule determined by HEALTH WIC PROGRAM shall be grounds for disqualification, denial or non re-approval for a period of up to one year for a non-mandatory sanction, or a time which best reflects double the maximum penalty for the related violation or abuse as set forth above unless the vendor pays the full remaining amount due within thirty days of being notified of such a failure. The total period may not exceed one year. The HEALTH WIC PROGRAM may recover the amount of the claim via an ACH debit on the vendor's bank account made by the WIC contract bank.

3. Fines

Fines shall be imposed under Section 23-13-14 of the General Laws of the State, subject to the requirements in N below, in addition to the appropriate administrative sanction in accordance with this Policy and/or Policy V-1.

D. Probation

A previously sanctioned vendor if subsequently authorized as a vendor shall serve a period of probationary authorization for a period equal to the most recent period of sanction, or one year, whichever is greater, and shall be subject to such special conditions imposed by HEALTH WIC PROGRAM such as termination for any offense with a 15 day warning or opportunity to correct, termination prior to hearing, additional monitoring, reporting and training requirements, price or volume restrictions, etc. This provision is subject to appeal.

E. Concurrent violations

*Should a site visit, a complaint, investigation and/or an analysis determine two or more concurrent Class 1, 2, 3, 4 or 5 violations of WIC Program rules, the prescribed penalties as delineated above shall be to assess the most severe violation. Class 5 (state violations) shall be determined by the accumulation of sanction points.*

F. For all Mandatory sanctions, the HEALTH WIC Program shall not accept voluntary withdrawal or use non re-approval of the vendor contract instead of disqualification, but shall enter the disqualification on the record.

III. GENERAL STATE CONDITIONS

1. The HEALTH WIC Program shall impose sanctions, including disqualifications, civil money penalties, and fines for violations for which there are not any mandatory sanctions.
2. A disqualification period *shall not be less than one year (1/05)* for all of the violations investigated as part of a single investigation.

3. A civil money penalty or fine shall not exceed \$10,000 for each violation, and shall not exceed \$40,000 for all of the violations investigated as part of a single investigation.
4. The HEALTH WIC Program shall determine the amount of a civil money penalty or fine "in the same manner as for mandatory sanctions; see item 3 under the General Conditions for Mandatory Sanctions". Fines and civil money penalties shall become due for payment with "the same timing as for mandatory sanctions; see item 4 under the General Conditions for Mandatory Sanctions", and, if such payment is not made, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty or fine was assessed.
5. The HEALTH WIC Program shall not impose a civil money penalty based on an FSP civil money penalty.

#### IV. ADMINISTRATIVE ACTION

##### A. Evaluating the Violation and Sanction Term

When a vendor has committed more than one Class 1 through 5 violations for which this Policy stipulates different penalties the vendor shall be disqualified for whichever term is longest, in relation to the terms specified for the violation(s) committed.

Penalties based on Class 6 violations are determined by the total number of sanction points accumulated.

With respect to any sanction for which a specified term is set forth, the program administrator may make a determination other than the stipulated maximum term called for. In making this determination the administrator may consider factors that include, but are not limited to:

1. Whether the violation was an error committed or omitted in the performance of required procedural activities (ex: "misreading" an issue date although the date was looked at).
4. Previous sanctions - If state sanctions have once or twice before been imposed, a third sanction, for any violation(s), non-mandatory sanctions, additive up to one year
3. The extent of prior warning and opportunity for corrections of non-mandatory sanctions.
4. The extent of vendor education.
5. The extent of potential risk the practice holds for compromising the HEALTH WIC Program/nutritional effectiveness of the Program and/or its fiscal integrity.
6. Except for Class 1 through 5 violations that carry mandatory sanctions, the number and severity of the violation(s) under review, including a pattern of violations, based on the current violations and/or a history of previous violations.

7. Vendor cooperation in the monitoring, education, investigation, sanction, or correction process; in responding to requests for action or information; both in the current instance as well as in the past; or willingness to comply in the future.
8. Hardship to participants if the vendor is disqualified (See C, below).
9. Any other factors relevant to the efficient and effective administration of the Program.
10. If the vendor continues to violate Program rules following notice of disqualification, the disqualification period shall be extended by the period of the time the vendor remains in violation or continues to violate Program rules, in addition to the sanction period stipulated in Violations and Sanction Types, above, for the additional violations.

B. Sanction Steps

1. *Initial discovery takes place and if there is a problem, a notice of violation will be issued, sanction points will be assessed and a warning letter issued. The warning letter will include a time frame in which compliance is expected. An effort is made to provide educational assistance to the vendor to correct the problem.*
5. *The vendor shall develop a plan of correction acceptable to HEALTH WIC PROGRAM at this time. The vendor is made aware that a subsequent review will be made to see if the problem has been resolved.*

*Revised 11/05*

6. *The State will notify vendors of initial violations requiring a pattern of occurrences in order to impose a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation*
7. Sufficient or insufficient compliance by the vendor is determined at the end of the time period stated in the final warning.
8. If the subsequent review reveals that a problem still exists, *sanction points will again be assessed. Based on the number of sanction points accumulated the appropriate sanction will be applied*
9. *Based on the number of sanction points, the vendor may be disqualified from participation as a vendor.*
10. The disqualification is implemented by notice to the vendor, by demanding return of the store's WIC vendor stamp, and/or by notifying the bank not to honor WIC checks deposited by the disqualified vendor.

A minimum of 15 days advance notice of the effective date of the action shall be provided to the vendor. Notice shall be in writing and contain notice of the action and the causes for and the effective date of the action, and notice of the opportunity to appeal the actions (if applicable) and the time period for requesting an appeal.

Exempt from the above notification requirement are permanent disqualifications based on convictions for trafficking and/or illegal sales; in those two instances, the disqualification is effective upon the vendor's receipt of the disqualification notice.

11. Disqualification of 1 year or less - At the end of the disqualification period, the vendor must notify the HEALTH WIC Program that the vendor is in compliance with all requirements. Upon verification of vendor compliance by the HEALTH WIC Program, the vendor may be restored to participating status if the time period is within the same fiscal year. If this does not occur until the following fiscal year, the agreement will terminate and vendor will be required to re-apply.

If the vendor fails to demonstrate compliance at the end of the disqualification period, disqualification shall be extended by the period of time set forth under Violations and Sanction Types, above, up to a period not exceeding one year.

12. Disqualification of more than 1 year - The vendor's Participation Agreement shall be terminated, and the Food Stamp Program (FSP) Field Office notified of such. The vendor shall not be reinstated until after he reapplies and is found by the HEALTH WIC PROGRAM to meet all applicant vendor criteria. Depending on the nature of the violation (particularly a mandatory disqualification), WIC Program disqualification may result in a FSP disqualification up to the same period and not subject to FSP administrative and judicial review (Section 278.6(e)(8) of FSP Regulations).
13. The vendor may be required to immediately refund or pay any related claim (see K., 2, above), separate and apart from any other warning or sanction activities. Failure to immediately pay the claim shall be grounds for disqualification of up to one year, in the absence of review and/or appeal, or following a review and/or appeal deciding in favor of a claim.

#### C. Inadequate Participant Access

Prior to disqualifying the vendor, the HEALTH WIC Program shall determine, in its sole discretion, and document in the vendor file, whether the disqualification would result in inadequate participant access for all mandatory sanctions (EXCEPT IN THE CASE OF A THIRD VIOLATION OF A MANDATORY SANCTION OR ITEMS LISTED IN IA, PERMANENT DISQUALIFICATION, ABOVE.). This determination will be based on the unavailability of other authorized vendors in the same area as the vendor under review and any geographic barriers to using such other vendors. Any determination of participant access shall consider the following and such additional factors as may be relevant:

1. Whether there are other vendors in the area who can provide the WIC-Approved foods as described in Policy V-1 Vendor Applicant Selection.
2. Whether the access is no less than the access or inconvenience the affected participants experience in securing any other essentials or non-essentials of life.
3. Since it is likely that vendors who violate the Program are not providing participants with the appropriate nutritional benefits of the Program, or are diverting funds from other needy

persons, the period of disqualification set forth in this policy is the preferred sanction, unless the conclusive weight of evidence is to the contrary.

4. That violators divert legitimate WIC related business from those vendors who adhere to Program regulations.
5. That when the violation is such that it also involves participation by participants/payees, the HEALTH WIC Program and nutritional benefits and the integrity of the Program itself are severely compromised.

If the HEALTH WIC Program determines that a disqualification would result in inadequate participant access, then the HEALTH WIC Program shall impose a civil money penalty in lieu of disqualification, except for the third or subsequent violation [and conviction for trafficking / illegal sales]. The amount of a civil money penalty shall equal the average monthly WIC redemptions for the [six] month period [Explanation - The number of months must be at least six months, but may be more than six months] ending with the month immediately preceding the month during which the notice of sanction is dated, multiplied times 10 percent (.10), and then multiplied times the number of months for which the vendor would have been disqualified, provided that the civil money penalty shall not exceed \$10,000 for each violation, and provided further that the civil money penalty in lieu of permanent disqualification shall be \$10,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed \$40,000.

- a. If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty within 30 days of the notice of sanction][the periods provided in an installment plan, subject to revision for good cause, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty was assessed (for a period corresponding to the most serious violation in cases where a mandatory sanction included the imposition of multiple civil money penalties as a result of a single investigation).
- b. When during the course of a single investigation, the HEALTH WIC Program determines that the vendor has committed multiple violations (which may include violations subject to HEALTH WIC Program sanctions), the HEALTH WIC Program shall disqualify the vendor for the period corresponding to the most serious mandatory violation. However, the HEALTH WIC Program shall include all violations in the notice of sanction. If a mandatory sanction is not upheld on appeal, then the HEALTH WIC Program may impose a HEALTH WIC Program-established sanction.
- c. When a vendor, who had previously been assessed a mandatory sanction [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the second violation. Civil money penalties may only be doubled up to the previously noted \$10,000 / \$40,000 limits.
- d. When a vendor, who had previously been assessed two mandatory sanctions [except for a conviction for trafficking / illegal sales], receives another mandatory sanction

for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the third violation. The HEALTH WIC Program shall not impose a civil money penalty in lieu of disqualification for the third mandatory violation. A fourth or subsequent violation shall be treated in the same manner as the third; the sanction for the fourth or subsequent violation shall be doubled and civil money penalties shall not be substituted for disqualification.

- e. The HEALTH WIC Program shall not provide prior warning that violations were occurring before imposing mandatory sanctions.

D. Prosecution

A vendor who commits fraud or abuse of the Program is subject to prosecution under applicable federal, state, or local laws.

E. Delegation

The HEALTH WIC Program may delegate, refer, or assign activities related to prosecution, collection of claims, monitoring, or investigation of vendors to any other party qualified and or/empowered to perform such activities.

F. Appeal of Sanctions

Federal Appeal Conditions

1. The vendor may appeal the denial of an application for authorization or if, during the course of a contract, the vendor is disqualified or any other adverse action is taken, except that expiration of the contract and the HEALTH WIC Program's participant access determination for a mandatory or HEALTH WIC Program violation shall not be subject to administrative appeal.
2. Disqualification of a vendor from FSP may result in disqualification from WIC. Such disqualification from WIC shall not be subject to administrative or judicial appeal under the WIC Program. A WIC disqualification based on an FSP civil money penalty is subject to appeal, although not with respect to the participant access decision; also, the appeal of the reciprocal WIC disqualification may not challenge the FSP decision to impose the civil money penalty.
3. Disqualification from the WIC Program may result in disqualification as a retailer in the Food Stamp Program. Such disqualification may not be subject to administrative or judicial review under the Food Stamp Program
4. Except for disqualifications based on convictions for trafficking / illegal sales, which shall be effective on the date of receipt of the notice, the HEALTH WIC Program may take adverse action against the vendor 15 days after the HEALTH WIC Program provides the vendor with written notice.

When a food vendor's participation is adversely affected by any other HEALTH WIC Program action it may appeal the action under the provisions of policy A-2 Administrative Appeal to HEALTH WIC Program Decisions.

As noted above, except for disqualifications based on convictions for trafficking or illegal sales, which shall be effective on the date of receipt of the notice, the HEALTH WIC Program may implement the sanction or other adverse action following the fifteen day notification period, and not postpone the action until a hearing decision is reached. The state may consider such factors as participant inconvenience, potential for continuing harm to the program, vendor history of violations, previous decisions in similar cases, information provided by vendor and other factors the state considers relevant to the case.

The HEALTH WIC Program may at its option offer the opportunity for a vendor so affected to meet with the HEALTH WIC Program in informal conference, separate and apart from any appeal procedure. At such a conference a vendor may have the opportunity to present any information that the decision was in error, that there were extenuating circumstances, or that there are additional factors to be taken into consideration in determining or reversing the sanction. Such requests or convening of such informal conference shall not impede or delay any administrative appeal process unless such delay is determined to be in the interests of the Program by the HEALTH WIC Program.

- G. Once the sanction is upheld, the Regional Office and the Food Stamp Program shall be notified within 15 days.

**Policy V-5: VENDOR MONITORING VISITS**

## Goal

To provide a regular pattern of visits to vendors to monitor their compliance with the laws, rules and procedures of the WIC Program.

## Procedure

## I. Regular Visits

- 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 August, September and October at the discretion of the Program Chief to concentrate resources on the Agreement renewal/reapplication process.

L. Documentation

- 1. All visits shall be noted on the Vendor Monitoring Log (WIC-28) during the visit and signed by the vendor staff person and the person in charge of the store at the time. The following codes will define the type of visit:
  - S - Periodic site visit or education visit.
  - CB - Call back; to follow-up on questions arising from a site visit.
  - P - Problem; additional visits related to complaints, possible deficiencies or violations, or other problems.
  - A - Application visits related to the store's request to be a WIC authorized vendor.
  - O - Other; miscellaneous visits to deliver or pick up materials or items, answer minor questions (if no WIC-33 completed)).
- 2. On the first working day of each month, total that month's visits on the WIC-28. The logs will be maintained by month.

II. Additional Investigations

Any probable violations should be followed up with, as appropriate, such activities as:

- 1. Review of checks redeemed.
- 2. Interviews or surveys of participants, local agency staff, other vendors, or other parties.

3. Follow-up on-site visits.
4. Compliance investigations.
5. Inventory audits.

Such activities may be conducted by state agency staff; independent consultants, investigators, or aides; or referred to other agencies of the HEALTH WIC PROGRAM or to other state agencies, as appropriate and available.

**Policy V-6: PARTICIPANT OR LOCAL AGENCY COMPLAINTS REGARDING VENDORS**

Goal

To provide a mechanism to transmit and respond to complaints about vendors.

Procedure

- A. Any complainant or complaint, except from another vendor, shall be referred to the HEALTH WIC Client Services Unit. Local agencies should complete and forward a Vendor Question/Complaint Form with full details, including how to contact the complainant. The local agency may call in addition to sending the form.

Obtain as much of the following as possible:

1. Date, what occurred, store staff involved.
  2. Checks involved, if any
  3. Signed statement by complainant (i.e., ask complainant to sign completed form.)
- B. The Client Services Unit shall forward the complaint form to the Vendor Unit Supervisor. The Supervisor shall assess the merits of the complaint and plan follow-up with vendor monitors.
- C. If a complaint is verified the vendor and vendor monitoring staff person will immediately develop a plan of correction. All occurrences shall be noted on a Vendor Contact Record form.
- D. Failure to comply with the plan of correction may result in a warning letter or a sanction.
- E. A pattern of complaints may also be considered by the state agency as grounds for a warning letter or sanction.

**Policy V-7: VENDOR REPORTS ON PARTICIPANTS CHOOSING NON-WIC FOODS**

## Goal

To provide a mechanism for dealing with participants who attempt to buy non-WIC foods.

## Procedure

- A. When a vendor notices that a participant has chosen non-allowable food items to purchase with WIC checks he should:
  1. Ask a participant to exchange non-allowable food items for foods listed on the WIC Allowed Foods list.
  2. Write down the participant's name, date of selecting wrong foods, WIC ID number and local agency, as well as the types of non-allowable food items she was trying to purchase.
  3. Call the Rhode Island Department of HEALTH WIC Program and relate the incident as it occurred.
  
- B. At this point the Rhode Island Department of HEALTH WIC Program WIC staff liaison person for the local agency in question will:
  1. Call the local agency and report the incident as told by the vendor, naming the participant and types of food that the participant had incorrectly chosen.
  2. File a report on the incident at the Rhode Island Department of HEALTH WIC Program
  
- C. The local agency will then:
  1. Flag the chart of the participant in question, with recount of the incident.
  2. At the next check pickup the participant will be referred to the nutritionist or nurse for an education session that covers the following information:
    - a. What occurred, and where, in a tone such that the participant is given the benefit of the doubt. (For instance: It was reported that you tried to purchase such and such with your WIC checks; since these are not allowable WIC foods, we feel that perhaps you did not get the appropriate education concerning the list-or, perhaps you lost your list ... here is another one...).

- b. Attempt to discover the reason for non-WIC food choice (ex, food intolerance, lack of knowledge?).
  - c. Go over the list category by category naming allowed items.
  - d. Then tell why each food was chosen and why it is important for the participant to purchase it.
  - e. Ask if the participant has any questions and answer them.
- D. The state liaison would then do a follow-up call with local to see what occurred, and so record on the same report originated earlier.
- E. A determination will be made of the participant's intention and the severity of any actual Program violation. The local agency will take appropriate additional measures (warning letter, suspension) if warranted.
- F. Other participant redemption violations will be handled in a similar manner.

**Policy V-8: VENDOR MINIMUM INVENTORY REQUIREMENTS**

## Goal

To ensure that each authorized WIC vendor maintains a sufficient minimum inventory of WIC Allowed Foods.

## Procedure

Revised 2-06

- A. *For each food group, the vendor shall maintain a minimum inventory according to the WIC Vendor Minimum Inventory Requirements in effect at the time. WIC grocery vendors need to maintain a minimum inventory based on the WIC-39G requirements, while WIC pharmacy vendors need to maintain a minimum inventory based on the WIC-39P requirements.*
- B. The minimum inventory must be comprised only of foods designated by the HEALTH WIC PROGRAM as WIC ALLOWED or Contract Brand.
- C. The HEALTH WIC PROGRAM reserves the right to exclude excessive priced, damaged, outdated, unsanitary or contaminated foods in calculating inventory levels.
- D. For purposes of determining compliance with this Policy, the HEALTH WIC PROGRAM representative shall consider only such inventory as displayed, shown in shopping areas or shown by on-site store staff during the time of a monitoring visit. The foods must be reasonably accessible and available for vendor monitoring review and for WIC customer purchase at the time of the monitoring visit.
- E. Failure to comply with the WIC Allowed Foods List and Minimum Inventory Requirements shall be noted as a deficiency when a store is surveyed.
- F. If the store is a pharmacy, they are only allowed to accept checks for specialty formulas.
- G. Grocery stores authorized to provide special formula products must maintain the minimum inventory quantities for said products.
- H. Vendor applicants shall be required to comply with the WIC Allowed Foods List and such minimum inventory as required by Vendor Applicant Selection Policy V-1.

**Policy V-9: MONTHLY SUMMARY - VENDOR STATUS**

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: PRICE STANDARDS AND PEER GROUP CLASSIFICATIONS***Revised 6/07***Goal**

To ensure that Program food funds are utilized for the maximum benefit to eligible persons, by preventing excessive charges by vendors.

**Policy***Added 11/05*

*Excessive price standards for vendors are based upon comparative prices of each vendor in relation to prices charged to WIC by other WIC vendors in the same peer group. It is the responsibility of the vendor to set prices that are not unduly higher than prices charged to WIC by other vendors in the same peer group. An evaluation of prices shows that geography does not play a significant role in price variation across the state. RI WIC excludes prices from above-50%-vendors from the calculation of average/competitive, and maximum price calculations.*

**Procedure***Revised 6/07*

- A. Peer Group Classification of stores - WIC vendors shall be classified according to the total value of yearly food sales for grocery vendors (WIC and non-WIC foods) and the number of stores in the chain (if a local vs. national chain). Stores will be grouped as follows:*

**Type of Business**

<u>Grocery Vendors</u>	<u>*Total value of yearly food sales for grocery vendors (WIC and non-WIC)</u>
<i>Peer Group 1 Small Grocers</i>	<i>Less than \$500,000* 1-2 cash registers</i>
<i>Peer Group 2 Medium Grocers</i>	<i>\$500,000 up to \$3,000,000* 3-5 cash registers</i>
<i>Peer Group 3 Small Local Chain or Large Independent Store</i>	<i>\$3,000,001 to \$20,000,000* 6 + cash registers</i>
<i>Peer Group 4 Large National Chain / Extra Large Independent Store</i>	<i>Over \$20,000,001*</i>

*Peer Group 5  
Commissary (military)*

*Peer Group 6  
Farmers Market*

*Peer Group 7  
Independent Pharmacy*

*Peer Group 8  
National Chain Pharmacy*

*Peer Group 9  
Current Above 50% Stores*

*Vendors whose total WIC sales  
comprise more than 50% of their total  
food sales.*

*Peer Group 10  
Potential Above 50% Stores*

*New Stores with no data to analyze*

**Added 6/07**

*RI vendor peer groups classifications are established based on a combination of factors such as Vendor size, total volume, food and non food sales, WIC volume, square footage of store, number of cash registers, Type of store etc.*

***B. Competitive Pricing of WIC Allowed Foods***

*Prices reported, posted or charged for WIC foods shall not be excessive, as compared with those vendors within their peer group, or of other Rhode Island WIC vendors.*

***I. Competitive / Average Price (CAP)  
Revised 6/07***

*The Competitive / Average Price (CAP) is established for each WIC Approved food item for each vendor peer group. The CAP is the average price that WIC will pay for any WIC food, food group, combination of foods, WIC food package(s) or check type(s), (regardless of type, brand, weight or volume provided).*

*Each peer group's CAP (excluding the A50%V) is based on:*

- i. The average amount charged for that food item by authorized WIC vendors in the Vendor's assigned peer group, and/or,*

- ii. *The average amount of accepted prices submitted on the vendor's price surveys by authorized WIC vendors in the Vendor's assigned peer group, and/or,*
- iii. *The manufacturer's 75 case wholesale price list for infant formula x 115%,*
- iv. *Or a combination of the three methods, to obtain the least expensive price.*

*To ensure cost neutrality, and competitive pricing, the prices derived from the A50%V Peer group price surveys and redemptions will be excluded from the calculation of the CAP.*

*The CAP for vendors in the A50%V Peer group will be set at the statewide average for WIC allowed food items and WIC food instruments as determined by statewide redemption data and price survey data. To ensure cost neutrality and competitive pricing, the prices derived from the A50%V Peer group's price surveys and redemptions will not be included in the calculation of statewide averages.*

#### *Maximum Allowable Prices (MAP)*

##### **Revised 6/07**

1. *A Maximum Allowable Price (MAP) is established for each WIC Approved food item for each peer group. The MAP is based on each peer group CAP plus a factor to reflect fluctuations in the market place.*
2. *Periodically, vendor's redemption patterns will be analyzed for the rate of redemptions near or at the MAP. Those vendors with a pattern of inflated food prices that is higher than other retailers / peers will be given an opportunity to reduce their prices. If they choose not to reduce their prices, the store will not be authorized by WIC, and rejected because of high prices.*
3. For applicants, the determination of excessive pricing may be based upon their submitted WIC Price Sheet, vendor redemptions and / or other methods of estimating or projecting the applicant's charges for WIC foods if authorized.

##### **Added 6/07**

*The federal regulations require state agencies (RI) to collect vendor applicant's current shelf price at the time of application. The intent of this provision is to ensure that all vendor applicants, whether new applicants or current vendors, submit the same type of price information so that RI WIC may objectively consider the prices a vendor applicant charges as compare to other vendor applicants. Rhode Island, Department of Health, WIC program requires that all vendors participating in the WIC program submit a price list on a semi-annual basis.*

3. ***Incentives***

*Added 11/05*

- A. *WIC does not allow vendors to provide incentive items or other free merchandise (except food or merchandise of nominal value) to WIC shoppers unless the vendor can provide proof that the incentive items were obtained at no cost to the vendor.*
  
- B. *Acceptable Incentive Items would be:*
  - a. *Merchandise obtained at no cost to the vendor and provided to participants without charge, or sold to participants at or above cost (subject to documentation),*
  - b. *Food or merchandise of nominal value (ie, having a per item cost of less than \$2)*
  - c. *Food sales and specials which:*
    - i. *Involve no cost, or only a nominal cost for the vendor*
    - ii. *Do not result in a charge to a WIC food instrument for foods in excess of the foods listed on the food instrument.*
  
- C. *This applies to for-profit vendors for which more than 50% of their annual food sales result from WIC sale (ie, "Above- 50%-Vendors.") or new vendor applicants likely to be "Above- 50%- Vendors.*

**Policy V-11: VENDOR PAYMENT PROCESS**

## Goal

To provide a consistent procedure for reimbursing vendors for WIC checks accepted which cannot be processed; to ensure accountability through recording and documenting of such transactions; and to decrease the incidence of improper redemption procedures.

## Procedure

Subject to the following procedures, the vendor shall have an opportunity to correct or justify an actual or alleged overcharge or error, or defend against a HEALTH WIC Program charge or claim for alleged overcharge or error. Only if the HEALTH WIC Program is satisfied with the correction or justification, then it may provide payment or adjust the payment to the vendor accordingly. The HEALTH WIC PROGRAM may deny any reimbursement if overcharge or errors are not sufficiently justified, corrective action not taken, or overcharges or errors are repeated.

## General

*Revised 11/05*

- 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 30 days after the "Last Day to Use" printed on the check. If the bank has rejected the check, it must be submitted to the State WIC Office within 30 days of the date it was rejected by the WIC contract bank.*

*If the check is paid, there is a \$5.00 handling fee deducted from any reimbursement if a check was improperly accepted or completed by vendor.*

*Only a limited number of checks will be reimbursed for any vendor. Repeated submissions will not be honored. The State WIC Office will use a cut off number related to the amount of vendor's volume. Once the cut off reached no more reimbursements to that vendor will be honored.*

*Vendors will be billed by WIC for the bank-handling fee of \$.85 per check.*

*Under no circumstances should a vendor request or accept cash payments from WIC participants for WIC foods, rejected WIC checks or un-deposited, improperly handled WIC checks.*

RI WIC Program's Rejected Check Submissions Instructions

<u>REJECT REASON</u>	<u>WHAT THE VENDOR SHOULD DO</u>
<i>*No Vendor Stamp</i>	<i>Stamp and re-deposit in the vendor's bank</i>
<i>Illegible Vendor Stamp</i>	<i>Vendor should re-stamp the check so that it is legible and re-deposit 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.</i>
<i>Invalid Vendor Stamp or Multiple Vendor Stamps</i>	<i>Vendor will not be paid</i>
<i>No Signature</i>	<i>Vendor will not be paid</i>
<i>Expired</i>	<i>Vendor will not be paid</i>
<i>Future Dated</i>	<i>Vendor will not be paid</i>
<i>Excessive Dollar Amount</i>	<i>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.</i>
<i>Improperly Altered Price Illegible Price</i>	<i>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.</i>
<i>Price Missing</i>	<i>Vendor will not be paid</i>
<i>Altered Signature</i>	<i>Vendor will not be paid</i>
<i>Void/Stop payment</i>	<i>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.</i>
<i>Previously rejected Already Paid Other</i>	<i>Vendor will not be paid</i>

B. *Checks exceeding the Maximum Allowed Price (MAP)*

**Revised 6/06**

*An ACH reimbursement or payment credit will be initiated if a WIC check is submitted for payment above the current Maximum Allowed Price for that check, based on the vendor's peer group.*

*On day 1, the state's banking contractor will reject the check exceeding the MAP. On day 2 the bank will reprocess the check. As a result of this reprocessing, the vendor will receive an ACH credit for the MAP (minus any associated bank fees assigned to the state WIC office). The vendor agrees to accept this adjusted ACH credit and the payment of any related fees if the price on the WIC check(s) submitted for payment exceeds the current MAP for the vendor's peer group.*

**Policy V-12: CHANGE OF VENDOR OWNERSHIP**

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 if there is a modification or change of ownership, change of operations and/or control to be the subject of a determination of a "continuity of the business" and shall provide to the HEALTH WIC Program all information requested by the HEALTH WIC Program necessary for the proper review of the transaction. All information provided by the retail store at the request of the HEALTH WIC Program will be kept confidential. Failure to notify in advance will result in immediate termination of the Vendor Participation Agreement and will jeopardize the new application. (Vendor Participation Agreement, IB5).

## B. Continuity of the business, for purposes of this policy, is defined as:

1. Change of a single proprietorship to a partnership or corporation where the original sole proprietor remains a partner or shareholder with at least a 45% interest in the new partnership/corporation.
2. Change in a partnership by adding partners where the original partners still maintain at least a 45% interest in the new partnership.
3. Change in a partnership by loss of one or more partners. This would include conversion of a partnership to sole proprietorship through loss of one or more partners, where the one of the original partners still maintains at least a 45% interest in the business. In the case of a change to a sole proprietorship, one of the original partners must have 100% interest.
4. Incorporation of an existing partnership where the original partners still maintain at least a 66% interest in the corporation.
5. Corporate mergers or buy-outs where the original corporation is merged with another or becomes a subsidiary.
6. In reviewing B4 and B5, the HEALTH WIC Program may deny the retail store a determination of "continuity of the business" even though it meets all other criteria identified in this policy if the HEALTH WIC Program determines that the change in

the structure of the business was for an inappropriate reason. In reviewing the purpose for which the business structure was changed, the HEALTH WIC Program may review the following circumstances regarding the transaction to justify the denial:

- (a) Under capitalization;
- (b) Failure to adhere to corporate formalities;
- (c) Substantial intermingling of corporate and personal affairs;
- (d) The use of the corporate form to perpetrate fraud; and
- (e) Any other circumstances relevant to the determination of the appropriateness of the transaction.

\_\_\_\_\_7. Appointment by the Court of a Receiver to oversee the assets and operation of the Vendor.

\_\_\_\_\_8. Appointment by the Court of an Executor to oversee the assets and operation of the Vendor.

- C. Continuity of management and personnel is defined as when a majority of the management and personnel in the store that deal with the WIC policy and procedure and WIC transactions will continue to be employed in the same position under the new ownership structure.
- D. Instances where there is no continuity of the business as defined in B will be considered a "modification/change of operations/ownership/ control, etc."; the WIC agreement is immediately considered null and void and the procedures described in Policy V-1 will be implemented or hardship procedures described in C., below will be followed if pre-notification of the change of ownership is received.
- E. Instances where there is a continuity of the business, management and personnel will be considered a "modification of ownership" rather than a "change of ownership" and will be processed as follows:
  - 1. The "new" business entity will be permitted to continue to transact WIC food instruments (as defined in Policy V-4, IA1a) maintained.
  - 2. Additional review or training of the "new" proprietary person(s) will be required.
  - 3. The appropriate signatory authority of the "new" business entity will be required to sign a new agreement and a Certification of Prospective or Modification of Store Ownership form (WIC-56), a Certification of Prospective or Modification of Store Ownership - Court Appointed Receiver (WIC-56A), or a Certification of Prospective or Modification of Store Ownership - Probate Court Appointed Executor (WIC-56B), signifying their continued intent to conform with WIC Policy and Procedures.

4. The vendor number will change and the modification of the ownership will be transparent to WIC participants and clinic employees.

F. Instances where there is a continuity of the business but no continuity of management and personnel will be considered a "modification of ownership" and will be processed as follows:

1. The "new" business entity will be required to undergo training before being able to continue transacting WIC food instruments (as defined in Policy V-4, IA1a).
2. Arrangements will be made to forward participants to alternate stores until the "new" business entity receives training.
3. The appropriate signature authority of the "new" business entity will be required to sign a new agreement signifying their continued intent to conform with WIC Policy and Procedures.
4. The "new" business entity will be placed on probationary status for six months during which time the store will be reviewed to ensure continued compliance with WIC Policy and Procedures.
5. The vendor number will not change, however, there will be service disruption until the appropriate training is held. In such instances training will be expedited to the extent feasible.

## II. Procedure

- A. The "old" and "new" business entities must notify the HEALTH WIC Program vendor unit of reported/identified change/modification of retail store operation and/or ownership, as soon as identified.
- B. The HEALTH WIC Program will determine appropriate status of change/modification of operation/ownership based on this policy.
- C. When the HEALTH WIC Program is informed that an authorized WIC retail store plans to change operation/ownership, as described in D, above, and the HEALTH WIC Program determines Inadequate Participant Access (not inconvenience) would occur, the HEALTH WIC Program may:
  1. Instruct the owner to schedule a store review and application pickup date.
  2. Conduct review or data scheduled and complete new store paperwork with written justification for Inadequate Participant Access. The HEALTH WIC Program will

review the prospective store's application package in an expedited manner. If the prospective store-owner's application package is approved by the HEALTH WIC Program, the store will be provided Probationary Authorization only. A follow-up unannounced probationary review will be required within 6 months of the change of ownership to insure that the new store ownership is continuing to adhere to all WIC Selection and Limitation Criteria.

D. The HEALTH WIC Program will complete follow-up action as required.

***Policy V-13: RI WIC LICENSED / AUTHORIZED INFANT FORMULA SUPPLIERS****Added 11/05*

*Goal: To ensure that infant formula purchased by WIC shoppers in WIC authorized stores has been obtained from licensed / authorized sources.*

- I. *An annually updated listing of licensed infant formula providers will be maintained by the State WIC Office. This listing will be comprised of:*
  - A. *A listing of the Primary Infant Formula Suppliers:*
    1. *This "Primary List" is generated from the WIC Vendor Application forms. Vendors are required to list the source(s) of their infant formulas. The source is compared to the retail and wholesale food vendors currently licensed in RI by the RI Department of Health. If the source is actively licensed in RI, they are considered a licensed / authorized infant formula supplier for WIC vendors and added to the Primary List.*
      - a) *The Primary List will be provided to each WIC vendor on an annual basis.*
  - B. *A current Comprehensive listing of the RI Department of Health licensed retail and wholesale food vendors.*
    1. *The "Comprehensive List" is composed of all retail sales and wholesale distributors currently licensed by the RI Department of Health, Division of Food Protection.*
      - a) *The Comprehensive listing will be available upon request.*
- II. *All WIC Vendor Applicants must demonstrate that the infant formula sold to WIC participants has been provided by an approved infant formula supplier on the above lists.*

## **Continuation of WIC Services in the Event of a disaster**

### **Pandemic Influenza:**

#### **Planning:**

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

#### **Deployment of Services:**

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

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

- The WIC Management team will evaluate the processing of clients, staffing levels and disbursement of staff to local agencies. As well as the availability of Vendors and products in the community.
- Evaluation of Local WIC programs will be assessed for the ability to have trained staff provide services at pre-pandemic levels.
- Assessment of caseload and funding will be provided through the RI WEBS system to evaluate need in each community.
- The WIC Chief (or Acting WIC Chief) will initiate communication to community stake holders to determine needs in the recovery



# Rhode Island WIC Participant Survey

**1. When you called to make a WIC appointment, you were able to get one within:**

- 1 week       3 weeks
- 2 weeks       4 weeks or more

**2. Did the WIC staff treat you in a friendly and respectful way?**

- Yes     Somewhat     No

**3. How long did your last WIC certification appointment take to complete, including wait time?**

- Less than 30 minutes
- 30-45 minutes
- 45-60 minutes
- More than 60 minutes

**4. If you are late for your WIC appointment, do you have to reschedule?**

- Yes     No

**5. Are the WIC office hours convenient for you?**

- Yes     No

**6. Did the WIC staff explain the WIC Rights & Responsibilities to you?**

- Yes     No     Not Sure

**7. Did the WIC staff teach you how to use your WIC checks at the store?**

- Yes     No

**8. Please rate your understanding of how to use the WIC checks.**

- Excellent     Good     Fair     Poor

**9. Did the grocery store staff treat you in a friendly and respectful way?**

- Yes     Somewhat     No

If not, please explain:

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**10. Did the WIC Nutritionist talk about topics that were useful to you?**

- Yes     No

**11. If you are pregnant, has a WIC staff member talked with you about breastfeeding?**

- Yes     No     Not Sure

**12. What is the easiest way for you to learn?**

- Written handouts       Internet class
- Groups or classes       Videos
- Individual private session

**13. Please give an example of a healthy change that you and/or your family have made since coming to WIC.**

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**14. Were the WIC staff able to answer all your questions?**

- Yes     No

If not, what was not answered?

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**15. Would you recommend this WIC site to a friend?**

- Yes     No

Why or Why not?

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**16. Please rate your overall experience at this WIC site.**

- Excellent     Good     Fair     Poor

Please write any additional comments you may have:

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**SECTION IV**

**State Agency Nutrition Education Plan**

**Refer to WIC Procedures Manual Section 400**

**WIC Operations manual Section 4**

GOALS FOR FY 2009

IV. PROGRAM BENEFITS

Health Care Resources .....	IV - 2
State Agency Nutrition Education Plan.....	IV - 4
Breastfeeding Promotion.....	IV - 8
Supplemental Foods .....	IV - 11

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

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

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

Evaluation: Three Local WIC sites have been initiating Open Access to meet the needs of the community. The SA began the process of performance measures in assessing early entry into the WIC program.

Plan: The first six months of FY 09, the SA will provide feedback to Local Agencies to determine how each agency is performing in having women apply for WIC early in their pregnancy. This will lead to modifications and changes to current procedures to help enable collaboration within Health Center Programs.

**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*

*WIC Objective*

**Objective 1:** Maintain WIC association with health care agencies

Plan: Managed care continues to impact R.I. Medicaid program. Rite care contracted 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.

## Goals 2009

## Section IV Program Benefits

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

### **Objective 2: Participate in Rite Care planning and service integration**

Evaluation: . Local WIC agencies are monitored for appropriate risk assessments in the clinics and referrals. The Wic parent consultant is the representative for the Rite Care Consumer Advisory Committee.

Plan: . Continue to monitor Local Agency WIC Programs to ensure compliance with risk assessments , This will be done at Management Evaluations. Continue the WIC presence on the Rite Care Consumer Advisory Committee.

## 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*

**Objective2: Ensure dental care concerns are addressed within the VENA format for counseling.**

Evaluation: As the new VENA format evolves, ensure that oral health is included.

Plan: Assess and develop VENA focus for WIC counseling that includes oral health.

**Objective 3: (16-17) Monitor abstinence from alcohol (to 94%), cigarettes (to 98%), and illicit drugs (to 100%) among pregnant women.**

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

Plan: Continue to counsel women on the implication of abusing drugs and other harmful substances. Assist local agencies in identifying community resources and referral agencies available to WIC participants which deal with substance abuse issues. Refer to community organizations with alcohol and drug abuse treatment services. Collaborate with Project Assist and Rite Care providers in to develop

## Section IV-3

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

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

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

*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.**

**Objective 1: Educate WIC caretakers about effects of tobacco exposure and 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 2: Educate WIC clients on 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 3: Review Lead results via Kidsnet and provide education and referrals to those with exposure following RI WIC Protocols**

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.

Plan: Continue with these efforts. Monitor compliance with protocols during the Management Evaluations.

**Objective 4: Reduce poor birth outcomes by reducing the incidence of low birth weight infants, reducing tobacco and illicit substance use by pregnant women.**

Evaluation: 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 2008 Nutrition Education Plans submitted by the 11 local WIC agencies; ensured their consistency with federal and state rules and regulations and emphasized the development of quality assurance systems to monitor the provision of nutrition education to WIC clients. During Management Evaluations, the state agency is reviewing the quality assurance program used as 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. Completely revised the Nutrition Education Plan for 2009.

Plan: Continue with review and evaluation of Nutrition Education Plans, monitoring quality assurance and self-monitoring systems. Added performance measures in the WIC contracts, will review progress over FY' 09.

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

Evaluation: WIC support staff no longer provide SNEC's to participants, this is to incorporate VENA guidance in the education. The State Agency provided the Touching Hearts/Touching Minds training and will continue to follow up on VENA traing during Management Evaluations.

Plan: Training will be provided based on needs identified through management evaluations, surveys of local agency nutritionists regarding their training needs/interests, and training which covers new information/research in nutrition and implementation of new policies and procedures.

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

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

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

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

**Objective 4: Develop and test pilot group nutrition education contacts for WIC participants, to maximize nutrition education time.**

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 monitor and evaluate the Tender Lactation Care (TLC) Program, which promotes breastfeeding by offering in-hospital lactation consultant services with follow-up support to WIC participants.**

## Goals 2009

## Section IV Program Benefits

- Evaluation:** TLCs provided hospital-based support services 6 days per week to postpartum WIC mothers at Women & Infants Hospital of RI. WIC TLCs consistently made referrals to local WIC agencies and WIC Breastfeeding Peer Counselors for follow-up after hospital discharge. Routine communication between TLCs and local WIC agencies and WIC Breastfeeding Peer Counselors and between State Breastfeeding Coordinator and TLCs effectively continued. TLCs continued to assist with training new Breastfeeding Peer Counselors in the classroom and in the hospital setting
- Plan:** Continue to monitor, evaluate, and enhance program activities of TLC Program. More integration with Women & Infants' Hospital

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

- Evaluation:** . Continuing breastfeeding education was provided to all WIC staff members through State-sponsored and independent trainings, helping them to identify breastfeeding issues specifically related to WIC and to support the PC Program. PCs and local agency staff were offered funding and guidance to pursue IBCLC certification and to attend a local, 45-hour Certified Lactation Counselor (CLC) training. More than half of all WIC nutrition staff and nearly all WIC PCs received their CLC certification. CLC training was offered in December 2007. Three Local Agency Nutritionists became IBCLC's. Statewide WIC breastfeeding rates have . Been maintained in 2008. Statewide protocols for Breastfeeding Peer Counselor Program and clinic processes have been incorporated in the policy and procedure manual.
- Plan:** . Continue to monitor and facilitate the integration of the PC Program into the local agencies. Continue to provide support to Local Agency WIC Coordinators and Breastfeeding Coordinators to maintain PC Program at the local level. Research peer counselor career paths available within the WIC structure and budget impact. Continue to implement and monitor the approved activities and requirements in the grant application for the USDA Peer Counseling Program. Continue to monitor WIC breastfeeding rates on a monthly basis.

### **Objective 4: Enhance the skills and education provided to the Local Agency Breastfeeding Coordinators to improve their ability to fulfill their role in the local agencies.**

- Evaluation:** Enhanced communication between Local Agency Breastfeeding Coordinators (LABCs) and State Breastfeeding Coordinator. Encouraged LABCs to participate in clinical education to support and promote breastfeeding.
- Plan:** Train Local Agency Breastfeeding Coordinators as CLCs as well as using the USDA Loving Support through Peer Counseling training program to orient them to the expectations of the PC Program. Ensure that Breastfeeding Coordinators are conduits for sharing of breastfeeding support and promotion information, clinical updates, and breastfeeding data sharing with local agency staff and Coordinators.

**Objective 5: Assist in development and support of statewide infrastructure that protects, promotes and supports breastfeeding.**

**Evaluation:** Participated in and supported the ongoing efforts of the RI Breastfeeding Coalition by attending monthly meetings and assisting in statewide projects to protect, promote, and support breastfeeding. Participated in the Physicians' Committee for Breastfeeding in RI. Supported breastfeeding promotion through local WIC agencies and local media during World Breastfeeding Week. Developed community partnerships and conducted outreach with breastfeeding families and health care professionals to increase breastfeeding knowledge and awareness. Continued to distribute breastfeeding resources to health care professionals.

**Plan:** Continue to participate in and support the activities of the RI Breastfeeding Coalition and the Physicians' Committee for Breastfeeding in RI. Continue to promote breastfeeding locally and through WIC agencies during World Breastfeeding Week. Continue to provide leadership for implementation of structured Breastfeeding initiatives within the Local Agency WIC Programs.

**Objective 6: Develop and implement State WIC Breastfeeding Support and Promotion Policy and WIC Breast Pump Loan Program Policy.**

**Evaluation:** An RFP is being processed to initiate a Breast Pump Loan Program. Policies and Procedures have been developed.

**Plan:** Training on the Breast Pump Loan policies will be completed once the Contract for the program is awarded.

## 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:** In RI WEBS the LA Nutritionist can tailor the food package to the individual needs of the participant.

**Plan:** RI WIC is moving forward on the New Food package Interim Rule. An Advisory panel has helped to develop a new food list, determine processes. This rule will be implemented October 1, 2009. .



**410 - Health Care Support**

Participant Health Care Status

A. Health Care Inquiry

At least during the process of certification or recertification, the local agency WIC staff shall inquire as to the type, extent, and adequacy of health care services received or needed by each participant in the family. The participant shall then be encouraged to continue or obtain such care, whichever is appropriate. Both the general benefits of regular health care and the relationship of the nutritional risk to health care can be explained. Informational materials might also be helpful and reinforcing.

B. Services Offered

Optional sources offering the needed health care services should be described. These might include the local agency's required health services, private sources, or other agencies' programs and clinics.

C. Documentation and Follow-up

Health care related factors, services received or needed, and referrals made should be documented in the participant's WIC record. When there is significant severity of the health problem, high degree of risk, and questions about the participant's ability to follow through, the local agency staff should develop a plan to follow-up with subsequent inquiry and encouragement.

D. Coordination With Health Care (See also Outreach - Section 510)

To the maximum extent feasible, WIC records and procedures should lend themselves to coordination with the recipient's health care program and should be family-centered. Each agency should develop policies and procedures that foster such coordination.

Whenever possible, visits for WIC procedures should be combined with visits for health care and other local agency programs. Medical data needed for WIC certification should be shared between health services and the WIC Program. This sharing may be accomplished through using a combined WIC/health record, or transfer of data.

**411 – WIC Breastfeeding Peer Counselor Program**

The WIC Breastfeeding Peer Counselor Program is designed to enable specially trained breastfeeding mothers, who are either current or former WIC clients, to help other WIC participants initiate and succeed at breastfeeding their children. The WIC Breastfeeding Peer Counselors have breastfed their own children, have participated in the WIC Program, believe in the fundamental importance of breastfeeding as the primary nutrition source for most infants, and have completed an in-depth training to become a Peer Counselor. Ideally, they are also culturally similar to and speak the same language as the WIC participants they support.

The primary responsibilities of the Peer Counselor are to establish relationships with prenatal WIC participants by talking with them about the benefits of breastfeeding and helping prenatal and breastfeeding women overcome common barriers to breastfeeding. The Breastfeeding Peer Counselors prepare prenatal participants for their breastfeeding experience by educating them on how to get breastfeeding off to a good start and what to expect in the early weeks. They maintain their relationship with WIC moms for the entire breastfeeding experience, from the first few days after WIC moms deliver their babies to the days when they are weaning. They provide consistent and non-judgmental support, help moms overcome common breastfeeding problems, and help WIC moms access the breastfeeding services they need.

The effectiveness of the WIC Breastfeeding Peer Counselor Program highly depends on the successful integration of the WIC Breastfeeding Peer Counselor and the Peer Counselor Program into the local WIC agency. Strong leadership around breastfeeding issues, supportive staff and program supervision and monitoring, appropriate compensation, excellent teamwork between staff members and Peer Counselors, inclusion of the Peer Counselor in staff meetings and staff development opportunities, appropriate breastfeeding training for all staff members, effective Peer Counselor program policy development and implementation, and open communication between the Agency Coordinator, Breastfeeding Coordinator, WIC staff members and the Breastfeeding Peer Counselor are all integral components in facilitating program success.

430 – Breast Pumps

A. MANUAL BREAST PUMPS

1. WIC MANUAL BREAST PUMP ELIGIBILITY CRITERIA

- a. WIC clients with **medical necessity** not covered by their insurer
- b. WIC clients **returning to work or school** not covered by their insurer
- c. Clients with immediate needs who are having difficulty accessing manual pumps through their insurer

Rite Care insurance benefits for the major insurance carriers are posted on the web and updated every 6 to 12 months. Please check the website for the most up-to-date information: [www.health.ri.gov/family/breastfeeding/insurancebenefits.php](http://www.health.ri.gov/family/breastfeeding/insurancebenefits.php)

B. CONSIDERATIONS FOR TYPE OF BREAST PUMP

1. **Manual Pumps** are appropriate for breastfeeding problems/situations that are less acute, such as:

- a. For the woman who needs assistance beyond manual expression:
  - i. To relieve engorgement.
  - ii. For sore, flat, or inverted nipples.
  - iii. For an infant with latch-on problems.
  - iv. For the mother who has established breastfeeding as the primary method of infant feeding and has a well-established milk supply.
  - v. Who are going back to school or work part-time.
- b. Lightweight, portable, quiet, requires no electricity.
- c. Appropriate for daily breast milk expression for some women, and for occasional expression.
- d. Average pumping time for both breasts 30 minutes.

2. **Rental Grade Electric Pumps** should be used when there is a critical situation involving a mother and infant separation and/or a medical problem.

- a. For short or long-term use
- b. Appropriate for the woman who needs to establish milk supply
- c. Appropriate for women:

**SECTION 430**

- i. Who are separated from newborn or ill babies.
  - ii. Whose infant is premature.
  - iii. Whose babies are unable to nurse at the breast.
  - iv. Who are trying to relactate for an ill infant or induce lactation for an adoptive infant.
  - v. Who are trying to increase a very diminished milk supply.
  - vi. Who are returning to work or school within 6 weeks of delivery.
  - vii. Who are returning to work or school full-time.
  - viii. With a breast infection.
  - ix. With a medication that causes an interruption in breastfeeding.
- d. Weighs about 6 pounds, plus the weight of the case (case is difficult to transport)
  - e. Requires collection kit, accepts double pumping kit
  - f. Average pumping time 10 minutes for double pumping
  - g. Multi-user pump with an estimated life of 7+ years

Use the following chart, **Breast Pump Distribution Guidelines**, to determine the type of breast pump that may be issued. Maintain documentation of the criteria used for pump selection in the participant’s file. Local agencies may use the questionnaire provided.

Pumping for:	Rental Grade Electric	Manual
Occasional missed feeding		X
Occasional use (4 to 5 times per week)		X
Working/ school part-time		X
Working/ school full-time	X	
Premature/hospitalized baby	X	
Low milk supply	X	
Sore nipples/engorgement		X
Latch-on problems		X
Flat or inverted nipples		X
Medication	X	
Breast infection	X	
No access to electricity		X

**SECTION V**

**Outreach and Coordination**

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

GOALS FY 2009

V. OUTREACH AND COORDINATION

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V

Outreach and Coordination

**OUTREACH PLAN**

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

*Healthy People 2010 Objective 16-6*

*WIC Objectives*

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

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

Plan: Reports will be created to assist Local Agencies on performance measures for the new RFP proposals.

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

Evaluation: Local Agencies maintained an outreach log, which was reviewed by SA staff.

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

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

Evaluation: The state WIC office in collaboration with R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training was not able to identify any migrate workers in RI in 2008. As a result no

outreach brochures were distributed.

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

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

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

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

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

Evaluation: The WIC Parent Consultant has organized the distribution of outreach to local Providers. The Provider Relations Team includes Wic information while at Provider Offices.

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

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

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

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

**Coordination**

***Goal: To maximize the health gains of WIC benefits by insuring that WIC participants receive all needed health care and preventive health care services. The effectiveness of WIC***

*benefits will be reinforced by ensuring that the families of WIC participants meet basic sustenance needs.*

*Healthy People 2010 Objective 16 - 17*

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

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

Plan: Continue with efforts.

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

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

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

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

Evaluation: Information was updated in the Procedure Manual, and new income guidelines were effective April 1, 2008

Plan: Continue efforts

*HP 2010 Objective 21*

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

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

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

### **STATEMENT ON SPECIAL POPULATIONS**

#### **American Indians**

The 2000 Rhode Island census indicates that 5,121 people chose one race as Native American or Alaska Native (NAAN). 10,725 chose two or more races, with one of them as NAAN. Based on socioeconomic data, 37% of all NAAN were below the poverty level. Of NAAN children under age 5, 44% were below the poverty level. This compares to 19.3% of all children under age 5 live in poverty in RI.

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

#### **Migrant Farm workers**

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

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

**SECTION VI**

**Financial Management**

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

VI

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

Goal:

*Cost Containment*

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

Evaluation - Per participant food costs increased in FY 2008.

Plan: The SA is working on cost neutrality with the implementation of the new food package. Development and analysis of the new food package will continue throughout FY'09.

*Limiting High Cost Food Items*

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

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

Evaluation: Improved training of Vendors has increased consumer and vendor knowledge of the need to follow the approved foods.

Plan: Evaluation of the new Interim food lists and cost and analysis of implementation.

*Food Price Reduction Initiatives*

Infant Formula Rebate Process

**Objective 1:** Infant formula manufacturers have reduced the cost of infant formula to WIC programs significantly by paying rebates on a portion of the sales price to the WIC Program. Under current federal law, such rebates can be used not only to provide food benefits for additional participants but also to purchase breast pumps. In Rhode Island, choice of infant formula for over 96% of WIC infants

has been limited to the rebate contract products of one manufacturer, to achieve the greatest cost savings. This has allowed RI WIC to serve almost 6,000 additional people.

Plan: RI continues with the Nestle Contract.

**Conversion of Funds to Administrative and Program Services Funds.**

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

**Local Agency Allocation.**

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

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

**Program Income**

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

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

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

**Administrative Funding Formula**

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

negotiated amounts will be allocated for local agency administration.

**Utilization of State of Rhode Island Appropriation**

For state FY 2008, no State appropriated funds are expected.

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

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

**Internal Controls And Reporting**

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

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

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

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

AUDITS  
(Procedures-622, Operations-6)

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

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

or the Bureau of Audits may actually conduct the audits.

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

Evaluation: Prepared for the FY '08 audit.

Plan: Prepare for FY '09 audit cycle.

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

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

Evaluation: A review of the FY '06 findings of an independent audit for each local agency will be performed upon receipt of the report.

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

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

General Administration

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

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

SECTION VII

Monitoring

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

GOALS FY 2009

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GOALS FY 2009

VII. MONITORING (Local Agency Reviews).....VII - 2

VII  
MONITORINGLocal 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 '08. 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; client centered counseling techniques, use of new client surveys, evaluation of use of new computer software and physical presence regulations. Findings from previous evaluations will be used in assessing training needs of local agency staff. Development of "soft skills" evaluation will be developed in FY' 09.

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

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

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

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

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

**Objective4: 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 700**

**MONITORING**

# **RI WIC BREASTFEEDING PEER COUNSELOR PROGRAM**

## **GUIDELINES > POLICY (cont.)**

### **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 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.

## **GUIDELINES > POLICY (cont.)**

- 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.

### 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,

## **GUIDELINES > POLICY (cont.)**

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, 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.

## **GUIDELINES > POLICY (cont.)**

### 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.

### 734 WIC Breastfeeding Peer Counselor Program Evaluation

- A. The WIC Breastfeeding Peer Counseling Program will be evaluated for compliance with state and local WIC agency program guidelines during the biannual Management Evaluation Review using the Peer Counselor Program Management Evaluation Form, the Peer Counselor Program Chart Review Form and RI WEBS. Peer Counselor performance will also be evaluated using these methods in addition to the Breastfeeding Peer Counselor Competency Checklist. Program deficiencies will be identified during the exit interview and must be addressed with a correction plan.
- B. In addition to the biannual Management Evaluation Review, the State WIC Breastfeeding Coordinator may conduct periodic site visits to local WIC agencies to assess Peer Counselor Program effectiveness and provide technical assistance. The local agency WIC Coordinator or the State WIC Breastfeeding Coordinator may initiate a site visit.

## **GUIDELINES > POLICY (cont.)**

- C. State WIC staff may access client records in RI WEBS or utilize other Peer Counselor program paperwork at any time to evaluate the effectiveness of the Breastfeeding Peer Counselor Program.
- D. The State WIC Breastfeeding Coordinator will periodically calculate and evaluate Peer Counselor client contact rates using the WIC Breastfeeding Peer Counselor Monthly Summary and will provide follow-up technical assistance to the local WIC agency as needed to increase the frequency of monthly contacts. Client contact rates will be evaluated based on statewide averages for similar types of contacts rather than by a standardized quantity.
- E. The State WIC Breastfeeding Coordinator will provide technical assistance to local agencies as needed by either the local agency or the State WIC Office. Local agencies will notify the State WIC Breastfeeding Coordinator of developing program needs and changes.

**SECTION 400**

**PROGRAM BENEFITS**

**(Goals – IV, Operations - 4)**

**SECTION VIII**

**Civil Rights and Appeal**

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

GOALS FY 2009

VIII. CIVIL RIGHTS AND APPEAL

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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 post an RFP for Wic Services. There were no new agencies that applied to be a WIC Provider.

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

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

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

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

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

Evaluation:

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

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

**Objective 6: Assure public notification of nondiscrimination.**

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

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

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

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

Plan: Continue with process outlined above.

FAIR HEARINGS  
(Procedures 820, Operations - 8)

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

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

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

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

IX

Public Input / Notification

See WIC Operations Manual Section 9

GOALS FY 2009

IX. PUBLIC INPUT/NOTIFICATION .....IX - 2

**PUBLIC INPUT  
(Operations - 9)**

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

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

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

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

**PUBLIC HEARING NOTIFICATION  
(Operations - 9)**

A Public Hearing will be scheduled regarding the State Plan of Operation and Administration of the Special Supplemental Nutrition Program (WIC and Farmers Market Services) for fiscal year 2008, at the Rhode Island Department of Health in accordance with the conduct, attendance, comment, and recording procedures described in Section 9 of the State Operations Manual. Notices will be published in newspapers having aggregate statewide distribution.

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

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

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

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

# **WIC Farmers' Market Nutrition Program**



**FY 2009  
State Plan Guidance**

**WIC Farmers' Market Nutrition Program  
Fiscal Year 2009  
State Plan Guidance  
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# **FY 2009**



# **General Information**

**WIC Farmers' Market Nutrition Program  
Fiscal Year 2009  
State Plan Guidance**

**Due Date: December 1, 2008**

**GENERAL INFORMATION**

The WIC Farmers' Market Nutrition Program (FMNP) was established in July 1992, under Public Law 102-314. The mission of the FMNP is to provide fresh, unprepared, locally grown fruits, vegetables and herbs directly to WIC recipients, and to expand the awareness and use of local farmers' markets. The FMNP served over 2.6 million recipients in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) during the most recent market season.

The FMNP regulations state that by November 15 of each year, or the next workday if the 15<sup>th</sup> falls on a weekend or national holiday. Each applying or participating State agency must submit to the appropriate Regional Office of the Food and Nutrition Service (FNS) for approval a State Plan for the following year as a prerequisite to receiving Federal funds for the FMNP. A State Plan means a plan of FMNP operation and administration that describes the manner in which the State agency intends to implement, operate and administer all aspects of the FMNP within its State or Indian Tribal Organization (ITO) jurisdiction; under the FMNP regulations, the definition of "State agency" includes ITOs. The designated State official responsible for ensuring the FMNP is operated in accordance with the State Plan shall then sign the State Plan. This guidance sets forth the minimum areas, which must be covered in the State Plan in order for it to be approved.

**STATE PLAN REVIEW AND APPROVAL PROCESS**

FNS Regional Office staff will review the State Plans and notify State agencies of any problems or areas in need of clarification. Notification of denial or approval of the State Plan will be provided within 30 days of receipt of the State Plan. For technical assistance, a list of FNS Regional Offices can be found on pages 12 - 13.

State Plans approved by the FNS Regional Office will then be forwarded to FNS Headquarters, Supplemental Food Programs Division in Alexandria, Virginia. As stipulated by law, approval of a State Plan does not constitute a funding commitment. New State agency grants will be announced no later than February 15, 2009.

## FORMAT

Whenever possible, FNS has simplified this descriptive process so that yes/no answers are appropriate, or so that numbers can be inserted in the proper spaces. However, some of the mandatory provisions can only be adequately addressed through narrative description. Such narratives should be as succinct as possible, but in sufficient detail to fulfill the purpose of the State Plan. In some instances, the State agency may be able to include a form designed to meet one or more of the stipulated provisions, e.g., program participation records, in lieu of a more involved narrative. While use of this format is not mandatory, its use is recommended to minimize the burden of application on State agencies. **Please be sure to identify any attachments or continuation pages clearly according to the headings to which they correspond.**

It is recommended that State agencies with prior year grants submit completely new plans at least once every three years, although the FNS Regional Office may relax this expectation when most of the plan has not changed for several years. However, the FNS Regional Office may require a complete copy of the plan from the State agency at any time whenever there is any doubt that the FNS Regional Office has a complete and up-to-date copy. In addition, it is recommended that State agencies submit State plans electronically to FNS Regional Offices.

## UPDATED STATE PLAN INFORMATION

This section of the State Plan Guidance may be completed in lieu of the entire State Plan by those current State agencies that are updating their existing State Plans. State agencies requesting Federal funds for FMNP for the first time cannot use the Updated State Plan section. It should be noted, however, that the following items must be completed by current State agencies with revised pages from other sections of the State Plan in addition to any updated information pages:

- a. FY **2009** FMNP Estimated Federal Budget Summary;
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Other procedural changes or amendments to the plan that have occurred since the previous State Plan submission, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, and WIC clinics, and a new map showing the new farmers' markets, roadside stands, and WIC clinics.

## UNIVERSAL IDENTIFIER

The Estimated Federal Budget Summary (page 28) contains a field for the State agency to enter

its Universal Identifier. The Office of Management and Budget (OMB) requires entities applying for Federal grants to provide government agencies with a Universal Identifier. This requirement is set forth in an OMB Policy Directive, Use of a Universal Identifier by Grant Applicants, which was published in the Federal Register on June 27, 2003, at 68 FR 38402. The initial and annual FMNP State Plan submissions are considered to be applications for a federal grant, and thus State agencies must comply with this requirement. Currently, the Universal Identifier system in use is the Data Universal Numbering System (DUNS) identification number. The Estimated Federal Budget Summary (page 28) contains the field for the Universal Identifier because this page must be submitted by State agencies requesting Federal funds for FMNP for the first time as well as State agencies with prior year grants. There is also space for the Universal Identifier on the Federal-State Agreement (FNS-339), to show that this Agreement pertains to the State Plan. For guidance on obtaining a DUNS number, see [http://www.fns.usda.gov/FM/Documents/DUNS\\_general.htm](http://www.fns.usda.gov/FM/Documents/DUNS_general.htm).

#### FEDERAL-STATE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM AGREEMENT (FNS-339)

In addition to the basic FMNP State Plan requirements, the Federal-State Supplemental Food Program Agreement (FNS-339) must be signed and submitted annually to FNS before a State agency can receive Federal funds. It is routinely submitted along with the State Plan. The Federal-State Agreement contains the mandatory Department-wide provisions addressing drug-free workplace, Civil Rights provisions and lobbying restrictions, as well as the State agency's commitment to compliance with all pertinent Program requirements. A single Federal-State Agreement may be used to operate the FMNP and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), in which case the boxes for both programs should be checked under item 4 on the first page of the FNS-339.

#### DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Federal Government uses the nonprocurement debarment and suspension system to exclude organizations from Federal grants or contracts based on violations of a wide variety of statutes, executive orders, and regulations. As explained below, assurances must be obtained to ensure that Federal grants or contracts are not provided to debarred or suspended parties, with certain exceptions. The USDA debarment/suspension regulations are codified at 7 CFR 3017.

The FMNP State agency is not required to provide assurance that it is neither suspended nor debarred as a condition of receiving its FMNP grant. Departmental regulations at 7 CFR section 3017.215(h) exempt mandatory programs, such as the FMNP, from this requirement at the 'primary covered transaction' level (i.e., between the Federal awarding agency and the State agency). Also, this requirement does not apply to farmers or farmers' markets.

The debarment/suspension requirements apply to sub-grants at the "lower tier covered transaction" level, i.e., sub-grants to local agencies, regardless of the amount of the sub-grant. Also, these requirements apply to procurement contractors of State or local agencies

with contracts expected to meet or exceed \$25,000. The FMNP State agency is required to obtain assurance that each of its FMNP local agencies, and each of its FMNP procurement contractors with total contracts (FMNP and non-FMNP) expected to meet or exceed \$25,000, is neither debarred nor suspended.

The debarment/suspension requirements apply to all State agency sub-grants with local agencies, which are often referred to as “agreements” or “contracts;” the term “sub-grant” refers to programmatic activities such as reviewing WIC participant files to determine recipient eligibility for FMNP, distributing and accounting for FMNP coupons or checks, instructing participants on the proper use of the coupons or checks, and providing participants with nutrition education and other program information, because these programmatic activities are characteristic of program sub-grants. (However, this does not apply to a local office of the State agency which is part of the State agency but operates like a local agency, since such local offices are integral parts of the State agency and therefore share the State agency's exemption under 7 CFR sec. 3017.215(h)). The debarment/suspension requirements also apply to procurement contracts expected to meet or exceed \$25,000; the term “procurement contract” refers to goods and services, such as contracts with businesses for providing information technology or office equipment.

The federal certification forms on debarment/suspension were abolished several years ago. Instead, the FMNP State agency now has three choices on how to obtain this assurance:

1. Check the Excluded Parties List System (EPLS) to determine whether a local agency or procurement contractor has been debarred or suspended; the EPLS may be accessed on the Internet at <http://epls.arnet.gov/>;
2. Obtain a certification from the local agency or procurement contractor, in a format established by the FMNP State agency, providing assurance that the local agency or procurement contractor has not been debarred or suspended; or,
3. State in the local agency contract or procurement contract that the local agency or procurement contractor must provide assurance that it has not been debarred or suspended, and will promptly notify the State agency if it is debarred or suspended in the future.

The debarment/suspension certifications for local agencies with respect to the WIC Program are sufficient for FMNP if these certifications cover the period of the FMNP sub-grants. Likewise, the WIC State agency – local agency WIC contract may also be used by the FMNP State agency if this contract covers the period of the FMNP sub-grant and contains the language noted in # 3 above. If there is any doubt about whether a WIC local agency certification or contract covers the period of the FMNP sub-grant, the State agency should use the EPLS instead of the WIC certification or contractual assurance to determine the debarment/suspension status of the local agency. A non-WIC FMNP State agency, such as a State Department of Agriculture, should obtain copies of the local agency certifications or contracts from the WIC State agency for all WIC local agencies involved with FMNP.

If the non-WIC FMNP State agency has entered into an agreement with the WIC State agency to obtain the services of WIC local agencies, the WIC State agency would be a sub-grantee of the FMNP State agency. Thus, the FMNP State agency would need to satisfy itself that the WIC State agency is neither suspended nor debarred via one of the methods outlined above.

However,

under such circumstances, the FMNP State agency would not need to obtain such satisfaction regarding the WIC local agencies because it does not have a direct relationship with them. Also, under such circumstances, if the WIC State agency has submitted a debarment certification for another program, then a copy of that debarment certification could be provided to the FMNP State agency, since the debarment certification concerns the State agency generally instead of a specific grant agreement.

FMNP State agencies are not required to submit copies of the local agency certifications or contracts or procurement contractor certifications or contracts to the FNS Regional Office as part of the annual FMNP State Plan submission. However, FMNP State agencies must be able to make these certifications or contracts available for review during management evaluations and audits. Alternatively, the FMNP State agency must keep a record showing that it had consulted the EPLS, and present this record upon request during a management evaluation or audit.

#### DRUG-FREE WORKPLACE REQUIREMENTS

The form entitled “Certification Regarding Drug-Free Workplace Requirements” has been abolished. However, the State agency is still required to have in place procedures for implementing a drug-free workplace, per 7 CFR 3021, which must be described in the narrative section of the State Plan. These procedures may be the same as those that are as used for other programs such as WIC. This requirement does not apply to farmers or farmers’ markets.

#### CERTIFICATION REGARDING LOBBYING AND DISCLOSURE FORM TO REPORT LOBBYING

Pursuant to 7 CFR 3018.100, FMNP funds must not be used for lobbying Congress or Federal agencies regarding Federal grants and contracts. This prohibition applies to FMNP funds provided in grants, sub-grants, contracts, and sub-contracts, regardless of the amount of funds. However, the lobbying certification and disclosure requirements are based on monetary thresholds.

The Certification Regarding Lobbying is required for State agencies, local agencies, and procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding \$100,000. The State and local agencies, which are grantees and sub-grantees respectively, as well as contractors and sub-contractors of State or local agencies, should use the Form FNS-732 to provide this certification. The grant or sub-grant includes food funds as well as administrative funds; food funds may not be excluded from the determination of whether a grant or sub-grant exceeds \$100,000. The State agency’s certification should be

appended to the Federal-State Agreement; the local agency should provide its certification to the State agency. If the State agency is using the same Federal-State Agreement for both WIC and FMNP, then only one lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program, since the lobbying certification pertains to a specific grant agreement instead of the State agency generally.

This requirement does not apply to farmers or farmers' markets.

The local agency's certification should be provided to the FMNP State agency; like the local agency debarment certifications, the State agency needs to keep the local agency lobbying certifications on file. (Likewise, the State agency needs to keep on file the lobbying certifications of its contractors.) Also, as with the Federal-State Agreement, if the State agency – local agency contract covers both WIC and FMNP, then only one local agency lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program. Finally, the lobbying certification is not needed for a local office of the State agency, which is part of the State agency but operates like a local agency; a local office of a State agency is covered by the State agency's certification provided to FNS with the Federal-State Agreement.

As explained in the form's instructions, lobbying with federal funds is prohibited; lobbying with funds from other sources is permitted. However, if lobbying with non-federal funds has occurred, then an additional form needs to be submitted, the Disclosure Form To Report Lobbying (Standard Form LLL), for State agencies, local agencies, and procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding \$100,000. State agencies need to submit an SF-LLL on their lobbying to the FNS Regional Office; local agencies and State agency contractors need to submit an SF-LLL on their lobbying to the State agency, and then the State agency must submit it to the FNS Regional Office. Again, as above, FMNP State agencies need only submit one SF-LLL if the Federal-State Agreement covers both WIC and FMNP, and local agencies need only submit one SF-LLL if the State agency – local agency contract covers both programs; otherwise, a separate SF-LLL form must be submitted for each program.

#### ADDITIONAL REPORTS AND SUBMISSIONS

In addition to the State Plan, FNS requires FMNP State agencies to submit the following reports:

- a. **FMNP Annual Financial Report, FNS-683** provides information regarding FMNP expenditures and is due to FNS no later than **January 31** of each year.
- b. **FMNP Program Report, FNS-203** provides information regarding the number of recipients, farmers, and markets; and is due to FNS no later than **January 31** of each year.

- c. **If available**, an analysis of completed recipient and/or farmers' survey forms must be submitted annually to FNS by January 31 of each year. At the State agency's discretion, farmers' survey forms may be submitted biennially by January 31. State agencies are encouraged to conduct surveys of recipients and farmers. The survey forms are designed to assess the change in the consumption of fresh fruits and vegetables by recipients, and the effects of the program on farmers' markets.
- d. At any time during the fiscal year when changes in any of the sections or procedures of the State Plan occur, a State Plan Amendment and any accompanying appendices must be submitted to the FNS Regional Office for approval prior to implementation.

## TECHNICAL ASSISTANCE

### **FNS Regional Offices**

Questions about the development, structure, and/or submission of the FMNP State Plan should be directed to the appropriate FNS Regional Office of the Supplemental Food Programs Office:

<b><u>Regions</u></b>	<b><u>Address</u></b>	<b><u>States</u></b>
Northeast	Maureen Mallam, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Northeast Regional Office 10 Causeway Street Boston, MA 02222-1066 (617) 565-6440	Connecticut Maine Massachusetts New Hampshire New York Rhode Island Vermont
Mid-Atlantic	Diana Lionbacher, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Mid-Atlantic Regional Office Mercer Corporate Park 300 Corporate Blvd. Robbinsville, NJ 08691-1598 (609) 259-5100	District of Columbia Delaware Maryland New Jersey Pennsylvania Puerto Rico Virginia Virgin Islands West Virginia
Southeast	Sandra Benton-Davis, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Southeast Regional Office 61 Forsyth Street, SW Room 8T36 Atlanta, GA 30303-3427 (404) 562-7100	Alabama Florida Georgia Kentucky Mississippi North Carolina South Carolina Tennessee

Midwest	Elvira Jarka, Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Midwest Regional Office 77 West Jackson Blvd. 20th Floor Chicago, IL 60604-3507 (312) 886-6625	Illinois Indiana Michigan Minnesota Ohio Wisconsin
Southwest	Sondra Ralph, Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Southwest Regional Office 1100 Commerce Street Dallas, TX 75242 (214) 290-9812	Arkansas Louisiana New Mexico Oklahoma Texas
Mountain Plains	Jean Liekhus, Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Mountain Plains Regional Office 1244 Speer Blvd., Suite 903 Denver, CO 80204 (303) 844-0331	Colorado Iowa Kansas Missouri Montana Nebraska North Dakota South Dakota Utah Wyoming
Western	Rich Proulx, Regional Director Supplemental Nutrition Programs USDA, Food and Nutrition Service Western Regional Office 90 Seventh Street, Suite #10-100 San Francisco, CA 94108 (415) 705-1313	Alaska Arizona California Guam Hawaii Idaho Nevada Oregon Washington American Samoa Commonwealth of the Northern Marianas Islands

# **FY 2009**



## **Updated State Plan Information**

**WIC FARMERS' MARKET NUTRITION PROGRAM**  
**Updated State Plan Information**  
**Fiscal Year 2009**

At a minimum, each State agency must provide the following information to FNS Regional Offices annually. Even if all other items have remained unchanged (such as months of program operation and months of coupon issuance), State agencies must complete this section of the guidance, including the **budget pages** and the **expansion fund pages** for those State agencies requesting expansion funds.

State Agency: Rhode Island

**FY 2008**

1. Estimated number of FMNP recipients (those issued FMNP coupons) served with FMNP Federal and State funds in FY **2008** (previously participating fiscal year): 18,270
2. Number of FMNP local agencies reviewed by non-WIC FMNP State agency staff or WIC State agency staff in FY **2008**: 7 of 11. Briefly summarize findings and corrective action resulting from local agency reviews.

Failure to document correct risks which could affect eligibility determination, failure to consistently document eligibility, failure to provide at least 2 nutrition education contacts, failure to consistently use correct procedures in plotting and scale calibrations, failure to comply with check distribution procedures.

Corrective plan included training for staff, follow-up of cited issues during QA reviews, and monitoring for improved documentation

3. Number of authorized farmers' markets reviewed in FY **2008**: 11. The number of farmers reviewed in FY **2008**: 31 Number of roadside stands or farm stands reviewed in FY **2008**: n/a. Briefly summarize any findings and corrective actions resulting from these reviews.

Some farmers early in the season did not have their "We accept FMNP checks" sign posted. Failed to use black ink when stamping WIC FMNP check resulting in returned checks for illegible FMP stamp.

Corrective plan included, giving the farmer a replacement sign, provide technical assistance with banking issues including referencing the policy and guideline booklet.

**FY 2009**

4. Number of **FMNP local agencies** to be reviewed in FY **2009**: 6 (all local

agencies at least once every two years)

Number of **farmers** to be reviewed in FY **2009**: 10 (minimum 10%)

Number of **farmers' markets** to be reviewed in FY **2009**: 11 (minimum 10%)

Number of **roadside stands** to be reviewed in FY **2009**: n/a 0 (minimum 10%)

**FMNP Grant Request:**

5. Estimated number of FMNP recipients to be served with FMNP Federal and State agency funds in FY **2009**:

<b>(Excluding Expansion)</b>		<b>(Including Expansion, If Any)</b>
<u>3,746</u>	Pregnant women	<u>          </u>
<u>1,217</u>	Breastfeeding women	<u>          </u>
<u>0</u>	Postpartum women	<u>0</u>
<u>0</u>	Infants (over 4 months of age)	<u>0</u>
<u>13,307</u>	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are defined by the State agency, please indicate accordingly)	<u>          </u>
<u>0</u>	Other designation (e.g., only Priority I pregnant or breastfeeding women; specify): <u>          </u>	<u>          </u>
<u>18,270</u>	Total	<u>0</u>

6. Check (X) the type of FMNP recipients to whom benefits will be issued:

Individuals     Households

7. The lowest Federal benefit amount that any FMNP recipient will receive in FY **2009** is \$15.00 and the highest is \$15.00. (**Please note:** Federal regulations at section 248.8(b) state that the value of the Federal share of the FMNP benefits received by each recipient, or by each family within a household in those States or Indian Tribes which elect to issue benefits on a household basis under section 248.6(c) may not be less than \$10 per year or more than \$30 per year.)

8. Do you plan to use non-Federal funds to provide FMNP benefits to non-WIC recipients?

Yes No

If you answered **YES**, please describe this caseload; include the name(s) of the program(s) and the sources of non-Federal funds:

n/a

9. Indicate the total number of local agencies serving FMNP recipients, and the number of each type of farmers, farmers' markets, and/or roadside stands authorized:

**FY 2008**

11 local agencies

58 farmers

22 farmers' markets

0 roadside stands

**FY 2009**

11 local agencies

60 farmers

24 farmers' markets

0 roadside stands

10. If fruits, vegetables, and/or fresh herbs have been **added** to the State agency's list of eligible foods for FY **2009**, list (or append a list) of those items.

N/A

11. Is the State agency applying to use (not more than) **2 percent of the total program funds** for market development and/or technical assistance in FY **2009**?

Yes  No

If **yes**, provide the justification for requesting market development or technical assistance funds, meeting the criteria set forth in § 248.14(h) of the Federal FMNP regulations.

N/a

12. Describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$15,000 for your State/ITO in FY **2009** based on the Federal Funds Request and State/ITO Matching Funds worksheets on pages 33-36. (**Note that the 30 percent minimum match requirement applies only to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO funds provided for food as well as administrative costs**):

Type	Source	Amount
State/ITO and local funds		\$
Private funds		
In-kind Contributions	RI Dept. of Environmental Mgmt	15,000
Similar Programs		
Program Income		
		Total: \$15,000

State/ITO and local funds. If available, append documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.

█

Private Funds. Include a detailed description of all cash donations or letters of commitment from the organizations or individuals planning to make such donations.

█

In-kind Contributions. If any portion of the State agency minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and how the value was determined including any supporting documentation.

Dept. of Environmental Management, Division of Agriculture and Marketing have oversight of all farmers. In conjunction with the HEALTH WIC Program FMNP, farmers are approved and eligible to sell at the various markets.

Division of Agriculture has contributed the cost of some of the cooking demonstrations at the farmers' markets. In addition to the cookbooks produced by HEALTH WIC Program FMNP, these demonstrations promote the use of healthy locally grown produce in easy to prepare and culturally diverse dishes. Promotional and media placement are key to the marketing of the farmers' markets.

The Division of Agriculture supports seven (7) of the markets by acting as the market manager, providing oversight management of these markets at no cost to the farmers in those markets. Operating costs includes cost of tents, food demonstrations, publicity (signage and media announcements), and staffing of at least one (1) FTE on a 4.5-hour shift in the field from June through October, and transportation.

Similar Programs. **Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates.



Program Income. Describe type and source. 

Reminder to Current FMNP State agencies:

In addition to the Updated State Plan section above, the following must be completed:

- a. FY **2009** FMNP Estimated Federal Budget Summary;
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Other procedural changes or amendments to the plan that have occurred since the previous State Plan submission and approval, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, and clinics, and a new map showing the new farmers' markets, roadside stands, and clinics.

# **FY 2009**



## **Request for Expansion Funds**

**No expansion funds requested for FY09**

**WIC Farmers' Market Nutrition Program  
Request for Expansion  
Fiscal Year 2009**

This section should be completed only if a State agency operated a Federally-funded WIC Farmers' Market Nutrition Program in fiscal year (FY) **2008**. If a State agency is requesting an increase in Federal funds above its base Federal grant, the expansion request should be consistent with expanding benefits to more recipients, increasing current benefits, or a combination of both, and expanding the awareness and use of farmers' markets. **Expansion funds are subject to the 30 percent match requirement.** Generally, to be eligible for expansion funds, a State agency must **1) have utilized at least 80 percent of its prior year food grant, and 2) provide documentation supporting the expansion request.** A State agency that did not spend at least 80 percent of its prior year food grant may still be eligible for expansion funds, if in the judgment of FNS, a good cause existed.

**Based on the availability of funds and the justification provided to FNS, expansion requests will be granted as early in the fiscal year as possible, but no later than February 15, 2009.**

1. Base Grant amount for FY **2009** (this is your final FY **2008** grant amount):  
\$136,789
2. Amount of expansion funds requested for FY **2009** (additional Federal funds above the amount in item number 1: \$0).
3. Using Worksheet III-B, pages 35-36, the total amount of the State/ITO match required for the Base Grant amount and expansion funds is: \$         .

Describe the source(s) and amounts for the matching funds to support the expansion request

4. Estimated amount and percentage of Federal FMNP food funds spent by the State agency during FY **2008**: \$ and %.
5. Briefly describe the reason(s) for requesting funds to expand the FMNP, including any supporting documentation. Append additional sheets as needed.
6. Number of additional recipients above the previous year's level the State agency hopes to serve (by category) with the expansion funds:

         pregnant women

         breastfeeding women

\_\_\_\_\_ postpartum women

\_\_\_\_\_ infants (over 4 months of age)

\_\_\_\_\_ children

\_\_\_\_\_ Total

7. Number of additional farmers' market, roadside stand, and clinic sites the State agency anticipates authorizing:

\_\_\_\_\_ New farmers' market sites. (Append a list of all new addresses.)

\_\_\_\_\_ New roadside stand locations. (Append a list of all new locations.)

\_\_\_\_\_ New farmers. (Append a list of all new addresses.)

\_\_\_\_\_ New clinics. (Append a list of all new addresses.)

Append a list and map showing all of the new and continuing farmers' markets, roadside stands, and clinics. \_\_\_\_\_

8. If the State agency intends to increase the benefit level with expansion funds, the new benefit level after expansion will be \$\_\_\_\_\_

9. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected.

Recipient category	Benefit level
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Briefly describe the State agency's administrative capacity to manage effectively the requested increase in FMNP caseload.

\_\_\_\_\_

# FY 2009



# State Plan of Operations

**WIC FARMERS' MARKET NUTRITION PROGRAM**  
**State Plan of Operations**  
**Fiscal Year 2009**

**Identify clearly any attachments/addenda pages according to the numbering system used in this format.**

**State Agency: Rhode Island**

**I. Goals**

Describe the State agency's plans to achieve the dual purposes of the FMNP, i.e., providing a nutritional benefit to WIC recipients and expanding the awareness and use of farmers' markets. Also describe how the State agency plans to target the program to areas with high concentrations of eligible persons with the greatest access to farmers' markets. Be sure to include any special features, such as the use of volunteers and community resources or specialized management information systems, which the State agency plans to implement for the enhancement of its operation and administration of the FMNP.



For State agencies submitting their initial application for funding, please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:

- a. the number and category of recipients served;
- b. the extent of the program, for example, was the program's service delivery area limited to selected cities or counties, or was it a statewide or ITO-wide program?, and
- c. the source of funding for the program.

Please include any data concerning the value or impact of the program(s).

**Distribution of FMNP checks to eligible participants:**

Funding is limited, therefore FMNP benefits will be issued on a priority categories process. Currently actively enrolled WIC participants whom are pregnant and/or breastfeeding women and children over the age of twelve (12) months, will be provided with \$15.00 worth (three (3) equal checks of \$5.00) of "Farm Fresh" checks redeemable at participating farmers' markets to purchase fresh fruits and vegetables at authorized farmers. Checks will be provided once during the FMNP program year (June 1 through October 31) to each eligible participant.

**FMNP Sites:**

Since first implemented in RI in 1994, FMNP approved markets have expanded from four (4) markets to twenty-two (22). These sites are scattered across the state, which enables twenty-six (26) WIC local sites to issue FMNP checks to their eligible clients.

The relationship between continued growth of the FMNP and farmers' market sites expansion is clear. Since the inception, the number of farmers has also expanded from approximately forty (40) to currently fifty-eight (58).

**II. General Administration**

1. Estimated number of FMNP recipients in FY **2008** (if applicable): 18,272
2. Estimated number of FMNP recipients for FY **2009**: 18,270
3. Proposed months of all Program operations: June 2009 through October 2009
4. Proposed months of FMNP coupon issuance: June 2009 through September 2009
5. Proposed months of coupon redemption by participants: June through October
6. Proposed months of submission for payment by farmers/farmers' markets/roadside stands: June through November
7. Staffing  
List all FMNP staff positions below, including both full-and part-time positions. Append job descriptions for each position. An organizational flow chart identifying levels of responsibility can be provided with this list.

**Paid through Federal FMNP Administrative funds**

<b><u>Position</u></b>	<b><u>Full Time</u></b>	<b><u>Part Time</u></b>
Chief, WIC Program		x
Program Specialist, FMNP Coordinator		x
Student Intern		x

**Paid through State/ITO FMNP funds**


**Paid through other funding source(s) – specify source(s)**


8. If the FMNP State agency is not the WIC State agency, what functions will be performed by State/ITO or local WIC Program staff? Check all that apply.

N/A

- Certify recipients for the FMNP
- Issue FMNP coupons to recipients
- Instruct recipients on proper use of coupons
- Provide nutrition education for the FMNP
- Issue FMNP coupons to local agencies
- Reconcile FMNP coupons
- Conduct FMNP reviews of authorized sites
- Authorize farmers/farmers' markets/roadside stands
- Train farmers/farmers' markets/roadside stands
- Monitor farmers/farmers' markets/roadside stands

Include a copy in the attachment section of the signed agreement between the FMNP State agency and the WIC State agency (if different) delineating the functions to be performed as indicated above. The written agreement should delineate the responsibilities of each agency, specific work activities, and identify the responsible designated representative of each agency.

9. Will any other State or local government agency(ies), non-profit or for-profit organizations, or the Cooperative Extension Service provide services for the FMNP State agency?

Yes  No

If yes, list the State or local government agency(ies) and/or other organizations. **Include a copy of the signed agreement between the FMNP State agency and the other agencies and/or non-profit or for-profit organizations delineating the services to be performed in the addendum section.**



10. Check (X) the type of FMNP recipients to whom FMNP benefits will be issued:

Individuals  Households

11. The lowest Federal benefit amount that any FMNP recipient will receive is \$15.00 and the highest is \$15.00. (**Please note:** Federal regulations at section 248.8(b) state that the value of the Federal share of the FMNP benefits received by each recipient, or by each family within a household in those States or Indian Tribal Organizations which elect to issue benefits on a household basis under section 248.6(c) may not be less than \$10 per year or more than \$30 per year.)

**III. Funding**

1. Please append a detailed description of the State agency's financial management system that will provide for accurate, current and complete disclosure of the financial status of the FMNP. At a minimum include the following elements:

**SEE APPENDIX #1**

- a. procedures, that enable prompt and accurate payment of allowable and allocable costs, and ensure that costs claimed are in accordance with A-87 (Cost Principles Applicable to Grants and Contracts with State/ITO and Local Governments) and FNS guidelines and instructions (see section 248.12 of FMNP regulations and FMNP Policy Memorandum 2002-1);
- b. procedures for obligating funds, including disbursing funds from the Letter of Credit;
- c. description of how farmers are paid;
- d. claims procedures for overpayments to farmers, farmers' markets, roadside stands, and recipients; and
- e. description of the time reporting system used to distribute employee salaries and related costs, and procedures and forms for conducting time studies.



2. Describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$15,000 for your State/ITO in FY 2009 based on the Federal Funds Request and State/ITO Matching Funds Estimation worksheet on pages 33-34. **(Please note that the 30 percent minimum match requirement only applies to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO funds provided for food as well as administrative costs):**

Type	Source	Amount
State/ITO and local funds	RI Department of Health (HEALTH)	\$
Private funds		
In-kind Contributions	RI Dept. of Environmental Mgmt	15,000
Similar Programs		
Program Income		
Total:		\$ <u>15,000</u>

State/ITO and local funds. If available, append documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.



Private Funds. Describe in detail or append documentation of all cash donations or letters of commitment from organizations/individuals planning to make such donations.



In-kind Contributions. If any portion of the State agency minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and include any supporting documentation. (This is paid for by State Funds)

**Dept. of Environmental Management, Division of Agriculture and Marketing have oversight of all farmers. In conjunction with the HEALTH WIC Program FMNP, farmers are approved and eligible to sell at the various markets.**

**Division of Agriculture has contributed the cost of some of the cooking demonstrations at the farmers' markets. In addition to the cookbooks produced by HEALTH WIC Program FMNP, these demonstrations promote the use of healthy locally grown produce in easy to prepare and culturally divers dishes. Promotional and media placement are key to the marketing of the farmers' markets.**

**The in-kind contribution represent a donation from DEM of State funds used for Johnson & Wales to provide education on cooking and safe handling of produce as well as printing of cookbooks that are provided to WIC clients Total state funds used is \$15,000.00.** 

Similar Programs. **Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates.

Program Income: Describe types. 

3. Is the State agency seeking approval to use not more than 2 percent of its total program funds for market development or technical assistance to farmers' markets in FY 2009?

Yes  No

These funds are only available for farmers' markets in socially or economically disadvantaged areas, or remote rural areas, where individuals eligible for participation in the program have limited access to locally grown fruits and vegetables. **If yes, provide**

**the justification for the market development and/or technical assistance funds.**



4. Append a detailed description of the State agency's record keeping system for the FMNP, addressing **at a minimum**, the following areas:
- a. financial operations - **SEE APPENDIX #1**
  - b. coupon issuance and redemption – **SEE APPENDIX #2 AND #3**
  - c. FMNP participation reporting – **SEE APPENDIX #1**
  - d. tracking staff time and other administrative expenses to ensure that federal FMNP funds are only used for costs, which are allowable and allocable for FMNP.- **SEE APPENDIX#2**

If forms have been developed to facilitate any of these functions, an example of the forms, along with a brief explanatory statement regarding the intent of each form (if necessary) should be attached to this document. A description of the State's/ITO's financial management system is required earlier in this section. If some of the same information or forms are used to meet both aspects of this Plan, it is not necessary to duplicate that information. It may be cross-referenced to the section where it is covered most completely, i.e., here or earlier in the State Plan.



5. The Federal Funds Allocation Process and the State/ITO Match

As required by law and regulations, the State/ITO match is calculated as follows:

1. Total Federal funds requested (prior year's total Federal grant) X 17% (or 19%) = Federal administrative funds.
2. Federal administrative funds ÷ 70% = Estimated total administrative cost.
3. Estimated total administrative cost X 30 % = State/ITO match amount.

(A State agency may provide more in State funds to administer the program. However, the FNS allocation only reflects the minimum amount that a State agency must match, not the amount of funds/resources a State agency actually puts into the program.)

4. Total Federal funds requested (prior year's total Federal grant) + State/ITO match amount = Estimated total program cost.

6. **Worksheets for Federal Funds Request and Matching**

## **I. FY 2009 FMNP ESTIMATED FEDERAL BUDGET SUMMARY**

This Worksheet is for summarizing the Federal food and administrative funds. All State agencies must complete this worksheet.

## **II. ADMINISTRATIVE BUDGET ESTIMATE**

This worksheet is for summarizing administrative activities and related funding. All State agencies must complete this worksheet.

## **III. FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION**

This worksheet is for estimating either the amount of Federal funds based on the State/ITO match amount available, or for estimating the State/ITO match amount and total program funds based on the amount of Federal food funds requested. All State agencies must complete either Part A or Part B of this worksheet as applicable.

## **IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL**

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level. All State agencies must complete either this Worksheet or Worksheet V, below.

## **V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS**

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories. All State agencies must complete either this Worksheet or Worksheet IV, above.

UNIVERSAL IDENTIFIER: 037459216

State Agency Name: RHODE ISLAND

**I. FY 2009 FMNP ESTIMATED FEDERAL BUDGET SUMMARY**

- 1. Total Federal Funds requested  
(Prior Year's Total Federal Grant *or Less*): 152,739
- 2. Plus: Expansion funds requested (if any): 0
- 3. Less: Federal Administrative Funds at 17% of total: 25,965.63
- 4. Less: Market Devel./Technical Assist. Funds  
(up to 2% of total): 0
- 5. Federal Food Funds:
  - a. 83% (total without market development funds request): 126,773.37  
\*\*\*\*\*OR\*\*\*\*\*
  - b. 81% (total with market development funds request):

**II. ADMINISTRATIVE BUDGET ESTIMATE**

<b>Coupon Management</b>	<b>Market Management</b>	<b>Nutrition Education</b>	<b>Financial Management</b>	<b>Total</b>
--------------------------	--------------------------	----------------------------	-----------------------------	--------------

\$ <u>5,193.12</u>	\$ <u>7,789.69</u>	\$ <u>7,789.69</u>	\$ <u>5,193.12</u>	\$ <u>25,965.63</u>
<u>20</u> %	<u>30</u> %	<u>30</u> %	<u>20</u> %	100%

**Coupon Management:** Printing and reconciling coupons, issuing coupons to recipients, and instructing recipients on the purpose of the program and proper use of coupons.

**Market Management:** Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers' markets.

**Nutrition Education:** Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

**Financial Management:** Preparing financial and recipient reports, issuing payments to farmers/farmers' markets, and costs associated with FMNP audits.

### III. FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

Part A of this worksheet should be completed by a State agency that knows the amount of State/ITO funds available to meet the matching requirement, and wants to estimate the level of Federal funds the State/ITO matching funds can support. Part B of this worksheet is for a State agency to estimate its match amount and total program funds based on the amount of Federal food funds requested.

**A: To estimate the Federal food and administrative funds based on the matching amount:**

1. Matching Funds:	\$ <input type="text"/>	÷ .30 =	\$ <input type="text"/>	Total Administrative Funds
2. Total Administrative Funds:	\$ <input type="text"/>	- Matching Funds =	\$ <input type="text"/>	Federal Administrative Funds
3. Federal Administrative Funds:	\$ <input type="text"/>	÷ .17 (or .19) =	\$ <input type="text"/>	Total Federal Funds

**B. To estimate the matching and administrative amounts based on the Federal food funds requested:**

1. Prior Years Food Grant:	\$ <u>126,773.37</u>	÷ .83 (or .81) =	\$ <u>152,739.00</u>	Total Federal Funds Requested, Food and Administrative.
2. Total Federal Funds Requested:	\$ <u>152,739.00</u>	X .17 (or .19) =	\$ <u>25,965.63</u>	Federal Administrative Funds
3. Federal Administrative Funds:	\$ <u>25,965.63</u>	÷ .70 =	\$ <u>37,093.76</u>	Estimated Total Administrative Funds, Federal and State.
4. Estimated Total Administrative Funds:	\$ <u>37,093.76</u>	- Fed. Admin. Funds =	\$ <u>11,128.13</u>	State Agency's Match for New FY.
5. State/ITO Matching Funds:	\$ <u>11,128.13</u>	+ Total Federal Funds =	\$ <u>163,867.13</u>	Estimated Total Program Funds

#### IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level:

1. Total Federal Funds Requested:		\$ <u>152,739.00</u>	
2. Percent of Total Federal Funds Available for Food:	x .83	** <u>OR</u> **	x .81
3. Available Food Funds:	\$ <u>126,773.37</u>		\$ <u>          </u>
	divided by		divided by
4. Proposed Federal Food Benefit Level (Minimum \$10; Maximum \$30):	\$ <u>15.00</u>		\$ <u>          </u>
5. Total Projected Federal Caseload:	<u>8452</u>		<u>          </u>

**V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS**

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories:

1. Total Federal Funds Requested: \$

2. Percent of Total Federal Funds Available for Food: x .83 **\*\*OR\*\*** x .81

3. Available Food Funds: \$  \$

	<u>CATEGORY I</u>	<u>CATEGORY II</u>	<u>CATEGORY III</u>
(Specify category)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of proposed program recipients by category:	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Proposed food benefit level: x x x

	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6. Totals per category =	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

7. Add together the totals in Line 6, which must be equal to or be less than the total available Federal food funds in line 3:

I: \$  + II: \$  + III: \$  = Grand Total: \$  (= line 3)

**IV. Certification**

1. Describe the State agency's plans to target areas with high concentrations of eligible persons and access to farmers' markets within the broadest possible geographic area. For example, will the State/ITO concentrate on serving only a few areas where there are large numbers of WIC recipients who have access to farmers' markets, or will it provide State/ITO-wide coverage?

a. Provide a detailed description of the service area(s), including the number and addresses of participating markets, roadside stands, and WIC clinics.

**SEE APPENDIX #4**

b. Append a map outlining the service area(s) and proximity of markets and roadside stands to clinics. **SEE APPENDIX #4**

c. Estimated number of WIC recipients per clinic:

<u>Clinic</u>	<u># of Recipients</u>

2. Intended FMNP recipients:

**(Excluding Expansion)**

**(Including Expansion)**

18,270

WIC recipients only

█

█

WIC applicants on waiting lists only

█

18,270

Both

█

3. Will all WIC recipients in an FMNP service delivery area be issued FMNP coupons, or only certain categories/groups?

All eligible recipients

Specified categories/groups:(check all that apply)

**(Excluding Expansion)**

**(Including Expansion)**

3,746 Pregnant women

1,217 Breastfeeding women

Postpartum women

Infants (over 4 months of age)

13,307 Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are defined by the State agency, please indicate accordingly): \_\_\_\_\_

Other designation (e.g. only Priority I pregnant or breastfeeding women) (specify):

## **V. Coupon and Market Management**

### **1. Issuing FMNP coupons to recipients**

- a. Describe the State agency's procedures for ensuring the secure transportation and storage of coupons. Append any type of reporting form used to gather data. Include in your description the method used to transport coupons from the contractor who produces them to the State agency, and from the State agency to the local WIC clinics. Include a description of how unissued FMNP coupons are stored. This description should also include the automated processes as well as the manual processes used in the transportation and storage of coupons.

**SEE APPENDIX #3**

- b. Describe the coupon issuance system for recipients. Append any type of reporting form used to gather data. This description should include the automated processes as well as the manual processes used for issuance of coupons to recipients.

**SEE APPENDIX #3**

- c. Describe the State agency's system for instructing recipients on the proper use of FMNP coupons. If this function is to be performed by the WIC local agency on behalf of the FMNP State agency, indicate accordingly, who issues the coupons; what materials are provided during issuance; and who explains the use of the coupons and redemption procedures to the recipient. Append materials provided to participants instructing them on how to use FMNP coupons and any list of Farmers' Markets provided to participants.

**SEE APPENDIX #3**

- d. Append a copy of the log or other form used to record coupon issuance to valid certified recipients.

**SEE APPENDIX #3**

### **2. Authorization of farmers, farmers' markets, and roadside stands**

The State agency is responsible for the fiscal management of and accountability for FMNP-related activities by farmers, farmers' markets and roadside stands. Each State agency may decide whether to authorize farmers individually, farmers' markets, or both farmers and farmers' markets, and also roadside stands. Only farmers and/or farmers' markets and roadside stands authorized by the State agency, as set forth in the federal FMNP regulations, may redeem FMNP coupons.

- a. Describe the State agency's general authorization procedures for farmers and/or farmers' markets.

**SEE APPENDIX #6 – FMNP SPONSOR GUIDELINES**  
**SEE APPENDIX #7 – FMNP FARMERS' GUIDELINES**

- b. List or append the criteria used to authorize farmers' markets. Examples of authorization criteria include: 1) permanent market location; 2) sufficient number of growers who participate in the market; 3) a wide selection of products; or 4) good community support from non-FMNP sales.

**SEE APPENDIX #6**

- c. List or append the criteria used to authorize farmers. Examples of authorization criteria include: 1) grows a percentage (in the space below, indicate the percentage specified by the State agency) of the produce to be sold; 2) owns land within the State/ITO where produce is grown or, 3) certified by the State Agriculture Department, ITO Cooperative Extension Agent or by a Farmers' Market Association within the State agency

**SEE APPENDIX #6 – FMNP SPONSOR GUIDELINES**  
**SEE APPENDIX #7 – FMNP FARMERS' GUIDELINES**

- d. How does the State agency define "eligible foods"? List or append a list of the fruits, vegetables, and/or fresh herbs that may be purchased with FMNP checks or coupons. For the purposes of the FMNP, "eligible foods" means fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs. Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Honey, maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of the FMNP. State agencies can also describe eligible foods as "all fruits, vegetables and herbs locally grown except..."

**SEE APPENDIX #8**

- e. How does the State agency define "locally grown produce" in order to designate FMNP eligible foods? Eligible foods are limited to produce grown within State/ITO borders or areas in neighboring States/ITOs adjacent to its borders.

**SEE APPENDIX # 6– FMNP SPONSOR GUIDELINES**

- f. To what extent does the State agency permit or prohibit the participation of individuals who are selling produce grown by someone else, in addition to their own produce? Individuals who exclusively sell produce grown by someone else,

such as wholesale distributors, cannot be authorized to participate in the FMNP.

**SEE APPENDIX # 6– FMNP SPONSOR GUIDELINES**

- g. Under what conditions, if any, does the State agency authorize roadside stands, i.e., a location in which a single, individual farmer sells his/her own produce directly to consumers in contrast to a farmers’ market or a nonprofit organization that does not grow its own produce, but realizes a profit from such sales? Examples of authorization criteria include: 1) participant access, or 2) lack of farmers’ markets. List authorization criteria for roadside stands.

**RI FMNP does not authorize farm stands**

- h. Indicate the number and type of farmers’ markets, farmers, and/or roadside stands that will be authorized in FY 2009:

<u>60</u>	farmers
<u>24</u>	farmers’ markets
<u>0</u>	roadside stands

- i. Does the State agency require that the Market Manager be bonded?

Yes  No

**3. Farmers and/or Farmers’ Market Agreements**

Each State agency must enter into a written agreement with all participating farmers and/or farmers’ markets and roadside stands. This agreement must contain at a minimum the following specifications, including sanctions for non-compliance with FMNP requirements. Include the FMNP State agency -Farmers’/Farmers’ Market/Roadside Stand Agreement in the addendum.

**SEE APPENDIX #9 – FMNP MARKET AGREEMENT – 2 YR**

**SEE APPENDIX #10 – FMNP FARMER AGREEMENT – 1 YR**

- a. The farmer and/or farmers’ market and roadside stand shall:
  - i. provide such information as the State agency shall require for its periodic reports to FNS;
  - ii. assure that FMNP coupons are redeemed only for eligible foods;
  - iii. provide eligible foods at the current price or less than the current price charged to other customers;
  - iv. accept coupons within the dates of their validity and submit coupons for payment within the allowable time period established by the State agency;
  - v. in accordance with a procedure established by the State agency,

- mark each transacted coupon with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted FMNP coupon shall contain a farmer identifier and shall be batched for reimbursement under that identifier. In those cases where the agreement is between the State agency/ITO and the farmers' markets, each transacted FMNP coupon shall contain a farmer identifier and be batched for reimbursement under a farmers' market identifier;
- vi. accept training on FMNP procedures and provide training to farmers and any employees with FMNP responsibilities on such procedures;
  - vii. agree to be monitored for compliance with FMNP requirements – including both overt and covert monitoring;
  - viii. be accountable for actions of farmers or employees in the provision of foods and related activities;
  - ix. pay the State agency for any coupons transacted in violation of this agreement;
  - x. offer FMNP recipients the same courtesies as other market customers;
  - xi. comply with the nondiscrimination provisions of USDA regulations;
  - xii. notify the State agency if any farmer or farmers' market or roadside stand ceases operation prior to the end of the authorization period. Provide the State agency with a regularly updated list of all farmers at the authorized market who accept FMNP coupons in exchange for their produce, and their effective dates of participation.
- b. The farmer and/or farmer's market and roadside stand shall not:
- i. collect sales tax on FMNP coupon purchases;
  - ii. seek restitution from FMNP recipients for coupons not paid by the State agency; and
  - iii. issue cash change for purchases that are in an amount less than the value of the FMNP coupon(s).
- c. Neither the State agency nor the farmer and/or farmers' market or roadside stand have an obligation to renew the agreement. Either the State agency or the farmer and/or farmers' market or roadside stand may terminate the agreement for cause after providing advance written notification. The period of time within which such advance notification must be provided is to be stipulated by the State agency as part of the standard agreement.
- d. The State agency may deny payment to the farmer and/or farmers' market or roadside stand for improperly redeemed FMNP coupons or

may establish a claim for payments already made on improperly redeemed coupons. The State agency may disqualify a market and/or a farmer or roadside stand for program abuse with a minimum of 15 days advance written notification.

- e. The State agency may disqualify a farmer and/or farmers' market or roadside stand for FMNP abuse.
  - f. A farmer and/or farmers' market or roadside stand that commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State/ITO or local laws.
  - g. A farmer and/or a farmer's market or roadside stand may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement shall not be subject to appeal through the FMNP State agency.
  - h. Agreements may not exceed 3 years. The farmer and/or farmers' market and roadside stand agreements are valid for 1 year.
4. Describe or append other cooperative arrangements that may have been negotiated, such as with Cooperative Extension Service programs, or a State Agriculture Department or ITO to authorize farmers/farmers' markets or roadside stands.

**Department of Environmental Management – Division of Agriculture  
SEE APPENDIX #11**

**5. Annual training for farmers and/or farmers' markets:**

- a. State agencies shall conduct annual training for farmers, roadside stands and/or farmers' market managers and those who participated in the FMNP in prior years or who join the program after the regularly scheduled training has been held. Append or describe the procedures the State agency has in place or plans to implement for the annual training required for authorized farmers, and roadside stands and/or farmers' market managers.  
**SEE APPENDIX #7 – FARMER GUIDELINES & PROCEDURES  
SEE APPENDIX #12 – OPERATIONS MANUAL SECTION 3; V-3**
- b. Further, the State agency shall conduct a **face-to-face** training for all farmers, roadside stands and farmers' market managers their first year of participation in the FMNP. **Face-to-face** training offers the opportunity for interaction and exchange of questions and answers, which may include

video conferencing as well as actual face-to-face training sessions. State agencies have discretion in determining the method used for future annual training purposes. At a minimum, annual training shall include instruction emphasizing: eligible food choices; coupon redemption procedures; equitable treatment of FMNP recipients; Civil Rights compliance and guidance; guidelines for storing coupons safely; and guidelines for canceling FMNP coupons, such as punching holes or rubber stamping. This description or appendix should also include the subsequent training methods made available to market managers, farmers, and roadside stand operators after the first year's face-to face training.

**SEE APPENDIX #12 – OPERATIONS MANUEL, SECTION 3: V-3**

## **6. Coupon accountability**

The coupon reconciliation process is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each coupon, from the time it is issued through its final disposition. The State agency is responsible for reconciling validly redeemed coupons, as well as lost, stolen, voided, expired, or FMNP coupons that do not match issuance records. The process for reconciling lost and/or stolen coupons must ensure that farmers accepting such coupons in good faith, and through approved procedures, are not unfairly penalized for doing so.

a. Describe or append the State agency's system for identifying and reconciling FMNP coupons that were redeemed, voided, expired, or reported lost or stolen and not matching issuance records. Validly redeemed FMNP coupons are those that are issued to a valid FMNP participant and redeemed by an authorized farmer or farmers' market or roadside stand within valid dates. They must include: a valid recipient identifier from the signature on the issuance log, and a unique and sequential serial number; and must be transacted within valid dates and; by an authorized farmers' market, an authorized farmer operating under the auspices of the authorized market, or an authorized roadside stand.

**SEE APPENDIX #5 – PROCEDURE MANUAL , SECTION 300**  
**SEE APPENDIX #3 – OPERATIONS MANUAL, SECTION 3, V-11**

b. Describe or append the State agency's system for ensuring that coupons are redeemed only by authorized farmers, farmers' markets, or roadside stands for eligible foods.

**SEE APPENDIX #3– OPERATIONS MANUAL, SECTION 3, V-11**  
**SEE APPENDIX # 13 – FMNP MONITORING**

c. Describe or append the State agency's system for identifying and

disallowing coupons that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets or roadside stands.

**SEE APPENDIX #3– OPERATIONS MANUAL, SECTION 3, V-11**

d. Coupon Timeframes

- (i) Redemption by recipients: October 31(no later than **November 30**)
- (ii) Submission for payment by farmers/farmers' markets/roadside stands: November 28
- (iii) Payment by the State agency: December 1

All of the functions described above shall be completed within a timeframe that will allow the State agency to reconcile coupons, liquidate obligations, and submit its financial and recipient reports (FNS-683 and FNS-203) to FNS **no later than January 31 of each year.**

- e. Append a copy of the coupon/check to be used in the FMNP.  
**SEE APPENDIX #14 – SAMPLE FMNP CHECK**

**VI. Management Evaluations and Reviews**

1. Describe or append a description of the State agency's criteria for defining a high-risk farmer. Such criteria must include at a minimum:
  - a. proportionately high volume of coupons redeemed within a farmers' market or roadside stand and within a State or ITO;
  - b. recipient complaints; and
  - c. new farmers, farmers' markets, and roadside stands in their first year of operation.

**SEE APPENDIX #16 – OPERATIONS MANUAL SECTION 3, V-2**

**2. Review of farmers and farmers' markets and roadside stands**

Describe the State agency's plans (including any compliance purchase activities) for reviewing authorized farmers/farmers' markets/roadside stands (on-site) in FY 2008. Ten percent of farmers, 10 percent of farmers' markets, and 10 percent of roadside stands must be monitored. For example, if there are five farmers' markets in a participating State/ITO and 40 farmers, the State agency shall monitor, at a minimum, one farmers' market and four farmers. These four farmers may or may not be participating within the one farmers' market being monitored.

State Agency: RHODE ISLAND

- a. Number of **farmers' markets reviewed in FY 2008** (minimum 10%): 11
  - i. Markets with high-risk farmers 11 (50%)
  - ii. Other markets            (            %)
  
- b. Number of **farmers' markets to be reviewed in FY 2009** (min. 10%): 11
  - i. Markets with high-risk farmers 11 (50%)
  - ii. Other markets            (            %)
  
- c. Number of **farmers reviewed in FY 2008** (minimum 10%): 31 (53%)
  - i. High-risk farmers 15 (26%)
  - ii. Other farmers 16 (27%)
  
- d. Number of **farmers to be reviewed in FY 2009** (minimum 10%): 25 (43%) (            %)
  - i. High-risk farmers 13 (22%)
  - ii. Other farmers 12 (21%)

- e. Number of **roadside stands reviewed in FY 2008** (minimum 10%): 0(N/A)
  - i. High-risk farmers 0 (0%)
  - ii. Other farmers 0 (0%)
  
- f. Number of **roadside stands to be reviewed in FY 09** (minimum 10%): 0 N/A
  - i. High-risk farmers 0 (0%)
  - ii. Other farmers 0 (0%)

3. Describe or append the State agency's policies and procedures for determining the type and level of sanctions to be applied against farmers, farmers' markets, and roadside stands which violate Federal and/or State agency FMNP requirements based upon the severity and nature of the FMNP violations.

**SEE APPENDIX #6**  
**SEE APPENDIX #7**

4. **Review of Local Agencies**

Describe the State agency's plans for reviewing FMNP practices at local agencies in FY 2008. All local agencies participating in the FMNP must be reviewed at least once every two years by non-WIC FMNP State agency staff or WIC State agency staff. **Please append a copy of the State agency's FMNP monitoring tool to review local agencies.**

- a. Number of local agencies to be reviewed in FY 2009: 6
- b. Number of local agencies reviewed in FY 2008 (if applicable): 7
- c. Briefly summarize findings and corrective actions taken from any reviews conducted in FY 2008:

Reviewed during management evaluations of the WIC programs. Failure to document correct risks which could affect eligibility determination, failure to consistently document eligibility, failure to provide at least 2 nutrition education contacts, failure to consistently use correct procedures in plotting and scale calibrations, failure to comply with check distribution procedures.

## **VII. Nutrition Education Requirements**

1. Describe or append in detail the State agency's plan to provide nutrition education to FMNP recipients. If the administering State agency for the FMNP is not the WIC State agency, and has entered into an agreement for the WIC State agency to provide nutrition education, append a copy of the WIC State agency's nutrition education plans for FMNP recipients.

It is not mandatory that the FMNP State agency retain sole responsibility for providing nutrition education to Program recipients. Nor is it intended that the FMNP State agency duplicate the nutrition education that may be currently provided by the WIC local agency. The FMNP nutrition education requirement may be fulfilled directly by the farmer's markets or another branch of the State Department of Agriculture or ITO, or under agreement with the local WIC agency, area colleges and universities, the Expanded Food and Nutrition Education Program (EFNEP), the Cooperative Extension Service, and/or any number of other entities having the capability to address the particular nutritional benefits of fruits and vegetables that can be obtained at farmers' markets. Any costs associated with the provision of nutrition education by an entity other than the administering agency of the FMNP are allowable administrative expenses under FMNP funding (up to 17 percent of the total grant). This aspect of the program responds directly to the Congressional intent in establishing the FMNP as a way to increase recipients' awareness and use of farmers' markets.

### **Encourage Partnerships**

FNS believes that the effectiveness of nutrition education can be greatly enhanced through collaboration with others interested in promoting health and nutrition in low-income populations. Therefore, FNS strongly encourages collaboration and coordination of efforts with state/ITO-wide public and private partners to enhance both the outreach and efficacy of the nutrition education efforts. FNS encourages such collaboration to facilitate development of long-term, coordinated nutrition education plans and sustainable infrastructures, foster an integrated approach to nutrition education across programs in the State or ITO, capitalize on promotional opportunities, coordinate and pool resources for material development, duplication, and dissemination, and insure development of science-based messages that are consistent with the U.S. Dietary Guidelines for Americans, the Food Guide Pyramid, and other federal guidance.

### **Promote the Dietary Guidelines Messages**

To create a base of messages that may be reinforced across FNS programs, FNS encourages State agencies to incorporate the messages contained in the latest edition of the Dietary Guidelines for Americans into nutrition education plans. It is expected that nutrition education messages will logically be tailored to address the most urgent

nutrition education needs of constituents. However, as opportunities arise, FNS strongly encourages State agencies to convey at a minimum four key messages through WIC and other FNS programs so that program recipients have repeated exposure to these messages. The messages, all designed to promote food and physical activity choices for a healthy lifestyle, are as follows:

- Build a healthy base -- eat a variety of foods
- Add more fruits, vegetables and whole grains
- Eat lower fat foods more often
- Be physically active

These messages-derived from the Dietary Guidelines-are being consistently and prominently promoted in all of the FNS programs to advance an integrated, behavior-based, comprehensive nutrition education approach across FNS programs. Using these four core messages, nutrition education program administrators across the many FNS programs can collaborate and work jointly around these common themes for their nutrition education interventions, for example to pool resources to develop materials jointly, conduct social marketing campaigns, and reinforce the educational messages.

2. List or append the locations or settings where nutrition education for FMNP is provided (i.e., WIC clinics, farmers' markets, community centers, child care facilities, or schools).

**WIC Clinics and inner city farmers' markets**

3. Does the State agency coordinate with other agencies around issues related to nutrition education and promotion?

No

Yes (If yes, check the applicable partnerships below):

- Food Stamp Program
- Team Nutrition
- Other school-based programs
- Commodity Supplemental Food Program
- Children and Adult Care Food Program (CACFP)
- Food Distribution Program on Indian reservations
- WIC
- Other FNS programs (specify):
- Temporary Assistance for Needy Families Program
- Expanded Food and Nutrition Education Program (EFNEP) and/or Cooperative Extension Service
- Other government programs (e.g., Head Start, 5 A Day, etc.)
- Non-profit organizations (specify):

- For-profit organizations (specify): [redacted]
- Industry (specify): [redacted]
- Professional organizations (specify): [redacted]
- Educational Institutions (specify): Johnson and Wales University
- Religious Institutions (specify): [redacted]
- Other (specify): [redacted]

4. Describe how nutrition education for FMNP is coordinated with other nutrition education programs or services, such as WIC, Food Stamps, Extension Service, 5 A Day, or State/ITO initiatives.

**Sharing of nutrition education materials and demonstrations/classes at the FMNP market sites.**

5. Describe the nutrition education materials that you have developed and how they are used. In addition, describe any new materials you are planning to develop.

**WIC Farmers' Market Nutrition Program Participant Guide is given to WIC participants at the time of check pick-up. Guide includes healthy recipes, seasonal guide, and tips for storage. Recipe books with nutrition facts labels are given at the inner city farmers' markets during cooking demonstrations.**

6. Does the State agency plan to develop new participant educational materials containing the new Dietary Guidelines for Americans messages? Yes  No   
If yes, please describe the elements below.

Type of Material	Target Audience	Project Completion Date
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

7. If the State agency intends to collect survey information to assess the effects of the program on farmers' markets and roadside stands and the change in consumption of fresh fruits and vegetables by FMNP recipients, **append copies of survey forms.**

**See appendix # 17 – Farmer and Participant surveys**

**VIII. Miscellaneous Requirements - Civil Rights Procedures; Hearing Procedures and Program Complaints; State Agency Drug-Free Workplace Procedures; Local Agency Debarment/Suspension Procedures; and, Local Agency Lobbying Certification and Procedures**

1. **Civil Rights –**

a. Describe the State agency's procedures for handling complaints of discrimination on the basis of race, color, national origin, age, sex or disability, including timeframes for submitting such complaints and for investigating them and responding to plaintiffs. The State agency's procedures for handling complaints of discrimination in the FMNP should be consistent with established and approved procedures for handling such complaints related to other assistance programs administered by the State agency. For example, if WIC Program-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then FMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the FMNP if one already exists in a related program administered by the State agency.

b. Confirm that the State agency is using the following statement on all FMNP brochures and publications, excluding materials which provide only nutrition education information without mentioning FMNP, and such items as caps, buttons, magnets and pens, when the size or configuration make it impractical:

**“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.**

**To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”**

c. Confirm that the State agency is using the following statement, in print size no smaller than the text, in material too small to permit the full statement:

**“This institution is an equal opportunity provider.”**

d. Confirm that the State agency is using the following statement in radio and television public service announcements:

**“The FMNP is an equal opportunity provider.”**

2. **Hearing Procedures and Program Complaints -** The State agency shall provide a fair hearing procedure whereby local agencies, recipients, and farmers/farmers'

markets adversely affected by certain actions of the State agency may appeal those actions. A local agency may appeal an action of the State agency disqualifying it from participating in the FMNP. A recipient may appeal disqualification/suspension of FMNP benefits. A farmer/farmer's market may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying his/its from participating in the FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement, and determination of ineligibility to receive WIC benefits (and therefore to receive FMNP coupons) shall not be subject to appeal through the FMNP State agency. The State agency shall also provide procedures for addressing complaints about program operations.

- a. Describe or append the State agency's procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, recipients, and markets/farmers. The opportunity to request a fair hearing regarding certain adverse actions taken by the State agency must be provided to all farmers and/or farmers' markets and recipients against whom such adverse action is taken.

#### **APPENDIX #15 – PROCEDURE MANUAL, SECTION 800**

- b. Describe or append the State agency's procedures for handling program complaints from recipients, non-recipients, markets, and farmers

**If the local WIC agency cannot handle a complaint, it is forwarded to the State Agency Staff. Referring the policies and procedures of the WIC program, State Staff respond to complaints from all sources. As necessary, feedback and/or technical assistance are provided to those involved. Complaints are tracked at the State Agency and reviewed periodically as part of the quality assurance and evaluation process.**

3. **Drug-Free Workplace** - Describe or append the State agency's plans to maintain a drug-free workplace and otherwise comply with 7 CFR 3021. Per 7 CFR 3021.230, the State agency must identify all of its known State agency workplaces where work under the federal FMNP grant will be performed; please append a list of these workplace addresses.
4. **Local Agency Debarment/Suspension** – Per 7 CFR 3017.300, the FMNP State agency has on file either 1) a current certification in a format established by the State agency; or, 2) a local agency contract, or procurement contract equal to or exceeding \$25,000, including assurance on debarment / suspension, which may be satisfied by the local agency debarment / suspension certification provided for WIC if it covers the same period as the FMNP local agency contract; or, 3) a record showing that the FMNP State agency had checked the Excluded Parties List System for each local agency (EPLS)?

Yes  No

5. **Local Agency Lobbying Certification and Procedures** – Per 7 CFR 3018, the FMNP State agency has on file the current form FNS-732, Certification Regarding Lobbying, for each FMNP local agency and procurement contractor with a sub-grant or sub-contract exceeding \$100,000, if any? (This may be satisfied by the local agency lobbying certifications provided for WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes  No

6. **SF-LLL on File** - The FMNP State agency has on file the current SF-LLL, Disclosure Form to Report Lobbying, if lobbying occurs with non-federal funds, for each FMNP local agency and procurement contractor with a sub-grant or sub-contract exceeding \$100,000, if any? (This may be satisfied with local agency lobbying disclosures provided for WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes  No

7. **SF-LLL Transmission** - The FMNP State agency has provided a copy of any such disclosures to the FNS Regional Office?

Yes  No

## **Appendices**

Include all appendices here. Identify clearly any appendices' pages according to the numbering system used in this format.

### **APPENDIX 1**

Federal-State Agreement Special Supplemental Food Program Agreement (FNS 339)  
SUBMITTED WITH WIC STATE PLAN

### **APPENDIX 2**

WIC / FMNP Financial Management System  
Operations Manuel SECTION 6  
SUBMITTED WITH WIC STATE PLAN

### **APPENDIX 3**

Vendor Payment Process  
Operations Manuel, SECTION 3, POLICY V-11  
SUBMITTED WITH THE WIC STATE PLAN

### **APPENDIX 4**

Map of WIC/FMNP Sites  
SEE ATTACHED DOCUMENT FILE

### **APPENDIX 5**

Check Issuance and Control  
Procedure Manuel, SECTION 300  
SEE ATTACHED DOCUMENT FILE

### **APPENDIX 6**

FMNP Sponsor Guidelines: FMNP-17  
SEE ATTACHED DOCUMENT FILE

### **APPENDIX 7**

FMNP Farmer Guidelines and Procedures: FMNP-11  
SEE ATTACHED DOCUMENT FILE

### **APPENDIX 8**

FMNP Participant Guidebook  
SEE ATTACHED DOCUMENT FILE

### **APPENDIX 9**

FMNP Market Agreement  
SEE ATTACHED DOCUMENT FILE

### **APPENDIX 10**

FMNP Farmer Agreement  
SEE ATTACHED DOCUMENT FILE

**APPENDIX 11**

FMNP Cooperative Agreement with DEM  
SEE ATTACHED DOCUMENT FILE

**APPENDIX 12**

Vendor Education and Training  
Operations Manuel, SECTION 300: V-3  
SUBMITTED WITH THE WIC STATE PLAN

**APPENDIX 13**

FMNP Monitoring  
Farmer Market Monitoring Form – 10M  
SEE ATTACHED DOCUMENT FILE  
Farmer Monitoring Form – 10F  
SEE ATTACHED DOCUMENT FILE  
Local Agency Management Evaluation  
SUBMITTED WITH THE WIC STATE PLAN

**APPENDIX 14**

Sample FMNP Check  
SEE ATTACHED DOCUMENT FILE

**APPENDIX 15**

Civil Rights and Fair Hearing Process  
Procedure Manuel, SECTION 800  
SUBMITTED WITH THE WIC STATE PLAN

**APPENDIX 16**

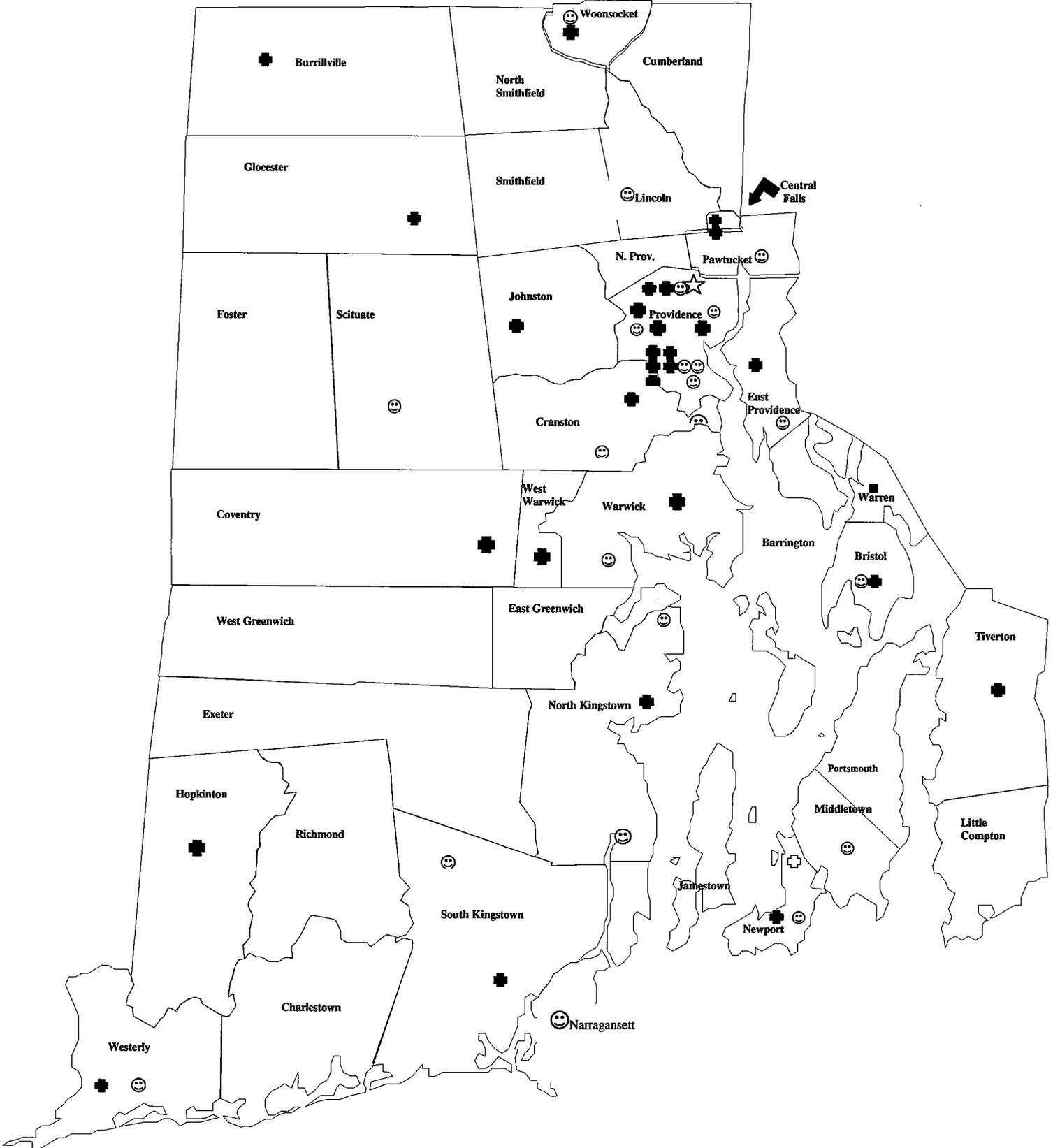
Identification of High Risk Vendors  
Operations Manuel, SECTION 3: V-2  
SUBMITTED WITH THE WIC STATE PLAN

**APPENDIX 17**

FMNP Surveys  
FMNP Farmer Survey  
SEE ATTACHED DOCUMENT FILE  
FMNP Participant Survey  
SEE ATTACHED DOCUMENT FILE

**Appendix 4**  
**RHODE ISLAND WIC**  
**AND**  
**FARMERS MARKET SITES**  
11/08

- ☒ Clinic Site -26
- ☺ Farmers Market - 22
- ★ Department of Health



**Authorized Locations Where WIC Farmers' Market Nutrition Program Checks May Be Used**

**Bristol**

Colt State Park  
Fridays: June 6 - October 31  
2:00 PM - 6:00 PM

**Cranston**

Pawtucket Village, Rhodes on the  
Pawtucket parking lot  
Saturdays: June 7 - October 25  
9:00 AM - 12:00 PM

Pastore Complex, Department of  
Labor & Training  
Fridays: July 25 - September 26  
10:00 AM - 2:00 PM

**East Providence**

Haines Memorial Park, Rte 103  
Wednesdays: June 4 - October 29  
2:00 PM - 6:00 PM

**Lincoln**

Bladstone River Visitor Center, 295N  
Tuesdays: July 15 - October 28  
2:00 PM - 6:00 PM

**Middletown**

909 East Main Road, Rte 138  
Saturdays: June 7 - October 25  
9:00 AM - 1:00 PM

**Narragansett**

Fishermen's Memorial Park, Rte 108  
Sundays: June 1 - October 26  
9:00 AM - 1:00 PM

**Newport**

Memorial Blvd  
(Between Edgar & Chapel St)  
Wednesdays: June 11 - October 29  
2:00 PM - 6:00 PM

**North Kingstown**

Coastal Growers' Market,  
Casey Farm, 2325 Boston Neck Rd  
Saturdays: June 7 - October 25  
9:00 AM - 12:00 PM

**Pawtucket**

Broadway & Exchange St  
Sundays: June 15 - October 26  
12:00 PM - 3:00 PM

**Providence**

Hope High School, Hope Street  
Saturdays: June 7 - October 25  
9:30 AM - 12:30 PM

Parade Street Market (Next to  
Cranston Street Armory)  
Thursdays: June 12 - October 23  
4:00 PM - 7:00 PM  
Closes at dark in late October

Broad Street Market, 807 Broad St  
Saturdays: July 12 - October 25  
9:00 AM - 1:00 PM

Capitol Hill, Outside Dept of Health  
Thursdays: July 24 - September 25  
11:00 AM - 2:00 PM

Brown University, Wriston Quad  
(Corner of Thayer St & George St)  
Wednesdays: Sept 3 - October 29  
1:00 AM - 2:00 PM

Kennedy Plaza  
(Washington St along Burnside Pl)  
Fridays: June 13 - October 31  
11:00 AM - 2:00 PM

**Scituate**

North Scituate Farmers' Market  
(Route 116, Scituate Village)  
Saturdays: June 7 - October 18  
9:00 AM - 12:00 PM

**South Kingstown**

URI - Rte 138, Kearney Gym lot  
Saturdays: June 7 - October 25  
8:30 AM - 12:00 PM

**Wakefield**

Marina Park, (Off Route 1)  
Tuesdays: June 3 - October 28  
2:00 PM - 6:00 PM

**Warwick**

Goddard State Park  
Fridays: June 6 - October 31  
9:00 AM - 1:00 PM

**Westerly**

Westerly Farmers' Market  
85 Main Street (Behind billboard)  
Thursdays: June 5 - October 30  
11:00 AM - 3:00 PM

**Woonsocket**

St Ann's Arts & Cultural Center  
84 Cumberland Street  
Tuesdays: July 8 - October 28  
4:00 PM - 6:00 PM



For more information on WIC or Farmers' Market call the HEALTH Information Line 1.800.942.7434



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF HEALTH

Women, Infants & Children (WIC) Program

WIC FARMERS' MARKET NUTRITION PROGRAM  
MARKET VENDOR PARTICIPATION AGREEMENT

BETWEEN: RHODE ISLAND DEPARTMENT OF HEALTH  
WIC Program  
Three Capitol Hill - Room 303  
Providence, Rhode Island 02908-5097



AND:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELATING TO: Market Vendor Participation in the WIC Farmers' Market Nutrition Program  
(hereinafter FMNP).

ACCEPTED: Rhode Island Department of Health

\_\_\_\_\_  
Ann Barone, Contract Officer

\_\_\_\_\_  
Date 2007

The undersigned represents that he/she is either the sole proprietor, partner, or official of the business having the authority to contract for and on behalf of the vendor identified herein and affirms that he/she has received and read the Farmers' Market Package and that all the information entered by Vendor in Appendix I, A, is complete and true, to the best of his/her knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(HEALTH/FMNP July, 2007)



APPENDIX I

A. Specific Terms and Conditions

1. Owner's (s') or Corporate Name \_\_\_\_\_

Farmer's Market Addresses:

Street \_\_\_\_\_

City/Town \_\_\_\_\_

Telephone Number \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

2. Owner/partner/President  
Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

Manager  
Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

3. Period of Performance Effective: 1 May 2008

Terminating On: 31 December 2009

4. Contract Officer Ann Barone  
(For Department of Health) Chief, WIC Program



5. Ownership Information

a. Type of ownership

- Cooperative (Name) \_\_\_\_\_
- Partnership (Name) \_\_\_\_\_
- Corporation (Name) \_\_\_\_\_
- Franchise (Name) \_\_\_\_\_

b. If a corporation, list names and titles of executive officers.

- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_
- Treasurer \_\_\_\_\_
- Other \_\_\_\_\_

If more than one market/outlet is authorized, check here \_\_\_\_\_.

c. Are any of the persons listed above listed as owner, officer or manager of any other Rhode Island FMNP or WIC Vendor or authorized FMNP Farmer? Yes\_\_ No \_\_

Of any other grocery or pharmacy? Yes \_\_ No \_\_

If yes, give details:

d. Has there been a change of ownership or control in the past year? Yes\_\_ No \_\_

If yes, give date \_\_\_\_\_

e. Is any change of ownership or control anticipated during the contract period?

Yes \_\_ No \_\_

If yes, give details:

f. Do any of the persons listed above also operate any other non-FMNP authorized farm or farmers' market stands? Yes \_\_ No \_\_

If yes, give details:



6. Special Conditions (Applicable on a national basis)

- a. The word Vendor, as used in this Agreement, means and includes the vendor specified in Appendix I A 1, above and any person, firm, corporation or entity having a controlling or partnership ( $\geq 20\%$ ) interest in, or managerial control of, said Vendor.
- b. Has the Vendor ever been, or is the Vendor presently, disqualified from participation in any Food and Nutrition Service (FNS) Program, such as Food Stamps, WIC or FMNP? Yes  No

Are there any charges pending against the Vendor for any violation of the rules or regulations of any FNS program? Yes  No

Has the Vendor ever received any notice of sanction, sentence, or disqualification for any violation of the rules or regulations of any FNS Program?  
Yes  No

Has the vendor ever been assessed a civil money penalty by any FNS Program?  
Yes  No

Is the Vendor, to your knowledge, being investigated for such violations?  
Yes  No

Has the Vendor ever received administrative or judicial review of any administrative or judicial action related to an FNS Program?  
Yes  No

If yes to any of the above questions, give details and dates of any such disqualification, sanction, sentence, civil money penalties investigation, or review:

- c. 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, WIC, or FMNP nor is it currently under sentence or sanction such as a civil money penalty in lieu of disqualification, 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.



- d. 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 being accepted or authorized for vendor participation in the FMNP Program, or if the Vendor committed violations of the rules and regulations of any FNS Program prior to the completion of this Agreement.
- e. 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.

7. Food Stamp Program Number \_\_\_\_\_



## APPENDIX II

### 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 Farmers' Market Nutrition Program (hereinafter, FMNP or program) in Rhode Island, and the Vendor specified in Appendix I A 1 (hereinafter Vendor).

The parties also recognize the cooperative relationship among the HEALTH, the Department of Environmental Management (DEM) and the Cooperative Extension Service (CES) for program development, implementation, operation and evaluation.

#### Article 2 - Definition of Vendor

"Vendor" is defined as an association of farmers (farmers' market) or authorized market agent, and/or the owner/manager thereof. The Vendor must meet the requirements stated in the Rhode Island Department of Health WIC and FMNP Programs Plan of Operation and Administration and State Operations Manual.

#### Article 3 - Period of Performance

- (a) This Agreement shall be effective on the date as specified in Appendix I A 3 and unless renewed, or extended by the HEALTH, shall expire on the termination date as specified in Appendix I A 3. It is understood and agreed by and between the parties that this Agreement covers participation by the Vendor for the period specified in Appendix I A 3.
- (b) Neither the HEALTH nor the Vendor has an obligation to renew this Agreement. Renewal may particularly be withheld when the Vendor has failed to comply with the terms of this Agreement or with FMNP 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.

#### 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 the HEALTH and DEM.



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.

The Vendor agrees to adhere to such requirements or obligations as may subsequently be imposed by statute or regulation or by the appropriate State or Federal authority.

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 any FMNP Farmer Stamp assigned to any farmer authorized to participate at the location(s) stated in this Agreement is applicable solely to the location(s) and owner stated in this Agreement. This Agreement is nontransferable. This Agreement is null and void if the ownership or control of the farmer's market operating at the covered location(s) changes or the Vendor ceases operations at the stated location(s). The Vendor shall notify the HEALTH in advance in writing, and return all Farmer Stamp(s) assigned to farmer(s) participating at the location(s) stated in this Agreement, in the event of any such change. In the event of change of location, this Agreement shall be null and void, unless it is amended by mutual written consent. The Vendor agrees not to accept or permit acceptance of FMNP checks at any location other than those specified in this Agreement for processing as checks accepted at the covered location(s). The Vendor shall also notify the HEALTH in writing of any change in the business name. The Vendor agrees to ensure that farmers at the covered location(s) only affix the FMNP stamp assigned to a given location to FMNP checks accepted at that location.

#### Article 6 - Termination of Agreement

- (a) This Agreement may be terminated without cause upon thirty (30) days written notice by either party. 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 setoff until such time as the exact amount of damages due to HEALTH from the Vendor is determined. 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 which may arise under this Agreement.

- (b) The Vendor agrees that continued participation in the FMNP Program is dependent upon the Vendor's active marketing of locally grown fresh fruits and vegetables and redemption of FMNP checks by farmers selling at the covered location(s). In the event that such marketing or redemption 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 FMNP Program.
- (c) Notwithstanding provisions of this Agreement which require 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.
- (d) With the exception of the above provision for immediate termination, either the HEALTH or the Vendor may terminate this Agreement for cause after providing 15 days advance written notice.
- (e) 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 high risk of vendor noncompliance by affiliated markets or market stands or market stands with substantial shared ownership (more than ten percent interest by any shared owner, or partner or shared management) may jeopardize the participation of other markets or market stands with the same owner(s), operator(s) or manager(s). Such violations shall be grounds for termination of the Agreement(s) or denial of participation of such other market(s).

#### 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, committed by Vendor or by farmers operating at the market(s), in accordance with the procedures set forth in Federal regulations and/or State procedures.

In the event that the Vendor is sanctioned for abuse or violations, the HEALTH will notify USDA of such sanction.

#### Article 8 - Vendor Integrity

Any disqualification, sentence, civil money penalty or sanction existing or imposed on the Vendor



for the violation of the rules of any other USDA program will be grounds for appropriate sanction. Disqualification, removal or deletion from any USDA program, shall be grounds for termination of this Agreement. In the event Vendor receives a civil money penalty in lieu of disqualification; 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 the health, safety or welfare of any FMNP enrollee, the Vendor shall be disqualified from FMNP 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 the health, safety or welfare of any FMNP enrollee (e.g. Sale of alcoholic beverages in exchange for FMNP or 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 FMNP Program or HEALTH or DEM 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 the HEALTH. The Vendor shall notify HEALTH if any officer, owner, partner or manager, or the business, or any farmer participating at the covered location(s) 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 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. An 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.

#### Article 10 - FMNP Checks



Vendor may not accept, process or deposit any FMNP check(s) except as provided for under a separate Farmer Participation Agreement with the HEALTH. The Vendor agrees not to otherwise sell or transfer said checks.

HEALTH, however, reserves the right to direct the Vendor orally or in writing, by any HEALTH or DEM Program employee or agent, to surrender any FMNP checks in the Vendor's possession or control directly to HEALTH or such employee or agent 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.

#### 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 - FMNP Farmer Stamp

- (a) HEALTH shall furnish each authorized farmer at the covered location(s) with one (1) FMNP Farmer Stamp for each authorized location which shall contain the assigned market/farmer number and shall be used by said farmer(s) to validate FMNP Checks only from the farmer and location the stamp is assigned to. The FMNP Farmer Stamp shall remain the property of HEALTH.
- (b) HEALTH agrees to notify its bank that the farmer ('s/s') assigned number is valid in order that checks submitted by the farmer may be processed for payment. The Vendor agrees to ensure the use of any FMNP Farmer Stamp only for checks accepted by covered farmers during the period of performance stipulated in Appendix I A 3.
- (c) The Vendor agrees to ensure that farmers at the covered location(s) use the FMNP Farmer Stamp in compliance with relevant provisions of this Agreement. No use of any stamp other than that referred to herein will be permitted.

The Vendor agrees to notify HEALTH immediately if any stamp is lost or stolen.



- (d) The Vendor agrees to surrender any FMNP Farmer Stamp to HEALTH on demand, and shall deliver or arrange for delivery of the stamp to the HEALTH office, at the Vendor's expense, in accordance with the instructions of HEALTH. Notwithstanding any other provisions of this Agreement, refusal to surrender the FMNP Farmer Stamp will be grounds for immediate termination of this Agreement. The Vendor also agrees to so surrender all stamps assigned to this location upon termination of this Agreement, as instructed by HEALTH.
- (e) Any duplication, sale, transfer or allowed use of the FMNP Farmer Stamp, or its assigned number, or any facsimile thereof by any party other than the market and farmer to whom the stamp and number are assigned shall be grounds for immediate termination of this Agreement.
- (f) The Vendor agrees that any use of any stamp or it's assigned number to process checks accepted at any location other than the Vendor location as specified in Appendix I A I shall be grounds for immediate termination of this Agreement.

#### 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 FMNP 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 FMNP Program, in whose service area the Vendor is located.

#### 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 relating to equal employment opportunities; State Executive Order No. 19, dated 15 December 1977; and State Executive Order No. 80-9, dated 24 March 1980; and the WIC and FMNP 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.

#### 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.

#### 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 III

### Work Program Specifications

#### A. Functions and Responsibilities of the Vendor

##### Article 1 - Marketing Requirements

- (a) HEALTH reserves the right for itself or DEM to review the inventory, marketing and pricing of FMNP foods stocked or for sale or sold by any authorized or applicant farmer at the covered location(s) to determine 1) the Vendor's and/or farmer ('s/s') eligibility to participate in the FMNP Program and to enter into this Agreement or a Farmer Participation Agreement and 2) the continued participation of the Vendor or farmer in the FMNP Program.
- (b) The Vendor agrees that authorized farmers will provide the required FMNP foods as stipulated in Federal and State regulations and directives and maintain the inventory and marketing of FMNP foods for purchase by recipients in accordance with the most current FMNP inventory and marketing requirements in effect.

##### Article 2 - Training and Vendor Responsibility for Employees

- (a) The Vendor agrees that the Vendor, Vendor employees, staff and/or an authorized representative approved by the HEALTH, shall participate in FMNP training programs, as directed by HEALTH. A Vendor designated by HEALTH as either high volume or high risk shall participate in additional training programs. Failure to participate in such training shall be grounds for termination of this Agreement.
- (b) The Vendor shall inform, train and monitor Vendor staff and authorized and applicant farmers on Program requirements and the Vendor shall be accountable for actions of any persons engaged in the redemption and processing of FMNP checks or provision of FMNP foods related to the covered location(s).
- (c) The Vendor shall designate a person on site at all times to cooperate, provide information, records, and FMNP checks and to participate in market monitoring related on site training.

##### Article 3 - Check Redemption Terms

The Vendor agrees that farmers conducting operations at the covered location(s) shall redeem and process FMNP checks only in accordance with the following terms:

- (a) The farmer shall not give change, cash or credit or rain check type privilege for FMNP



checks; nor shall the farmer exchange for cash or credit or rain check type privilege any items purchased with FMNP checks.

- (b) FMNP checks may not be accepted before the first day to use date printed on the face of the check. FMNP 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 thirty (30) days from the date the check is received by the Vendor.

- (c) The farmer must honor any FMNP check for the value specified. The farmer may not provide less food than the value specified.
- (d) All recipients and authorized shoppers must be required to present a valid current WIC identification card or check folder. The farmer must only accept a FMNP check from the named recipient (payee) or alternate shopper as listed on the WIC identification card or check folder.
- (e) The farmer must not accept checks which have been signed before the presentation to the farmer, nor to alter a check in any way.
- (f) The recipient or alternate shopper shall be required to sign the FMNP Check in the presence of the farmer or the farmer's employee or agent and the farmer shall verify the validity of the signature.
- (g) FMNP Allowed Foods may only be exchanged for at least the same quantity of FMNP foods (ex., spoiled product). If it is the policy of the farmer to require a receipt for exchange of any purchases from the farmer, the farmer agrees to give the FMNP recipient a register receipt or other receipt on which food items purchased with FMNP 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 FMNP transactions are not accepted for return for cash, credit or other merchandise.

- (h) The farmer shall enter the FMNP authorization stamp in the block provided on the face of each FMNP Check before depositing checks for payment. The entry shall be legible in the judgement of the FMNP/WIC checking account bank.
- (i) The farmer shall not accept any FMNP Checks during any period of suspension or disqualification and/or after termination of this Agreement. HEALTH may refuse to honor or reimburse any FMNP Check accepted during any such period.



- (j) The Vendor understands and agrees that, in the event of the Vendor's suspension, disqualification or termination from the FMNP 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 FMNP Program, HEALTH may require the Vendor's authorized farmer(s) to deposit any and all FMNP Checks in the farmer ('s/s') possession for payment within a five (5) day period. HEALTH shall give written notification of such requirement to the Vendor and farmers).
- (k) The farmer 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.
  - (l) The Vendor and farmer shall notify HEALTH of any irregularities in the use of FMNP checks by recipients.

#### Article 4 - Fiscal Terms

- (a) The farmer shall charge only for FMNP Foods received by the recipient.
- (b) The farmer shall not seek restitution from participants for FMNP food instruments not paid by the Rhode Island Department of Health or its fiscal contracted bank of issuance.
- (c) The farmer shall provide FMNP foods at the current price or at less than the current price charged to other customers. The farmer further agrees not to charge more than the "shelf" or "sale" price for the FMNP foods, whichever is less.
- (d) The farmer's charges for FMNP foods shall not be excessive, as compared with those charged by all other Rhode Island FMNP farmers.
- (e) The farmer 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. The HEALTH may deny payment to the farmer for improper food instruments or may demand refunds for payments already made on improper food instruments or may offset future payments to the farmer for the amount of the claim. The farmer shall submit any FMNP checks requested by the HEALTH for prepayment review or adjustment for purposes of such offset.
- (f) The farmer shall reimburse the HEALTH for all bank fees and charges and such other reasonable costs incurred by HEALTH stemming from improper check redemption and/or deposit practice.
- (g) The farmer shall not knowingly accept or process a FMNP check from any party other than



an authorized FMNP payee or alternate shopper entitled to the check, and who presents the check at a location specified in Appendix I A.

- (h) The retail price charged to the general public and any lower price charged the FMNP Program must be displayed on each item or in a location in clear view of customers.
- (i) The farmer shall not charge sales tax on FMNP check purchases.

#### Article 5 - General Provisions

- (a) The Vendor shall maintain full and complete records related to the vendor's participation in the FMNP Program. Such records shall include, but are not limited to, price, inventory, delivery, cost or payment related records for FMNP allowed foods 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 FMNP 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, DEM and Program officials access to any and all records described above. Inventory invoices must be maintained for all FMNP food purchases of FMNP foods not produced or grown by the authorized farmer(s) and include at a minimum the date of purchase, the seller, the farmer who made the purchase, the quantity and type of FMNP food purchased, and unit price.
- (c) The Vendor must make available to the FMNP Program any FMNP checks in its possession or control, and any information related thereto or authorizes any bank in which the Vendor has deposited them to provide inspection and/or copying thereof.
- (d) The Vendor and farmer shall offer FMNP participants the same courtesies as offered to other customers.

#### Article 6 - Inspection

- (a) The Vendor agrees to cooperate with Program officials in all matters related to monitoring the Vendor's or farmer ('s/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 HEALTH personnel, its designate(s), DEM personnel and Federal officials and to provide access to any information, FMNP checks and records related to the vendor's participation in the FMNP Program and to permit the copying of any such records.



- (c) Neither the Vendor nor any employee, staff or agent shall misrepresent, falsify, or withhold any information, FMNP checks or records needed by the HEALTH or DEM to assess, review, or monitor the Vendor's or farmer ('s/s') participation or operations with respect to the FMNP Program.

#### Article 7 - Provisions for Farmers' Market

If the Vendor is a farmers' market organization the Vendor also agrees that the following provisions will apply, in addition to all other provisions of this Agreement:

- (a) To establish, and enforce a market/grower certification program to be implemented at all participating WIC farmers' markets according to procedures established by the HEALTH.
- (b) Provide the State agency with a regularly updated list of all farmers at the authorized market who accept FMNP coupons in exchange for their produce, and their effective dates of participation.
- (c) To collect and return all previous year's certification stamps to the HEALTH.
- (d) To accept and comply with project procedures established by the HEALTH and provide training to participating farm producers and their employees on such procedures.
- (e) To provide each certified farmer with a HEALTH issued certification I.D. card and number and endorsement stamp and FMNP Farmer Participation Agreement.
- (f) Vendor agrees to inform the Department of Environmental Management (DEM) no later than December 31, of each of the types of raw fruits and vegetables predominantly selected by FMNP recipients; any change in the amount (or volume) of food purchased at the farmers' market(s) covered by this Agreement after the establishment of the FMNP; any change in the number of farmers participating in the farmers' market after the establishment of the FMNP; and assessment of the level of satisfaction with Program operations; and any recommendations for improvement, expansion and/or modifications.

#### B. Functions and Responsibilities of HEALTH

##### Article 1 - Policy

HEALTH shall provide Vendors with information pertaining to farmer related requirements, responsibilities, policies, procedures, and changes thereof.



### Article 2 - Technical Assistance

HEALTH or DEM shall, at its option, or upon request of the Vendor as determined appropriate by HEALTH or DEM, send HEALTH or DEM staff to provide technical assistance to the Vendor or farmer ('s/s').

### Article 3 - Fiscal Responsibility

HEALTH shall ensure that FMNP checks, properly completed by the farmer, will be processed for payment through the banking system; HEALTH shall validate the farmer's assigned number and FMNP Farmer 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 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.

Rhode Island Department of Health & Rhode Island Department of Environmental Management  
 Rhode Island Farmer's Market Nutrition Program  
**Farmer Participation Agreement**

I am a bona fide farmer who grows, harvests and markets fresh fruits and/or vegetables at the farmers market listed below. I understand the purposes of the Rhode Island Farmers Market Nutrition Program (FMNP) and wish to participate under the auspices of the farmers market sponsor which has contracted with the Department of Health to administer the program.

I have received and read the Farmers Market Nutrition Program "Guidelines and Procedures for FMNP Farmers" and agree to comply with program rules. I agree to be monitored by the market sponsor and the State of Rhode Island for my compliance. I agree to provide the market sponsor with evidence of my status as a bona fide farmer, such as a signed crop plan listing the fruits and vegetables I intend to grow and sell in exchange for Farmers Market Checks. I authorize the market sponsor and the State of Rhode Island to verify my bona fide status and/or crop plan by visiting my farm if needed.

I understand that violation of the Rules and Procedures for Farmers including (1) acceptance of FMNP Checks for any products other than locally grown fresh fruits and vegetables (and cooking herbs), (2) returning cash change in FMNP check transactions, (3) redeeming FMNP checks on behalf of unauthorized farmers or vendors, or (4) discriminating against FMNP check customers in price, quality, or service, constitutes grounds for termination of my participation in the program.

1) Name \_\_\_\_\_ 2) Farm name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City / Town \_\_\_\_\_ ZIP \_\_\_\_\_

Farm Address \_\_\_\_\_ City / Town \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ email address \_\_\_\_\_

State Sales Tax # \_\_\_\_\_ FEIN or SSN \_\_\_\_\_

Acres on your farm \_\_\_\_\_ Acres Leased \_\_\_\_\_ Required to process application  
 Total Acres Cultivated \_\_\_\_\_

Land Leased Form (Owner's Name & Address) \_\_\_\_\_  
 (Attached lease agreement – required)

\*\*\*\*\*

Name of Farmers Market that you are applying for \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Farmer's signature

Approved and Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Market Master signature

\*\*\*\*\*

RI Department of Health -WIC FMNP Program  
 Approved and Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Market Sponsor/Manager Signature: \_\_\_\_\_ Stamp Number Issued \_\_\_\_\_  
 Rev3/2006 FMNP-8 A Agreement

**Original to State FMNP**

**Copy to Market Master**

**Copy to Farmer**

Guidelines and Procedures for FMNP Sponsors  
RI Farmer's Market Nutrition Program

A: To be eligible to participate, a farmer's market must:

*Revised 11-03*

1. *Be comprised of bona fide Rhode Island farmers, who individually sell fresh fruits and vegetables produced by themselves directly to consumers. Farmers from adjacent states (if in accordance with the by laws of the market) may be considered a bona fide FMNP farmer under the following circumstances:*
  - a. *If the market sites does not consistently have two or more Rhode Island FMNP authorized farmers in attendance with sufficient produce to meet demand, or*
  - b. *If the market sites serve a border community that straddles state lines (RI/CT or RI/MA), and there is reciprocal authorization for RI farmers to accept the neighboring state's FMNP food instruments at that site.*
2. Be located in a community with a WIC nutrition site and be easily accessible by WIC program participants.
3. Have a formal or informal organizational structure, including a name, sponsor, and designated manager. The sponsor may be an unincorporated association, a not-for-profit corporation, a cooperative cooperation, a private cooperation, or a private individual.
4. Have a current set of printed rules and regulations which include, at a minimum, standards for farmer/vendor participation, conduct, and sale of eligible products, and provide for sanctions for violations of the standards by participants.
5. Have a fixed schedule of days and hours of operation with a minimum of one day per week and three hours per day for a minimum of three months during the local growing season.
6. Have a fixed site that will available for the period of the market operations during the local growing season.
7. Have the capacity to supply a sufficient volume and variety of high-quality fresh fruits and vegetables to meet the needs of FMNP participants.
8. Have a minimum of 75% of the eligible farmers at the market willing to participate in the program.

9. Have the ability to obtain verification of the status of a participating farmer as a bona fide producer of agricultural products.
10. Sign a market contract with the Rhode Island Department of Health to administer the program in accordance with program guidelines for markets and farmers.

B: The Sponsor of a farmers market selected to participate in the WIC Farmers Market Nutrition Program (FMNP) must:

1. Sign an agreement with the Department of Health to administer the program at specified farmers markets. All copies of the Agreement must be signed and returned.
2. Identify farmers eligible to participate in the program.
  - a. *Eligible farmers are bona fide Rhode Island framers, who individually sell fresh fruit, vegetables and fresh cooking herbs at the farmers market. Farmers from adjacent states (if in accordance wit the by laws of the market) many be considered a bona fide FMNP farmer under the following circumstances:*
    - i. *If the market sites do not consistently have two or more Rhode Island FMNP authorized farmers in attendance with sufficient produce to meet demand, or*
    - ii. *If the market sites serve a bonder community that straddles state lines (RI/CT or RI/MA), and there is reciprocal authorization for RI farmers to accept neighboring state’s FMNP food instruments at that site.*
  - b. *Farmers should provide documentation verifying their bona fide producer status, such as a signed “crop plan” listing crops intended to be grown and sold at the market.*
  - c. *If market rules permit a farmer to purchase locally grown produce for resale to supplement what he/she grows or intends to grown, such a farmer will be considered a bona fide farmer and eligible for FMNP authorization only if he/she grows or intends to grow at least 10% (by volume) of the produce offered for sale at any time.*
3. Provide eligible farmers with program information and material supplied by the Department, including the Rules and Procedures for Farmers, and the Farmer Participation Agreement form.
4. Authorize eligible farmers for the program by obtaining and forwarding signed Farmer Participation Agreements from each eligible farmer wishing to participate in the program. Signed agreements must be obtained and copes forward to the Department before farmers can accept coupons and redeemed by the market sponsor.

5. Explain to authorized farmers the importance of compliance with program Rules and Procedures for Farmers, including the requirements that farmers:
- a. Accept “farm fresh” FMNP checks **ONLY** for the purchase of locally grown fresh fruits, farm fresh vegetables (including non-painted pumpkins), and fresh cooking herbs. (Checks many **NOT** be accepted for eggs, cheese, preserves, honey, maple syrup, baked goods, plants, flowers, gourds, painted pumpkins, or other products).

*Revised 12/03*

*“Local grown” means fresh fruits and vegetables, grown on RI farms. Fresh fruits and vegetables from adjacent states (if in accordance with the by laws of the market) may be considered “locally grown” if sold by a farmer from an adjacent state under the following circumstances:*

- i. If the market site does not consistently have two or more Rhode Island FMNP authorized farmers in attendance with sufficient produce to meet demand, or*
  - ii. If the market sites serve a border community that straddles state lines (RI/CT or RI/MA), and there is reciprocal authorization for RI farmers to accept the neighboring state’s FMNP food instruments at that site.*
- b. Accept checks only at authorized farmers markets at which they have signed a Farmer Participation Agreement.
  - c. **NOT** issue cash change to check recipients for purchases made exclusively with checks. If the amount of a purchase made with checks is less than \$5.00 or a multiple of \$5.00, a farmer must add additional eligible products of the customer’s choice to make up the difference.
  - d. Accept only checks from the check recipients only on or after “First Day To Use” printed on the check and on or before the printed “Last Day to Use”.
  - e. Post “We Accept WIC Farmers’ Market Checks” signs provided by the Department (or reproductions) at all times during market operations.
  - f. Cancel each check on the front right side with the assigned numbered FMNP Cancellation Stamp.
  - g. Ensure that all checks are redeemed by November 30<sup>th</sup> of the current year.



11. If the market includes non-farmer vendors or farmers selling exclusively ineligible products who have not been authorized to accept farmer's market checks ensure that these vendors and/or farmers DO NOT accept checks by:
  - a. Informing unauthorized non-farmer vendors and/or farmers that acceptance of checks will be grounds for suspension or termination from the market, and could subject them to prosecution under applicable federal, state or local laws.
  - b. Informing unauthorized non-farmer vendors and/or farmers that they will be monitored by the sponsor and the Department for compliance with this policy. The monitoring will include compliance purchases.
12. If improper check acceptance is observed or suspected, a report is to be filed immediately to the Department by means of the toll-free hotline 222-4630 and assist the Department in any investigation.
13. If an authorized farmer has been identified as selling ineligible products, returning cash change for checks, redeeming checks from unauthorized farmers or non-farmer vendors, or discriminating against check recipients he/she will be notified in writing by the Department that a violation of program rules has been recorded and will be required to provide an explanation by a specified date. A copy of the letter will be sent to the market sponsor. Upon its receipt the market must inform the farmer orally or in writing that the market is aware of the violations and could result in termination from the program and the market.
14. If an authorized farmer is identified to have committed a second violation or a decision is made to terminate a farmer's participation in the program for the first violation, at the Department's direction the market sponsor is to inform the farmer that no checks other than those already collected may be redeemed. The Department will inform the farmer of this in writing and require that the farmer return his/her check cancellation stamps and "We Accept WIC Farmers' Market Checks" signs to the market sponsor.
15. If an unauthorized farmer or non-farmer vendor is found to be accepting checks he/she will be notified of this in writing by the Department. A copy of the letter will be sent to the market sponsor. The market sponsor is to then notify the unauthorized farmer or vendor that further acceptance of checks will be grounds for suspension or termination of their participation in the market under the markets own rules and regulations. If further checks acceptance occurs, the Department will expect the market sponsor to sanction the farmer or vendor through suspension or termination of participation in the market or by alternative means.
16. Immediate suspension or termination from the program may occur if:
  - (1) A farmer does not respond to the first or second violation notice by the specified date;

- (2) A farmer does not attend a required meeting;
- (3) A farmer is found to be cashing (i.e. trafficking in) checks obtained from unauthorized sources;
- (4) A farmer is found to be discriminating against check recipients in price, quality, or service. Farmers terminated from the program may be ineligible to participate in future years.

17. If a market is unable to perform any of the actions required under these guidelines or the Market Agreement the market must immediately inform the Department in writing.

If a market is scheduled to close prior to October 31, the market sponsor must inform the Department and clearly post the closing date at the market site at least two weeks in advance.

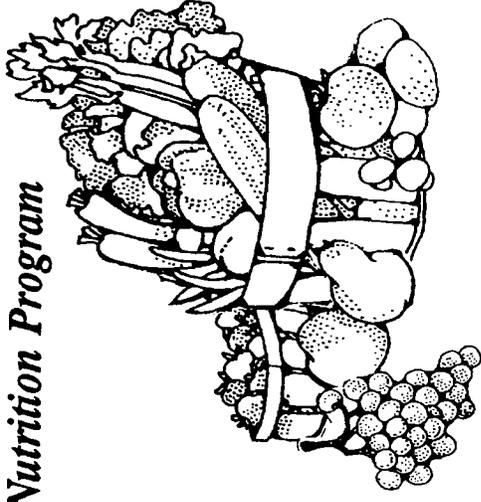
18. Market sponsors must:

- a. Accommodate additional farmers in the market, in accordance with market rules or practices, if space permits.
- b. Accept training from the Department on the program's purposes, rules and procedures including, if possible, in attendance at a program workshop.
- c. Provide information on the market to Departments of Health (DOH) and/or Environmental Management (DEM) upon request.
- d. Assist DOH and DEM staffs in resolving problems in relation to recipient use of the market and check redemption by farmers.
- e. Assist check recipients, the general public, and the news media in understanding the program, using materials and information provided by the Department.
- f. Refer inquires concerning participation in the program to the WIC Program (toll-free 222-4630) or DEM (toll-free 222-2781).
- g. Assist the Departments in evaluation the program's impact on farmers and check recipients and provide such information as the Departments may require for reports to the USDA Food and Nutrition Service.
- h. Provide participating farmers with information prepared by the Department on authorization to accept USDA food stamps.

19. Any questions, problems, or complaints regarding the check program should be communicated to the Department via the FMNP Coordinator at 222-4630 or DEM at 222-2781.

20. Market sponsors must provide suitable space in the market for nutrition education exhibits and demonstrations for check recipients by URI Cooperative Extension regarding the benefits of shopping at farmers markets and the selection and use of fresh fruits and vegetables. Where requested, market sponsors must also assist RUI Cooperative Extension staff in soliciting farmer interest in service as a nutrition education volunteer and in soliciting small donations of fresh produce from authorized farmers for use in the nutrition education exhibits and demonstrations.

***Farmers' Market  
Nutrition Program***



***Rhode Island  
WIC  
Program***



**Guidelines and Procedures for FMNP Farmers**  
FMNP 11 rev. 2/21/08

RI Department of Health  
WIC Program

RI Department of Environmental Management  
Division of Agriculture and Marketing

## How a Farmer Becomes Eligible to Participate in the FMNP

Bona Fide FMNP eligible farmers are:

- Farmers who are members of a farmer's market organization that has been authorized as an FMNP sponsor.

Revised 12 / 03

- Bona fide Rhode Island farmers, who individually sell FMNP eligible fresh fruit, vegetables and fresh cooking herbs at the farmers market. Farmers from adjacent states (if in accordance with the by laws of the market) may be considered a bona fide FMNP farmer under the following circumstances:

Note: If the market sites does not consistently have two or more Rhode Island FMNP authorized farmers in attendance with sufficient produce to meet demand, or

If the market sites serve a border community that straddles state lines (RI/ CT or RI/ MA), and there is reciprocal authorization for RI farmers to accept the neighboring state's FMNP food instruments at that site.

- If market rules permit a farmer to purchase locally grown produce for resale to supplement what he/she grows or intends to grow, such a farmer will be considered a bona fide farmer and eligible for FMNP authorization only if he/she grows or intends to grow at least 10% ( by volume) of the produce offered for sale at any time.

## For Problems, Questions or Suggestions

Any problems, questions or suggestions that you may have regarding the market should be directed to your market manager or the Department of Agriculture at 222-2781. All Senior Farmers' Market Nutrition Program should be directed to DEM also.

Any questions regarding the **WIC Farmer's Market Nutrition Program** should be directed to the FMNP Coordinator at **222-4630**.

"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, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. If because of sex or handicap, contact the State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908."

**Checks without amounts, dates and signatures will be returned to you from the bank and fees will apply. No refunds of fees will be issued. Don't accept the check if it was previously signed.**

**Checks May be used Until October 31**

Farmer's Market Nutrition Program checks may be accepted between June 1 and October 31. Do not accept checks before June 1 or after October 31.

**Sell Only Authorized Fruits and Vegetables**

The WIC Program participants have been provided with a list of the authorized fruits and vegetables that may be purchased with Farmer's Market Nutrition Program checks. Sell only authorized products grown in Rhode Island and adjacent states.

**Do Not Charge Higher Prices**

Offer WIC participant the same courtesies offered other customers. Do not charge them higher prices for your fruits and vegetables than you charge other customers. It is your option, however, to charge a lower price.

**Amount of Purchase**

Each check is worth \$5.00.

**Do Not Give Change** if the purchase is less than \$5.00.

Hint: If the purchase is less than \$5.00, for example \$4.50, add extra fruit or vegetable to make the purchase an even \$5.00.

**Deposit Checks at Your Bank As Soon As Possible**

Helps us keep track of money spent. Deposit your checks as soon as possible. Farmer's Market Nutrition Program checks must be deposited before November 30.

**Rules and Procedures of the Program**

**Once authorized as a FMNP Farmer:**

Accept FMNP checks ONLY for the purchase of locally grown fresh fruits, farm fresh vegetables (including non-painted pumpkins), and fresh cooking herbs. See lists on pages 6 and 7.

Accept checks only at authorized farmers markets at which they have included on their signed Farmer Participation Agreement.

DO NOT issue cash change to check recipients for purchases made exclusively with checks. If the amount of a purchase made with checks is less than \$5.00 or a multiple of \$5.00, farmers must add additional eligible products of the customer's choice to make up the difference.

Accept only checks from check recipients only on or after "First Day To Use" printed on the check and on or before the printed "Last Day to Use". Prior to deposit, must write the date the check was accepted at the market on the check in the "Date Used" box.

Post "We Accept WIC Farmers Market Checks" signs provided by the Department (or reproductions) at all times during market operations.

Cancel each check on the front right side with the assigned numbered FMNP Cancellation Stamp prior to deposit or checks will be rejected.

Ensure that all checks are deposited by November 30, or the checks will be rejected by the bank and returned check fees will apply.

Do not discriminate against check recipients in price, quality, or service. Sell eligible products to check recipients at no more than the current price charged to other customers and offer check recipients the same courtesies as other customers.

Do not charge sales tax to check recipients in check transactions.

### Visibly Post Your RI FNMP Sign

Post your sign so WIC participants can easily identify you.

**The participants will present their checks to you after they select their produce.**



### Visibly Post Your Prices

All produce must be clearly marked with a price. It is at the farmer's choice to post the price per pound or by quantity. The prices may be posted on a board/sign or beside the actual produce item.

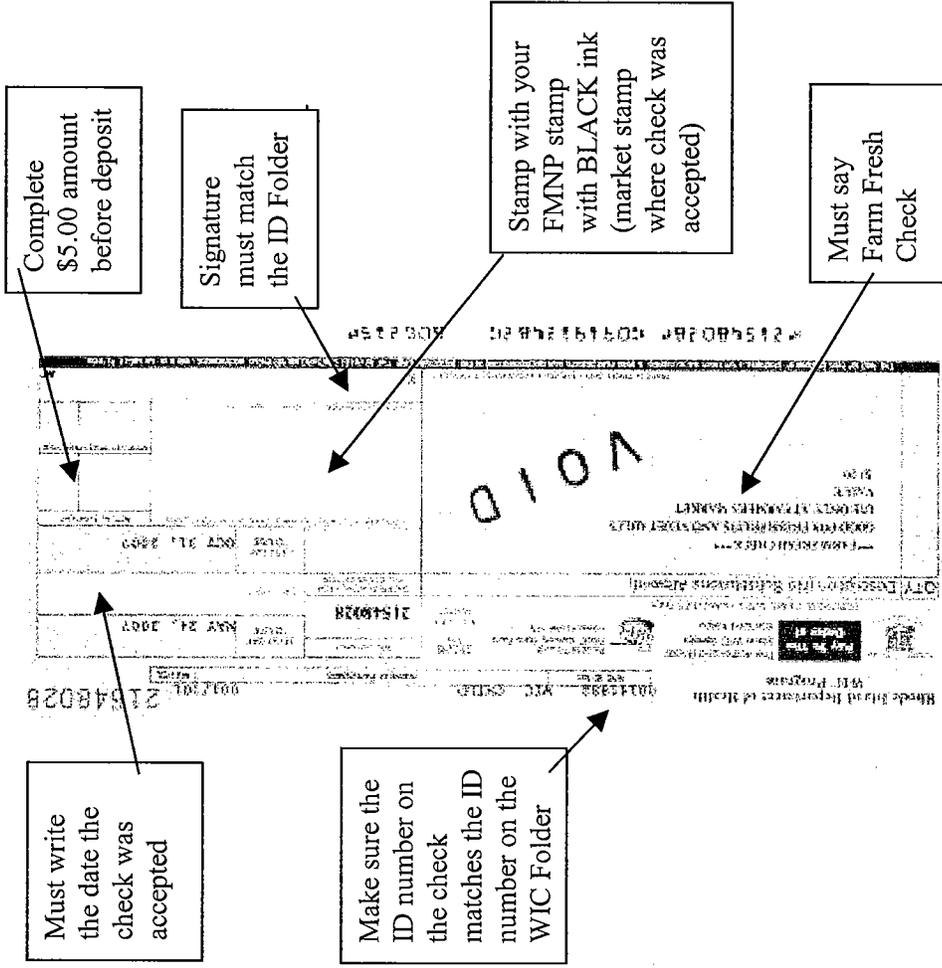
### Program Monitoring

Participating farmers will be monitored by the market and by the State for compliance with the program Rules and Procedures, and that monitoring will include undercover compliance buys conducted by State staff.

Acceptance of checks for ineligible products, returning change to or cashing checks for recipients, redemption of checks on behalf of unauthorized vendors or non-farmer vendors (i.e. trafficking) or discriminating against check recipients in price, quality, or service are grounds for suspension or termination of participation in the check FMNP and the market, and could subject the violator to prosecution under applicable federal, state or local laws.

If improper check acceptance is observed or suspected, report it immediately to the Department by means of the toll-free hotline 401-222-3940 (toll free), and assist the Department in any investigation.

### Watch the Participant Sign the Check after Selecting Produce



### Use your FMNP vendor stamp

Use your FMP stamp containing your identifying vendor number.

Stamp in the lower right hand box on the check using **black ink**.

Only one market stamp will be ordered for each vendor. You can't duplicate it.

You must get a different stamp from each market and use it only for checks at that site.

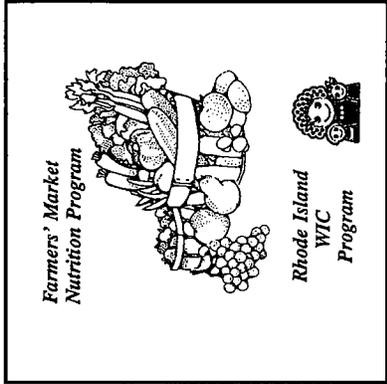
Ask to see the WIC ID Folder after the Shopper Selects Produce

<p><b>Payee</b>          Name: <i>Jane Smith</i>          Signature: <i>Jane Smith</i>          Alternate Shopper Name: _____          Name: _____          Signature: _____</p>	
<p>7 <i>400 07541</i></p>	
<p>3 _____</p>	
<p>4 _____</p>	
<p>5 _____</p>	
<p><i>400 07541</i></p>	
<p>Agency: <i>Chad Brown WIC</i>          Address: <i>285 A Chad Brown St. Providence, RI</i>          Phone: <i>831-0020 x22</i></p>	
<p>Rhode Island Department of Health          Division of Family Health          Office of Women, Infants, and Children Program          Three Capitol Hill, Room 302, Providence, RI 02903          1-800-942-7434</p>	

The shopper's signature on the check must match

Check the participant ID number on the folder

**FMNP Sign to Be Posted at Your Stand**



**We Accept (Acceptamos)  
WIC Farmers Market Checks**

<p>Rhode Island Department of Health          WIC Program          400-07541</p>		<p>Name of Recipient: <i>Jane Smith</i>          WIC ID No.: _____</p>	
<p>Authorized Person: _____          Signature: _____          Date: _____</p>		<p>DATE OF TRANSACTION: _____          TIME: _____          PLACE: _____</p>	
<p>QTY Description (No Substitutions Allowed)</p>		<p>WIC ID No.: <i>WIC 04762</i>          PROPERTY OF STATE OF RI          PENALTY FOR DUPLICATION          \$1000</p>	
<p>***FRESH CEREALS***          ***FRESH FRUITS AND VEGETABLES***          ***ONLY AT FARMERS' MARKETS***</p>		<p>AMOUNT: <i>5.00</i>          DATE: <i>10/31/06</i></p>	
<p>Signature: <i>Jane Smith</i></p>		<p>Agency: _____</p>	

**Sponsored by: State of Rhode Island  
 Food and Nutrition Services / USDA  
 RI Department of Health  
 RI Dept of Environmental Management**

**This institution is an equal opportunity provider 2006**

**List of Allowed Fruits and Vegetables**

“Local grown” means fresh fruits and vegetables, grown on RI farms. Fresh fruits and vegetables from adjacent states (if in accordance with the by laws of the market) may be considered “locally grown” if sold by a farmer from an adjacent state under the following circumstances:

- If the market site does not consistently have two or more Rhode Island FMNP authorized farmers in attendance with sufficient produce to meet demand, or
- If the market sites serve a border community that straddles state lines (RI / CT or RI / MA), and there is reciprocal authorization for RI farmers to accept the neighboring state’s FMNP food instruments at that site.

If you have grown produce that does not appear on the list, or if you have a question as to the eligibility of an item, please call the Department of Agriculture at 222-2781.

<b>Allowed Fresh Vegetables &amp; Fresh Fruit</b>	
Asparagus	Lettuce
Beans	Mushrooms
Beets	Okra
Broccoli	Onions
Brussels Sprouts	Parsnips
Cabbage	Peas
Carrots	Peppers
Cauliflower	Potatoes
Celery	Pumpkins
Collard Greens	Radishes
Corn	Rhubarb
Cucumbers	Rutabaga
Endive	Scallions
Eggplant	Spinach
Garlic	Squash
Green Beans	Swiss Chard
Greens	Tomatoes
Fresh Herbs	Turnips
Kale	Yams
Leeks	Zucchini
	Apples
	Blueberries
	Blackberries
	Cantaloupes
	Cherries
	Cranshaw Melon
	Elderberries
	Gooseberries
	Grapes
	Honeydew Melon
	Mulberries
	Peaches
	Pears
	Plums
	Raspberries
	Strawberries
	Watermelon

**Not Allowed Food Items**

Citrus and tropical fruits cannot be purchased with the Farmer’s Market Nutrition Program checks. These fruits are not grown in Rhode Island and other adjacent states.

<b>Citrus &amp; Tropical Fruits Not Allowed</b>	<b>Other Foods Not Allowed</b>
Banana	Baked goods
Grapefruit	Cheese
Lemons	Cider
Limes	Dried herbs
Mangos	Eggs
Oranges	Flowers
Pineapples	Gourds
Tangerines	Honey
	Jams
	Nuts
	Painted pumpkins
	Milk

## Veggin' Out Schedule

Come watch a cooking demonstration from Johnson & Wales University.  
Free food samples!

Tuesday July 15*	4:00 - 6:00	Woonsocket
Thursday July 17*	3:00 - 5:00	Parade Street
Wednesday July 23*	2:00 - 4:00	Haines Park
Friday July 25*	12:00 - 2:00	Kennedy Plaza
Thursday July 24	11:30 - 1:30	Capitol Hill
Sunday July 27	11:30 - 1:30	Goddard State Park
Friday August 1	11:00 - 1:00	Goddard State Park
Saturday August 2*	10:00 - 12:00	Broad Street
Wednesday August 13*	3:00 - 5:00	Haines Park
Tuesday August 12	2:30 - 4:30	Lincoln
Friday August 22	11:00 - 1:00	Pastore Complex
Thursday August 21*	3:00 - 5:00	Parade Street
Sunday August 24*	1:00 - 3:00	Pawtucket
Thursday August 28	11:30 - 1:30	Capitol Hill
Thursday September 4	11:30 - 1:30	Capitol Hill
Friday September 5	11:00 - 1:00	Pastore Complex

\* WIC staff will be available for assistance.

## Tasty Ways to Use your Fruits & Vegetables

### Five Color Salsa

#### Ingredients

- 1/2c green pepper (1 pepper), chopped
- 1/2c yellow pepper (1 pepper), chopped
- 1/2c tomato (1 medium tomato), chopped
- 1/2c corn
- 1/2 black beans
- 4t minced hot pepper, seeds removed
- 1/4c finely chopped fresh cilantro
- 1T chopped red onion
- Juice of 1 lime
- 1/4t salt

Combine all ingredients in large bowl, stirring well. Serve with grilled chicken, fish or with tortilla chips.



### Salad with Fruit & Nut

#### Dressing Ingredients

- 8oz plain or flavored yogurt
- 1/4c honey or pancake maple syrup
- 1/4c vinegar
- 1/2c olive oil

#### Salad Ingredients

- 3c lettuce or salad greens, bite size pieces
- 3c chopped fruit (such as apples, peaches, oranges, & grapes)
- 1/2c shelled nuts (almonds or walnuts)
- 1/4c raisins

Mix dressing ingredients in a small bowl and set aside. Arrange lettuce on plates and top with fruit, nuts and raisins. Pour dressing over salad. Serve and enjoy.

## WIC

# Farmers' Market Nutrition Program

2008

## Participant Guide

### Use checks

June 1 - October 31 2008

Look for We accept WIC

farmer's market checks.



## How to Use Your Checks from Farmers' Market Nutritional Program (FMNP)

See inside for a list of authorized farmers' markets dates and times.

You will receive (3) \$5.00 checks per eligible participant for the season.

You must present your ID folder and sign each FMNP check at the time of purchase in front of the farmer.

You may only purchase fresh, unprepared, locally grown fruits, vegetables, and fresh cut cooking herbs.

No change will be given. If your purchase is less than \$5.00, the farmer will add fruits or vegetables to make up the difference.

One FMNP check cannot be split between farmers. Use one \$5.00 check for each farmer. If you wish to buy items that cannot be purchased with your FMNP checks, make two separate purchases.

Lost or stolen checks cannot be replaced.

### Items That CANNOT Be Purchased with FMNP Checks

Baked Goods	Bananas
Cheese	Cider
Eggs	Edible Flowers
Potted Flowers	Gourds
Grapefruits	Dried Herbs
Honey	Jams
Lemons	Limes
Mangoes	Milk
Nuts	Oranges
Painted Pumpkins	Pineapples
Plantains	Plants
Potted Herbs	Maple Syrup
Seafood	Tangerines

## Seasonal Fruit and Vegetable Guide

	May	June	July	Aug	Sept	Oct	Nov	Dec
Apples								
Blueberries								
Melons								
Peaches								
Pears								
Raspberries								
Strawberries								
Beans								
Beets								
Broccoli								
Cabbage								
Carrots								
Cauliflower								
Corn								
Cucumbers								
Eggplant								
Lettuce								
Peas								
Peppers								
Potatoes								
Pumpkins								
Rhubarb								
Spinach								
Squash								
Tomatoes								
Turnips								

### Tips for Storage

Refrigerate most fresh fruits and vegetables unless you are going to eat them within a day or two. Store potatoes and onions in a cool, dry, dark place.

Eat fresh fruits and vegetables within 5 days of purchasing. Even in the refrigerator they will spoil.

## Authorized Locations Where WIC Farmers' Market Nutrition Program Checks May Be Used

City/Town	Location	Days/Hours
Bristol	Colt State Park	Fridays: June 6 – October 31 2:00 PM – 6:00 PM
Cranston	Pawtuxet Village, Rhodes on the Pawtuxet parking lot	Saturdays: June 7 – October 25 9:00 AM – 12:00 PM
	Pastore Complex, Department of Labor & Training	Fridays: July 25 - September 26 10:00 AM – 2:00 PM
East Providence	Haines Memorial Park, Rte. 103	Wednesdays: June 4 – October 29 2:00 PM – 6:00 PM
Lincoln	Blackstone River Visitor Center, 295N	Tuesdays: July 15 – October 28 2:00 PM – 6:00 PM
Middletown	909 East Main Road, Rte. 138	Saturdays: June 7 - October 25 9:00 AM - 1:00 PM
Narragansett	Fishermen's Memorial Park, Rte. 108	Sundays: June 1 - October 26 9:00 AM to 1:00 PM
Newport	Memorial Blvd (Between Edgar & Chapel St.)	Wednesdays: June 11 - October 29 2:00 PM – 6:00 PM
Bristol	Coastal Growers Market Casey Farm, 2325 Boston Neck Rd.	Saturdays: June 7 – October 25 9:00 AM – 12:00 PM
North Kingstown	Broadway and Exchange St.	Sundays: June 15 – October 26 12:00 PM – 3:00 PM
Providence	Hope High School, Hope Street	Saturdays: June 7 – October 25 9:30 AM - 12:30 PM
	Parade Street Market (Next to Cranston Street Armory)	Thursdays: June 12 - October 23 4:00 PM – 7:00 PM Closes at dark in late October
Warwick	Goddard State Park	Fridays: June 6 - October 31 9:00 AM - 1:00 PM
Westerly	Westerly Farmers Market 85 Main Street (behind billboard)	Thursdays: June 5 – October 30 11:00 AM – 3:00 PM
Woonsocket	St. Ann's Arts & Cultural Center 84 Cumberland Street	Tuesdays: July 8 - October 28 4:00 PM – 6:00 PM
Scituate	North Scituate Farmers' Market (Route 116, Scituate Village)	Saturdays: June 7 – October 18 9:00 AM – 12:00 PM
South Kingstown	URI- Rte. 138 Keaney Gym lot	Saturdays: June 7 - October 25 8:30 AM - 12:00 PM
Wakefield	Marina Park, (off Route 1)	Tuesdays: June 3 - October 28 2:00 PM – 6:00 PM



For more information on WIC or Farmers' Market call the HEALTH Information Line 1.800.942.7434