



**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 2011

October 1, 2010

**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 2011

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GOVERNOR, STATE OF RHODE ISLAND**

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

PREFACE

ACKNOWLEDGMENTS

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

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CONTENT AND STRUCTURE

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

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

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

This submission is limited to Volume I, Goals and Objectives and planned revisions to Volume II, Procedure Manual, and Volume III Operations Manual.

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

Abridged Manuals

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

LEGAL REQUIREMENTS

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

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

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

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

In January, 2002, the Department of Agriculture published its consolidated final rule, (7, CFR 246) which revised WIC Program regulations by making a number of technical revisions, reorganizing regulations to more clearly identify major program areas, and making substantive revisions to a number of areas affecting program operations. The rule is expected to reduce state and local burdens, streamline program operations and provide state agencies greater administrative discretion. This State Plan is, therefore, also intended to meet the requirements and achieve the objectives of the final rule, and subsequent amendments.

EVALUATION OF ALTERNATIVES.

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

DUPLICATION AND OVERLAP.

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

ECONOMIC IMPACT ON SMALL BUSINESS.

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

AUTHORITY AND SEVERABILITY.

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

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

AMENDMENTS TO THE STATE PLAN

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

THE WIC PROGRAM

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

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

Many pregnant women, infants and young children, from families with inadequate income, are in danger of having poor physical and mental health because they eat poorly and have inadequate health care. WIC is designed to help such pregnant women, infants and young children by directly improving what they eat and the way they eat.

The Program serves eligible participants who meet certain income limitations and show evidence of special nutritional need. The Program provides special supplemental foods; including milk, eggs, juice, cereal, dried beans and peas or peanut butter, and cheese, plus carrots and tuna fish to breast-feeding women, and infant formula; and nutrition education. The Program provides this extra help during critical times of growth and development in order to prevent the occurrence of health problems and improve the health status of participants.

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

Risk Factor Details Guide for Non-breastfeeding Women

NUTRITIONAL RISK FACTORS FOR NON-BREASTFEEDING WOMEN

Click the following link to see more Risk Factor Details Guide information for different participant types:

[Risk Factor Details Guide](#)

CODE

DESCRIPTION

101

Underweight Women

Pre-pregnancy or current Body Mass Index (BMI) < 18.5



NOTE: Until research supports the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification in the Risk Criteria Manual for a more detailed explanation.)

111

Overweight Women

Pre-pregnancy Body Mass Index (BMI) \geq 25



NOTE: Until research supports the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification in the Risk Criteria Manual for a more detailed explanation.)

133

High Maternal Weight Gain

Singleton Pregnancy and most recent pregnancy

Risk Factor Details Guide for Non-breastfeeding Women

only.

Non-Breastfeeding women: total gestational weight gain exceeding the upper limits of the Institute of Medicine's recommended range based on Body Mass Index, as follows:

Pre-pregnancy Weight Groups	Definition (BMI)	Cut-off Value
Underweight	< 18.5	> 40lbs
Normal Weight	18.5 to 24.9	> 35lbs
Overweight	25.0 to 29.9	> 25lbs
Obese	≥ 30.0	> 20lbs



NOTE: Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification in the Risk Criteria Manual for a more detailed explanation.)

201

Low Hematocrit/Low Hemoglobin

Non-Smoking

<11.8/36 hgb/hct 12 to < 15 years of age

<12.0/36 hgb/hct 15 to < 18 years of age

<12.0/36 hgb/hct ≥ 18 years of age

High Risk ≤ 10.0 g/dl hgb - 30% hct (all ages)

Smoking up to < 1 pack per day

<12.1/37 hgb/hct 12 to < 15 years of age

<12.3/37 hgb/hct 15 to < 18 years of age

<12.3/37 hgb/hct ≥ 18 years of age

High Risk ≤ 10.0 g/dl hgb - 30% hct (all ages)

Risk Factor Details Guide for Non-breastfeeding Women

Smoking 1 up to 2 packs per day

<12.3/38 hgb/hct 12 to < 15 years of age

<12.5/38 hgb/hct 15 to < 18 years of age

<12.5/38 hgb/hct ≥ 18 years of age

High Risk ≤ 10.0 g/dl hgb - 30% hct (all ages)

Smoking 2 packs plus per day

<12.5/38 hgb/hct 12 to < 15 years of age

<12.7/38 hgb/hct 15 to < 18 years of age

<12.7/38 hgb/hct ≥ 18 years of age

High Risk ≤ 10.0 g/dl hgb - 30% hct (all ages)

211	Elevated Blood Lead Levels Blood lead level ≥ 10ug/dl within the past 12 months.
303	History of diagnosed gestational diabetes mellitus (GDM) Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
304	History of Preeclampsia History of diagnosed preeclampsia Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
311	History of Preterm Delivery*

Risk Factor Details Guide for Non-breastfeeding Women

Birth of an infant at ≤ 37 weeks gestation.

Applies to most recent pregnancy only.

312 History of Low Birth Weight*

Birth of an infant weighing $\leq 5\text{lb. } 8\text{oz}$ ($\leq 2500\text{grams}$).

Applies to most recent pregnancy only.

321 History of Spontaneous Abortion, Fetal or Neonatal Loss*

Most recent pregnancy only.

Spontaneous Abortion: spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams.

Fetal Death: spontaneous termination of a gestation at ≥ 20 weeks.

Neonatal Death: death of an infant within 0-28 days of life.

331 Pregnancy at a Young Age*

Conception ≤ 17 years of age.

Applies to most recent pregnancy only.

332 Closely Spaced Pregnancies*

Conception before 16 months postpartum.

Applies to most recent pregnancy only.

333 High Parity and Young Age*

Women under age 20 at date of conception who have had 3 or more pregnancies of at least 20 weeks duration, regardless of birth outcome.

Risk Factor Details Guide for Non-breastfeeding Women

Applies to most recent pregnancy only.

- 335 Multifetal Gestation
- More than one fetus in the most recent pregnancy.
- 337 History of a Birth of a Large for Gestational Age Infant~
- Most recent pregnancy, or history of giving birth to an infant weighing ≥ 9 pounds (≥ 4000 g).
- Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.
- 339 History of Birth with Nutrition Related Congenital or Birth Defect~
- A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, or excess vitamin A.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
- 341 Nutrient Deficiency Diseases*~
- Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to the following:
- Protein Energy Malnutrition
 - Scurvy
 - Rickets
 - Beri Beri
 - Hypocalcemia

Risk Factor Details Guide for Non-breastfeeding Women

- Osteomalacia
- Vitamin K Deficiency
- Menkes Disease
- Pellagra
- Cheilosis, and
- Xerophthalmia.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

342 Gastrointestinal Disorders

Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to:

- Peptic ulcer
- Short bowel syndrome
- Inflammatory bowel disease, including ulcerative colitis or Crohn's disease
- Post-bariatric surgery
- Liver disease
- Pancreatitis
- Biliary tract disease
- Gastroesophageal reflux disease (GERD).

Presence of gastrointestinal disorders diagnosed by a physician, as self-reported by applicant/participant/ caregiver, or as reported or documented by a physician, or someone working under physician's orders.

343 Diabetes Mellitus

Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

Risk Factor Details Guide for Non-breastfeeding Women

Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

344 Thyroid Disorders*~

Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

345 Hypertension and Prehypertension

Presence of hypertension or prehypertension diagnosed by physician as self-reported by applicant/participant/ caregiver, or as reported or documented by a physician, or someone working under physician's orders.

346 Renal Disease*~

Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

347 Cancer*~

The current condition, or the treatment for the condition, must be severe enough to affect

Risk Factor Details Guide for Non-breastfeeding Women

nutritional status.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

348

Central Nervous System Disorders*~

Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:

- Epilepsy
- Cerebral palsy (CP)
- Neural tube defects (NTD), such as
 - Spina bifida, or
 - Myelomeningocele
 - Parkinson's disease, and
 - Multiple sclerosis (MS).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

349

Genetic and Congenital Disorders*~

Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:

- Cleft lip or palate
- Down's syndrome
- Thalassemia Major
- Sickle Cell Anemia (not sickle cell trait), and
- Muscular dystrophy (MD).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or

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as reported or documented by a physician, or someone working under physician's orders.

351

Inborn Errors of Metabolism*~

Presence of inborn error(s) of metabolism. Generally refers to gene mutations or gene deletions that alter metabolism on the body, including, but not limited to the following:

- PKU
- Maple Syrup Urine Disease
- Galactosemia
- Hyperlipoproteinemia
- Homocystinuria
- Tyrosinemia
- Histidinemia
- Urea cycle disorders
- Gluteric aciduria
- Methylmalonic acidemia
- Glycogen storage disease
- Galactokinase deficiency
- Fructoaldolase deficiency
- Propionic acidemia
- Hypermethionemia, and
- Medium-chain acyl-CoA dehydrogenase (MCAD).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

352

Infectious Diseases*~

A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:

- Tuberculosis

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- Pneumonia
- Meningitis
- Parasitic infections
- Hepatitis
- Bronchiolitis (3 episodes in last 6 months)
- HIV, or
- AIDS.

The infectious disease must be present within the past 6 months, and presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

353 Food Allergies*~

An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

354 Celiac Disease*~

Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:

- Celiac Sprue
- Gluten Enteropathy, and
- Non-tropical Sprue.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

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- 355 Lactose Intolerance*~
- Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest Lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
- 356 Hypoglycemia*~
- Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.
- 357 Drug-Nutrient Interactions
- Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.
- 358 Eating Disorders*~
- Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat.
- Symptoms are manifested by abnormal eating patterns including, but not limited to:
- Self-induced vomiting

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- Purgative abuse
- Alternating periods of starvation
- Use of drugs, such as:
 - Appetite suppressants
 - Thyroid preparations or diuretics, and
- Self-induced marked weight loss.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

359 Recent Major Surgery, Trauma, Burns*~

Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. If within the past two (≤ 2) months may be self-reported without being reported or documented by a physician. If more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider.

360 Other Medical Conditions*~

Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:

- Juvenile rheumatoid arthritis (JRA)
- Lupus erythematosus
- Cardiorespiratory diseases
- Heart disease
- Cystic fibrosis, or
- Persistent asthma (moderate or severe) requiring daily medication.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or

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someone working under physician's orders.

361

Depression~

Presence of clinical depression diagnosed by physician or psychologist as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

362

Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat*~

Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include, but are not limited to:

- Minimal brain function
- Feeding problems due to developmental disability such as pervasive development disorder (PDD) which includes:
 - Autism
 - Birth injury
 - Head trauma
 - Brain damage, and
- Other disabilities.

363

Pre-Diabetes

Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.

Presence of pre-diabetes diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

372

Alcohol and Illegal Drug Use*

- Routine current use of ≥ 2 drinks/day per day

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(1). A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. Wine; and 1 ½ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs), or

- Binge Drinking, i.e., drinks 5 or more (≥ 5) drinks on same occasion on at least one day in past 30 days; or
- Heavy Drinking i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days; or
- Any illegal drug use.

381 Dental Problems~

Tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality.

401 Failure to Meet USDA/DHHS Dietary Guidelines for Americans

Consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.

427 Inappropriate Nutrition Practices for Women

Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.

427.1 Consuming dietary supplements with potentially harmful consequences

Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:

- Single or multiple vitamins
- Mineral supplements

Risk Factor Details Guide for Non-breastfeeding Women

- Herbal or botanical supplements/remedies/teas

427.2

Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery

- Strict vegan diet
- Low-carbohydrate, high protein diet
- Macrobiotic diet
- Any other diet restricting calories and/or essential nutrients

427.3

Compulsively ingesting non-food items

Non-food items:

- Ashes
- Baking soda
- Burnt matches
- Carpet fibers
- Chalk
- Cigarettes
- Clay
- Dust
- Large quantities of ice and/or freezer frost
- Paint chips
- Soil
- Starch (laundry and cornstarch)

427.4

Inadequate

- Consumption of less than 27 mg of supplemental

Risk Factor Details Guide for Non-breastfeeding Women

vitamin/ mineral supplementation recognized as essential by national public health policy

iron per day by pregnant women

- Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women
- Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women

427.5
Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms

Potentially harmful foods:

- Raw fish or shellfish, including oysters, clams, mussels, and scallops
- Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole
- Raw or undercooked meat or poultry
- Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot
- Refrigerated pâté or meat spreads
- Unpasteurized milk or foods containing Unpasteurized milk
- Soft cheeses such as Brie, feta, Camembert, blue-veined cheeses and Mexican-style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk
- Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as Unpasteurized eggnog
- Raw sprouts (alfalfa, clover, and radish)
- Unpasteurized fruit or vegetable juices

Risk Factor Details Guide for Non-breastfeeding Women

501 Possibility of Regression

A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next Certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Regression may only be used for the Anthropometric, Biochemical and Medical Risk Factors used at the previous Certification. The same regression risk factor may not be used at consecutive Certifications.

502 Transfer of Certification

Person with a current valid VOC Document from another State.

The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.

801 Homelessness

A woman/emancipated minor or child (non-emancipated minor) who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations
- An institution that provides temporary residence for individuals intended to be institutionalized
- Temporary accommodation of not more than 365 days in the residence of another

Risk Factor Details Guide for Non-breastfeeding Women

individual, or

- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

802 Migrancy

A woman/emancipated minor, or child (non-emancipated minor) who is a member of a family which contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

901 Recipient of Abuse

Battering or child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.

- "Battering" generally refers to violent assaults on women.
- Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker (2)."

State law requires the reporting of known or suspected child abuse or neglect.

902 Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

Woman/emancipated minor or child (non-emancipated minor) whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:

Risk Factor Details Guide for Non-breastfeeding Women

- ≤ 17 years of age
- Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);
- Physically disabled to a degree which restricts or limits food preparation abilities, or
- Currently using or having a history of abusing alcohol or other drugs.

903

Foster Care

Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months.

904

Exposure to Environmental Tobacco Smoke (Also known as passive, secondhand smoke, or involuntary smoke). Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.

Rhode Island Department of Health
Organizational Structure



Executive Director
Ana Novais, MA

Division of Community, Family Health & Equity

Interdepartmental Program
Manager
Carol Hall-Walker, MPA

Medical Director
Peter Simon, MD, MPH

Executive Assistant
Elizabeth Castellano

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Vacant

Chief Human Service Business
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ARRA Program Services Officer
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ARRA Fiscal Mgt Officer
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Carrie Bridges, MPH
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Healthy Homes & Environment
Team
Robert Vanderslice, Ph.D.
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Chronic Care & Disease
Management Team
Dona Goldman, RN, MPH
Team Lead

Health Promotion & Wellness
Team
Jan Shedd, EdM
Team Lead

Perinatal & Early Childhood Health
Team
Blythe Berger, ScD
Team Lead

Preventive Services &
Community Practices Team
Patricia Raymond, RN, MPH
Team Lead

Office of Minority Health
and Minority Health
Promotion Program

Office of Special Health
Care Needs

Office of Primary Care &
Rural Health

Office of Women's Health

Healthy Workplaces/
Workpractices

Healthy Housing

Healthy Communities

Diabetes Control Program

Asthma Control Program

Cancer Control Program

Heart Disease and Stroke
Prevention Program

Living Well RI Program

Tobacco Control Program

Initiative for a Healthy
Weight Program

SafeRI/Violence Injury
Prevention Program

WIC Program

Adolescent Health

Newborn & Early Childhood
Screening & Follow-up
Programs

Successful Start
and RI Launch

Office of Immunization

Office of HIV/AIDS & Viral
Hepatitis
Prevention/Ryan White

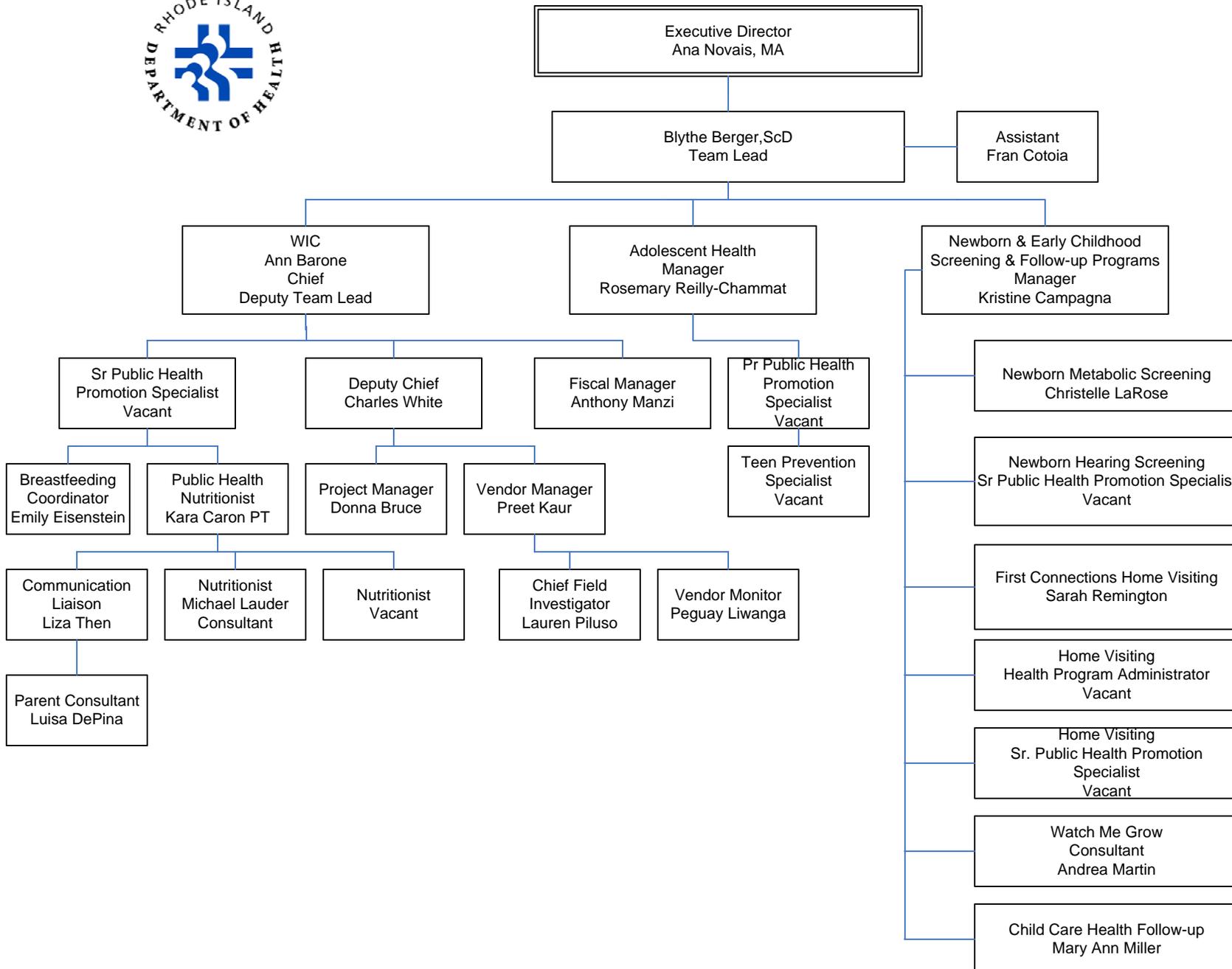
Oral Health Program

Family Planning Program

Rhode Island Department of Health
Organizational Structure



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



Risk Factor Details Guide for Children

NUTRITIONAL RISK FACTORS FOR CHILDREN

Click the following link to see more Risk Factor Details Guide information for different participant types:

[Risk Factor Details Guide](#)

CODE	DESCRIPTION
103	<p>Underweight or at Risk of Becoming Underweight (Infants & Children)*</p> <p><u>Underweight*</u></p> <p>Less than 2 years: Less than or equal to 5th percentile weight-for-length*.</p> <p>2 - 5 years: Less than or equal to 5th percentile Body Mass Index (BMI)-for-age*.</p> <p><u>At Risk of Underweight</u></p> <p>Less than 2 years: 6th through 10th percentile weight-for-length*.</p> <p>2 - 5 years: 6th through 10th percentile Body Mass Index (BMI)-for-age*.</p> <p>*Based on National Center for Health Statistics/Centers for Disease Control and Prevention age/sex specific growth charts (2000).</p>
113	<p>Overweight Children 2-5 years of age*</p> <p>≥ 24 months to 5 years of age and ≥ 95th percentile Body Mass Index (BMI) or ≥ 95th percentile weight-for-stature.</p>

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114 At Risk of Becoming Overweight

Have one or more risk factors for being at-risk of becoming overweight. The risk factors are limited to:

- Being ≥ 24 months of age and $\geq 85^{\text{th}}$ and $<95^{\text{th}}$ percentile Body Mass Index (BMI) or $\geq 85^{\text{th}}$ and $<95^{\text{th}}$ percentile weight-for-stature (WFS) (i.e., standing height).
- Having a biological mother or father who is obese (BMI ≥ 30 ; based on self-reported weight and height or measurements taken by staff at time of certification. If the mother is pregnant or has had a baby within the past 6 months, use her pregravid weight to assess for obesity since her current weight will be influenced by the pregnancy related weight gain.)

NOTE: The first bullet in this definition cannot be used for children 24-36 months with a recumbent length measurement.

121 Short Stature or at Risk of Short Stature*

Short Stature*

Less than 2 years: Less than or equal to 5th percentile length-for-age.

2 - 5 years: Less than or equal to 5th percentile stature-for-age*.

At Risk of Short Stature

Less than 2 years: 6th through 10th percentile length-for-age.

2 - 5 years: 6th through 10th percentile stature-for-age*.

*Based on National Center for Health Statistics/Centers for Disease Control and Prevention age/sex specific growth charts (2000).

Note: For children (with a history of prematurity) up to

2 years of age, assignment of this risk criterion will be based on adjusted gestational age.

134 Failure to Thrive*~

Presence of failure to thrive (FTT) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

135 Inadequate Growth

An inadequate rate of weight gain as defined below.

A. Children 12 months to 59 months of age:

- **Option I:** Based on 2 weights taken at least 3 months apart, the child's actual weight gain is less than the calculated expected weight gain based on the table below. See Attachment 135-A in the Risk Factor Criteria Manual for metric equivalents and for examples.

Age	Average Weight Gain
12-59 mos	2 ½ g/day
	0.6 oz/wk
	0.6 oz/wk
	1 lb/6mos

OR

- **Option II:** A low rate of weight gain over a six (6) month period (+ or - 2 weeks) as defined by the following chart. See Attachment 135-B in the Risk Criteria Manual for guidance on using measurements not taken within a 5-6 month interval.

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Column 1	Column 2
Age in months at End of 6 month Interval	Weight gain per 6 month Interval in pounds
12	≤3
18-60	≤1

141 Low Birth Weight and Very Low Birth Weight*

Low Birth Weight

Birth weight defined as less than or equal to 5 pounds 8 ounces (less than or equal to 2500 g), for infants and children less than 24 months old.

Very Low Birth Weight*

Birth weight defined as less than or equal to 3 pounds 5 ounces (less than or equal to 1500 g), for infants and children less than 24 months old.

142 Prematurity (<24 months of age)

Child less than 24 months old and born at ≤ 37 weeks gestation.

151 Small for Gestational Age (<24 months of age)~

Child less than 24 months old: Presence of small for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

201 Low Hemoglobin or Hematocrit

Child 1 year of age up to 2 years of age:

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< 11.0 g/dl hgb - 32.9% hct

High Risk ≤ 10.0 g/dl hgb - 30% hct

Child 2 years of age up to 5 years of age:

< 11.1 g/dl hgb - 33% hct

High Risk ≤ 10.0 g/dl hgb - 30% hct

211 Elevated Blood Lead Levels*

Blood lead level of ≥ 10 ug/deciliter within the past 12 months.

341 Nutrient Deficiency Diseases*~

Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients.

Diseases include, but are not limited to the following:

- Protein Energy Malnutrition
- Scurvy
- Rickets
- Beri Beri
- Hypocalcemia
- Osteomalacia
- Vitamin K Deficiency
- Menkes Disease
- Xerophthalmia
- Pellagra, and
- Cheilosis.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

342 Gastrointestinal Disorders*~

Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases

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and/or conditions include, but are not limited to:

- Peptic ulcer
- Short bowel syndrome
- Inflammatory bowel disease, including ulcerative colitis or Crohn's disease
- Post-bariatric surgery
- Liver disease
- Pancreatitis
- Biliary tract disease
- Gastroesophageal reflux disease (GERD).

Presence of gastrointestinal disorders diagnosed by a physician, as self-reported by applicant/ participant/ caregiver, or as reported or documented by a physician, or someone working under physician's orders.

343 Diabetes Mellitus

Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

Presence of diabetes mellitus diagnosed by a physician, as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

344 Thyroid Disorders*~

Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

345 Hypertension and Prehypertension

Presence of hypertension or prehypertension

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diagnosed by physician as self-reported by applicant/participant/ caregiver, or as reported or documented by a physician, or someone working under physician's orders.

346 Renal Disease*~

Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

347 Cancer*~

The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

348 Central Nervous System Disorders*~

Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:

- Epilepsy
- Cerebral palsy (CP) and
- Neural tube defects (NTD), such as:
 - Spina bifida, or
 - Myelomeningocele
 - Parkinson's disease, and
 - Multiple sclerosis (MS).

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Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

349 Genetic and Congenital Disorders*~

Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:

- Cleft lip or palate
- Down's syndrome
- Thalassemia Major
- Sickle Cell Anemia (not sickle cell trait), and
- Muscular Dystrophy.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

351 Inborn Errors of Metabolism*~

Presence of inborn error(s) of metabolism. Generally refers to gene mutations or gene deletions that alter metabolism on the body, including, but not limited to the following:

- PKU
- Maple Syrup Urine Disease
- Galactosemia
- Hyperlipoproteinemia
- Homocystinuria
- Tyrosinemia
- Histidinemia
- Urea cycle disorders
- Gluteric aciduria
- Methylmalonic acidemia

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- Glycogen storage disease
- Galactokinase deficiency
- Fructoaldolase deficiency
- Propionic acidemia
- Hypermethionemia, and
- Medium-chain acyl-CoA dehydrogenase (MCAD).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

352

Infectious Diseases*~

A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:

- Tuberculosis
- Pneumonia
- Meningitis
- Parasitic infections
- Hepatitis
- Bronchiolitis (3 episodes in last 6 months)
- HIV, or
- AIDS.

The infectious disease must be present within the past 6 months, and presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

353

Food Allergies*~

An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction.

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Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

354 Celiac Disease*~

Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:

- Celiac Sprue
- Gluten Enteropathy, and
- Non-tropical Sprue.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

355 Lactose Intolerance*~

Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

356 Hypoglycemia*~

Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.

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physician or psychologist as self-reported by applicant/participant/ caregiver, or as reported or documented by a physician, or someone working under physician's orders.

362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat*~

Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs.

Disabilities include but are not limited to:

- Minimal brain function
- Feeding problems due to developmental disability such as pervasive development disorder (PDD) which includes:
 - Autism
 - Birth injury
 - Head trauma
 - Brain damage, and
 - Other disabilities.

381 Dental Problems~

Presence of nursing or baby bottle caries smooth surface decay of the maxillary anterior and the primary molars, tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality.

382 Fetal Alcohol Syndrome*~

Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.

Presence of condition as diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone

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working under physician's orders.

- 401 Failure to Meet USDA/DHHS Dietary Guidelines for Americans (Children \geq 24 months of age)
- Women and children two years of age and older who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on *failure to meet Dietary Guidelines for Americans*. For this criterion, *failure to meet Dietary Guidelines* is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.
- This risk may be assigned only to individuals (2 years and older) for whom a complete nutrition assessment (to include an assessment for RF 425: Inappropriate Nutrition Practices for Children) has been performed and for whom no other risk(s) are identified
- 425 Inappropriate Nutrition Practices for Children
- Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below.
- 425.1 Routinely feeding inappropriate beverages as the primary milk source
- Examples of inappropriate beverages as primary milk source:
- Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk
 - Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions".
- 425.2 Routinely feeding a child any
- Examples of sugar-containing fluids:
- Soda/soft drinks
 - Gelatin water

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sugar-containing fluids

- Corn syrup solutions
- Sweetened tea

425.3
Routinely using nursing bottles, cups, or pacifiers improperly

- Using a bottle to feed fruit juice or diluted cereal or other solid foods
- Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime
- Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier
- Using a bottle for feeding or drinking beyond 14 months of age
- Using a pacifier dipped in sweet agents such as honey, sugar, or syrups
- Allowing a child to carry around and drink throughout the day from a covered or training cup

425.4
Routinely using feeding practices that disregard the developmental needs or stages of the child

- Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods)
- Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking
- Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and try self-feeding with appropriate utensils)
- Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods)

425.5
Feeding foods to a

Examples of potentially harmful foods for a child;

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child that could be contaminated with harmful micro-organisms

- Unpasteurized fruit or vegetable juice
- Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese
- Raw or undercooked meat, fish, poultry, or eggs
- Raw vegetable sprouts (alfalfa, clover, bean, and radish)

Deli meats, hot dogs, and processed meats (avoid unless steaming hot)

425.6
Routinely feeding a diet very low in calories and/or essential nutrients

Examples:

- Vegan diet
- Macrobiotic diet
- Other diets very low in calories and/or essential nutrients

425.7
Feeding dietary supplements with potentially harmful consequences

Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:

- Single or multi-vitamins
- Mineral supplements
- Herbal or botanical supplements/ remedies/ teas

425.8
Routinely not providing dietary supplements recognized as essential by national public health policy when a

- Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride
- Providing children 36-60 months of age less than 0.50 ppm fluoride daily when the water supply contains less than 0.3 ppm fluoride
- Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula

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child's diet
alone cannot
meet nutrient
requirements

425.9
Routine
ingestion of
non-food
items (pica)

Examples of inappropriate nonfood items:

- Ashes
- Carpet fibers
- Cigarettes or cigarette butts
- Clay
- Dust
- Foam rubber
- Paint chips
- Soil
- Starch (laundry and cornstarch)

428

Dietary Risk Associated with Complementary Feeding Practices (Children 12-23 months)

An infant or child who has begun to or is expected to begin to:
1) consume complementary* foods and beverages,
2) eat independently,
3) be weaned from breast milk or infant formula, or
4) transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans*, is at risk of inappropriate complementary feeding.

*Complementary Feeding Practices is defined as gradual introduction of food/beverages to infants and young children

Requires:

- A complete nutrition assessment completed prior to assigning this risk (including for risk #425 *Inappropriate Nutrition Practices for Children*).
- Have **no** other identified risks (including #425). When assigned it may be the only risk assigned.

501

Possibility of Regression

A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next Certification period if the

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competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.

Regression may only be used for the Anthropometric, Biochemical and Medical Risk Factors used at the previous Certification. The same regression risk factor may not be used at consecutive Certifications.

502 Transfer of Certification

Person with a current valid VOC Document from another State.

The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.

801 Homelessness

A child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations
- An institution that provides temporary residence for individuals intended to be institutionalized
- A temporary accommodation of not more than 365 days in the residence of another individual, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

802 Migrancy

A child who is a member of a family which contains at least one individual whose principle employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a

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temporary abode.

901

Recipient of Abuse

Battering or child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.

- "Battering" generally refers to violent physical assaults on women.
- Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker (2)."

State law requires the reporting of known or suspected child abuse or neglect.

902

Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

A child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:

- ≤ 17 years of age
- Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);
- Physically disabled to a degree which restricts or limits food preparation abilities, or
- Currently using or having a history of abusing alcohol or other drugs.

903

Foster Care

Entering the foster care system during the previous six months or moving from one foster care home to

another during the previous six months.

904

Exposure to Environmental Tobacco Smoke
(Also known as passive, secondhand smoke, or involuntary
smoke). Environmental tobacco smoke (ETS) exposure is
defined as exposure to smoke from tobacco products inside the
home.

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NUTRITIONAL RISK FACTORS FOR INFANTS

Click the following link to see more Risk Factor Details Guide information for different participant types:

[Risk Factor Details Guide](#)

CODE	DESCRIPTION
103	<p>Underweight or at Risk of Becoming Underweight (Infants and Children) :</p> <p><u>Underweight*</u></p> <p>Less than or equal to 5th percentile weight-for-length*.</p> <p><u>At Risk of Underweight</u></p> <p>6th through 10th percentile weight-for-length*.</p>
114	<p>At Risk of Becoming Overweight (Infants & Children)</p> <p>Being < 12 months of age and born to a woman who was obese (BMI \geq 30) at the time of conception or at any point in the first trimester of the pregnancy.</p> <p>Biological mother or father who is obese (BMI \geq 30 based on self reported weight and height or measurements taken by staff at the time of certification), If the mother is pregnant or has had a baby within the past 6 months, use her preconception weight to assess for obesity since her current weight will be influenced by pregnancy related weight gain.</p>
121	<p>Short Stature or at Risk of Short Stature*</p> <p><u>Short Stature*</u></p>

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Less than or equal to 5th percentile length-for-age*.

At Risk of Short Stature

6th through 10th percentile length-for-age*.

*Based on National Center for Health Statistics/Centers for Disease Control and Prevention age/sex specific growth charts (2000).

Note: For premature infants (with a history of prematurity), assignment of this risk criterion will be based on adjusted gestational age.

134 Failure to Thrive*~

Presence of failure to thrive (FTT) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

135 Inadequate Growth

An inadequate rate of weight gain as defined below.

A. Infants from birth to 1 month of age:

Excessive weight loss after birth.

Not back to birth weight by 2 weeks of age.

B. Infants from birth to 6 months of age:

Based on 2 weights taken at least 1 month apart, the infant's actual weight gain is less than the calculated expected minimal weight gain based on the table below. See Attachment 135-A in the Risk Criteria Manual for metric equivalents and for examples.

Age	Average Weight Gain
Birth-1 mo	18 g/day 4 ½ oz/wk 19 oz/mo

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1-2mos	25 g/day 6 1/4 oz/wk 27oz/mo
2-3mos	18 g/day 4 1/2 oz/wk 19oz/mo
3-4mos	16 g/day 4 oz /wk 17oz/mo
4-5mos	14 g/day 3 1/2 oz wk 15oz/mo
5-6mos	12 g/day 3 oz/wk 13 oz/mo

C. Infants 6 months to 12 months of age:

- **Option I:** Based on 2 weights taken at least 3 months apart, the infant's actual weight gain is less than the calculated expected weight gain based on the table below. See Attachment 135-A in the Risk Criteria Manual for metric equivalents and for examples.

Age	Average Weight Gain
6-12 mos	9 g/day 2 1/4 oz/wk 9 1/2 oz/mo 3 lbs. 10 oz/6mos

OR

- **Option II:** A low rate of weight gain over a six (6) month period (+ or - 2 weeks) as defined by the following chart. See Attachment 135-B in the Risk Criteria Manual for guidance on using measurements not taken within a 5-6 month interval.

Column 1 Age in months at end of 6 month Interval	Column 2 Weight gain per 6 month interval in pounds
6	≤ 7
9	≤ 5

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Low Birth Weight

Birth weight defined as less than or equal to 5 pounds 8 ounces (less than or equal to 2500 g), for infants and children less than 24 months old.

Very Low Birth Weight*

Birth weight defined as less than or equal to 3 pounds 5 ounces (less than or equal to 1500 g), for infants and children less than 24 months old.

- 142 Prematurity
- Infant born at ≤ 37 weeks gestation; for infants and children less than 24 months old
- 151 Small for Gestational Age~
- Presence of small for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders; for infants and children less than 24 months old.
- 152 Low Head Circumference
- Less than 5th percentile head circumference based on National Center for Health Statistics/Centers for Disease Control and Prevention age/sex specific growth charts (2000).
- 153 Large for Gestational Age~
- Birth weight ≥ 9 pounds (≥ 4000 g) or presence of large for gestational age diagnosed by a physician, as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

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- 201 Low Hematocrit/Low Hemoglobin
< 11.0 g/dl hgb or < 32.9% hct (6 -12 months)
High Risk <= 10.0 g/dl hgb or <= 30% hct
- 211 Elevated Blood Lead Levels*

 Blood lead level of ≥ 10 ug/deciliter within past 12 months.
- 341 Nutrient Deficiency Diseases*~

 Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to the following:
- Protein Energy Malnutrition
 - Scurvy
 - Rickets
 - Beri Beri
 - Hypocalcemia
 - Osteomalacia
 - Vitamin K Deficiency
 - Menkes Disease
 - Xerophthalmia
 - Pellagra, and
 - Cheilosis.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
- 342 Gastro-Intestinal Disorders*~

 Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The

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diseases and/or conditions include, but are not limited:

- Peptic ulcer
- Short bowel syndrome
- Post-bariatric surgery
- Inflammatory bowel disease, including ulcerative colitis or Crohn's disease
- Liver disease
- Pancreatitis
- Biliary tract diseases
- Gastroesophageal reflux disease (GERD).

Presence of gastrointestinal disorders diagnosed by a physician, as self-reported by applicant/ participant/ caregiver; or as reported or documented by a physician, or someone working under physician's orders.

343 Diabetes Mellitus*~

Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/ participant/ caregiver; or as reported or documented by a physician, or someone working under physician's orders.

344 Thyroid Disorders*~

Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

- 345 Hypertension and Prehypertension
- Presence of hypertension or prehypertension diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders.
- 346 Renal Disease*~
- Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
- 347 Cancer*~
- The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
- 348 Central Nervous System Disorders*~
- Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:
- Epilepsy
 - Cerebral palsy (CP) and
 - Neural tube defects (NTD), such as:
 - Spina bifida, or
 - Myelomeningocele

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- Parkinson's disease, and
- Multiple sclerosis (MS).
- Parkinson's disease, and
- Multiple sclerosis (MS).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

349 Genetic and Congenital Disorders*~

Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to,

- Cleft lip or palate
- Down's syndrome
- Thalassemia Major
- Sickle Cell Anemia (not sickle cell trait), and
- Muscular dystrophy.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

351 Inborn Errors of Metabolism*~

Presence of inborn error(s) of metabolism. Generally refers to gene mutations or gene deletions that alter metabolism on the body, including, but not limited to the following:

- PKU
- Maple Syrup Urine Disease
- Galactosemia

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- Hyperlipoproteinemia
- Homocystinuria
- Tyrosinemia
- Histidinemia
- Urea cycle disorders
- Gluteric aciduria
- Methylmalonic acidemia
- Glycogen storage disease
- Galactokinase deficiency
- Fructoaldolase deficiency
- Propionic acidemia
- Hypermethionemia, and
- Medium-chain acyl-CoA dehydrogenase (MCAD).

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

352

Infectious Diseases*~

A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:

- Tuberculosis
- Pneumonia
- Meningitis
- Parasitic infections
- Hepatitis
- Bronchiolitis (3 episodes in last 6 months)
- HIV, or
- AIDS.

The infectious disease must be present within the past 6 months, and presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

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353 Food Allergies*~

An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

354 Celiac Disease*~

Also known as: Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue. Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders.

355 Lactose Intolerance*~

Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

356 Hypoglycemia*~

Presence of hypoglycemia diagnosed by a physician

as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.

357 Drug-Nutrient Interactions

Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.

359 Recent Major Surgery, Trauma, Burns*~

Major surgery, trauma or burns severe enough to compromise nutritional status. If within the past two (≤ 2) months may be self-reported without being reported or documented by a physician. If more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.

360 Other Medical Conditions*~

Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:

- Juvenile rheumatoid arthritis (JRA)
- Lupus erythematosus
- Cardiorespiratory diseases
- Heart disease
- Cystic fibrosis, or
- Persistent asthma (moderate or severe) requiring daily medication.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

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- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat*~
- Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to:
- Minimal brain function
 - Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes:
 - Autism
 - Birth injury
 - Head trauma
 - Brain damage, and
 - Other disabilities.
- 381 Dental Problems~
- Presence of nursing or baby bottle caries, smooth surface decay of the maxillary anterior and the primary molars.
- 382 Fetal Alcohol Syndrome*~
- Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.
- Presence of condition as diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician or someone working under physician's orders.
- 411 Inappropriate Nutrition Practices for Infants
- Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems:

411.1
Routinely using a substitute for breast milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life

Examples of substitutes:

- Low iron formula without iron supplementation.
- Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk
- Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions"

411.2
Routinely using bottles or cups improperly

- Using a bottle to feed fruit juice
- Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea
- Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime
- Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier
- Propping the bottle when feeding
- Allowing an infant to carry around and drink throughout the day from a covered or training cup

Adding any food (cereal or other solid foods) to the infant's bottle

411.3
Routinely offering complementary foods* or other substances that are inappropriate

Examples of inappropriate complementary foods:

- Adding sweet agents such as sugar, honey or syrups to any beverage (including water) or prepared food, or used on a pacifier
- Any food other than breast milk or iron-fortified infant

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in type or
timing

formula before 4 months of age

411.4

Routinely
using feeding
practices that
disregard the
developmental
needs or
stage of the
infant

- Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues)
- Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking
- Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils)
- Feeding an infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods)

411.5

Feeding
foods to an
infant that
could be
contaminated
with harmful
microorganisms
or toxins

Examples of potentially harmful foods;

- Unpasteurized fruit or vegetable juice
- Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese
- Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc)
- Raw or undercooked meat, fish, poultry, or eggs
- Raw vegetable sprouts (alfalfa, clover, bean, and radish)
- Deli meats, hot dogs, and processed meats (avoid unless steaming hot)

411.6
Routinely
feeding
inappropriately
diluted
formula

- Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons)
- Failure to follow specific instructions accompanying a prescription

411.7
Routinely
limiting the
frequency of
nursing of the
exclusively
breastfed
infant when
breastmilk is
the sole
source of
nutrients

Examples of inappropriate frequency of nursing:

- Scheduled feedings instead of demand feedings
- Less than 8 feedings in 24 hours if less than 2 months of age

Less than 6 feedings in 24 hours if between 2 and 6 months of age

411.8
Routinely
feeding a diet
very low in
calories
and/or
essential
nutrients

Examples:

- Vegan diet
 - Macrobiotic diet
- Other diets very low in calories and/or essential nutrients

411.9
Routinely
using
inappropriate
sanitation in
preparation,
handling, and
storage of
expressed
breastmilk or
formula

Examples of inappropriate sanitation:

A.) Limited or no access to a:

- Safe water supply (documented by appropriate officials)
- Heat source for sterilization and/or
- Refrigerator or freezer for storage

B.) Failure to properly prepare, handle, and store bottles or

Risk Factor Details Guide for Infants

storage containers of expressed breastmilk or formula

411.10

Feeding dietary supplements with potentially harmful consequences

Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:

- Single or multi-vitamins
- Mineral supplements

Herbal or botanical supplements/ remedies/ teas

411.11

Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements

- Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride
- Infants who are exclusively breastfed, or are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.

428

Dietary Risk Associated with Complementary Feeding Practices

An infant or child who has begun to or is expected to begin to:
1) consume complementary* foods and beverages,
2) eat independently,
3) be weaned from breast milk or infant formula, or
4) transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans*, is at risk of inappropriate complementary feeding.

*Complementary Feeding Practices is defined as gradual introduction of food/beverages to infants and young children

Requires:

- A complete nutrition assessment completed prior to assigning this risk (including for risk #411 *Inappropriate*)

Risk Factor Details Guide for Infants

Nutrition Practices for infants).

Have **no** other identified risks (including #411). When assigned it may be the only risk assigned.

- 501 Possibility of Regression
- A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next Certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Regression may only be used for the Anthropometric, Biochemical and Medical Risk Factors used at the previous Certification. The same regression risk factor may not be used at consecutive Certifications.
- 502 Transfer of Certification
- Person with a current valid VOC Document from another State.
- The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.
- 603 Breastfeeding Complications (for Infants)
- A breastfed infant with any of the following complications or potential complications for breastfeeding:
- A. Jaundice
 - B. Weak or ineffective suck
 - C. Difficulty latching onto mother's breast, or
 - D. Inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day.

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- 701 Infant up to 6 Months Old of WIC Mother, or of a Woman Who Would have Been Eligible During Pregnancy
- An infant < six months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.
- 702 Breastfeeding Infant of Woman at Nutritional Risk
- Breastfeeding infant of woman at nutritional risk. Must be the same priority as at-risk mother.
- 703 Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse During Most Recent Pregnancy
- Infant born of a woman:
- A. diagnosed with mental retardation by a physician or psychologist as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist, or someone working under physician's orders; or
- B. documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy.
- 801 Homelessness
- An infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:
- A. A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations
- B. An institution that provides temporary residence for

individuals intended to be institutionalized

C. A temporary accommodation of not more than 365 days in the residence of another individual, or

D. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

802 Migrancy

An infant who is a member of a family which contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment a temporary abode.

901 Recipient of Abuse

Battering or child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.

A. "Battering" generally refers to violent physical assaults on women.

B. Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker (2)."

State law requires the reporting of known or suspected child abuse or neglect.

902 Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

Primary caregiver of infant assessed to have a limited ability to make appropriate feeding decisions and/or

Risk Factor Details Guide for Infants

prepare food. Examples may include individuals who are:

A. \leq 17 years of age

B. Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);

C. Physically disabled to a degree which restricts or limits food preparation abilities, or

D. Currently using or having a history of abusing alcohol or other drugs.

903 Foster Care

Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months.

904 Exposure to Environmental Tobacco Smoke (Also known as passive, secondhand smoke, or involuntary smoke). Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.

Risk Factor Details Guide for Pregnant Women

NUTRITIONAL RISK FACTORS FOR PREGNANT WOMEN

Click the following link to see more Risk Factor Details Guide information for different participant types:

[Risk Factor Details Guide](#)

CODE

DESCRIPTION

101

Underweight Women

Pre-pregnancy Body Mass Index (BMI) < 18.5



NOTE: Until research supports the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification in the Risk Criteria Manual for a more detailed explanation.)

111

Overweight Women

Pre-pregnancy Body Mass Index (BMI) ≥ 25



NOTE: Until research supports the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification in the Risk Criteria Manual for a more detailed explanation.)

131

Low Maternal Weight Gain

1. A low rate of weight gain, such that in the 2nd

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and 3rd trimesters, for singleton pregnancies:

- Underweight women gain less than 1 pound per week
- Normal weight women gain less than .8 pounds per week
- Overweight women gain less than .5 pounds per week
- Obese women gain less than .4 pounds per week

OR

Low weight gain at any point in pregnancy, such that using an Institute of Medicine (IOM) - based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category, as follows:

Pre-pregnancy Weight Groups	Definition (BMI)	Total Weight Gain Range (lbs)
Underweight	< 18.5	28 - 40
Normal weight	18.5 to 24.9	25 - 35
Overweight	25.0 to 29.9	15 - 25
Obese	≥ 30.0	11 - 20



NOTE: Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification in the Risk Criteria Manual for a more detailed explanation.)

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132 Maternal Weight Loss During Pregnancy

Any weight loss below pregravid weight during 1st trimester or weight loss of ≥ 2 lbs. (≥ 1 kg) in the 2nd and 3rd trimesters (14-40 weeks gestation).

133 High Maternal Weight Gain

Singleton Pregnancies:

Pregnant Women (current pregnancy), all trimesters, all weight groups: ≥ 7 lbs/ mo. [Actual value is 6.6 lbs/ mo rounded to 7 lbs for ease of use.]

Pre-pregnancy Weight Groups	Definition (BMI)	Cut-Off Value (lbs)
Underweight	< 18.5	> 40
Normal weight	18.5 to 24.9	> 35
Overweight	25.0 to 29.9	> 25
Obese	≥ 30.0	> 20



NOTE: Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification in the Risk Criteria Manual for a more detailed explanation.)

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201	Low Hematocrit/Low Hemoglobin
	<i>Non-Smoking</i>
	< 11.0/33 hgb/hct (0-13 weeks)
	< 10.5/32 hgb/hct (14-26 weeks)
	< 11.0/33 hgb/hct (27-40 weeks)
	High Risk ≤ 10.0 g/dl hgb - 30% hct (0-40 weeks)
	<i>Smoking up to < 1 pack per day</i>
	< 11.3/34 hgb/hct (0-13 weeks)
	< 10.8/33 hgb/hct (14-26 weeks)
	< 11.3/34 hgb/hct (27-40 weeks)
	High Risk ≤ 10.0 g/dl hgb - 30% hct (0-40 weeks)
	<i>Smoking 1 up to 2 packs per day</i>
	< 11.5/35 hgb/hct (0-13 weeks)
	< 11.0/34 hgb/hct (14-26 weeks)
	< 11.5/35 hgb/hct (27-40 weeks)
	High Risk ≤ 10.0 g/dl hgb - 30% hct (0-40 weeks)
	<i>Smoking 2 packs plus per day</i>
	< 11.7/35 hgb/hct (0-13 weeks)
	< 11.2/34 hgb/hct (14-26 weeks)
	< 11.7/35 hgb/hct (27-40 weeks)
	High Risk ≤ 10.0 g/dl hgb - 30% hct (0-40 weeks)
211	Elevated Blood Lead Levels*
	Blood lead level of ≥ 10ug/deciliter within the past 12 months.

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- 301 Hyperemesis Gravidarum*~
- Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.
- Presence of Hyperemesis Gravidarum diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
-
- 302 Gestational Diabetes*~
- Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.
- Current pregnancy only -
- Presence of Gestational Diabetes diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
-
- 303 History of Gestational Diabetes~
- History of diagnosed gestational diabetes mellitus (GDM)
- Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
-
- 304 History of Preeclampsia
- History of diagnosed preeclampsia
- Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone

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working under physician's orders.

- 311 History of Preterm Delivery*
- Birth of an infant at ≤ 37 weeks gestation.
- Any history of preterm delivery.
-
- 312 History of Low Birth Weight*
- Birth of an infant weighing $\leq 5\text{lb. } 8\text{ oz. } (\leq 2500\text{ grams})$.
- Any history of low birthweight.
-
- 321 History of Spontaneous Abortion, Fetal or Neonatal Loss*
- 2 or more spontaneous abortions or any history of fetal or neonatal death.
- Spontaneous Abortion: spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams.
- Fetal Death: spontaneous termination of a gestation at ≥ 20 weeks.
- Neonatal Death: death of an infant within 0-28 days of life.
-
- 331 Pregnancy at a Young Age*
- Conception ≤ 17 years of age.
- Current pregnancy only.

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332 Closely Spaced Pregnancies*
Conception before 16 months postpartum. Current pregnancy only.

333 High Parity and Young Age*
Women under age 20 at date of conception who have had 3 or more pregnancies of at least 20 weeks duration, regardless of birth outcome. Current pregnancy only.

334 Lack of/or Inadequate Prenatal Care

- Prenatal care which starts after the 1st trimester (after 13th week) or ;
- First prenatal visit in the third trimester (7-9 months) or;

Weeks of Gestation	Number of Prenatal Visits
14-21	0 or unknown
22-29	1 or less
30-31	2 or less
32-33	3 or less
34 or more	4 or less

335 Multifetal Gestation
More than one fetus in a current pregnancy.

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- 336 Fetal Growth Restriction~
- Usually defined as a fetal weight < 10th percentile for gestational age.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
- 337 History of a Birth of a Large for Gestational Age Infant~
- Any history of giving birth to an infant weighing ≥ 9 pounds (≥ 4000 g).
- Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.
- 338 Pregnant Woman Currently Breastfeeding
- Breastfeeding woman now pregnant.
- 339 History of Birth with Nutrition Related Congenital or Birth Defect~
- A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A.
- (Any history of birth with nutrition-related congenital or birth defect).
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

341

Nutrient Deficiency Diseases*~

Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to the following:

- Protein Energy Malnutrition
- Scurvy
- Rickets
- Beri Beri
- Hypocalcemia
- Osteomalacia
- Vitamin K Deficiency
- Menkes Disease
- Pellagra
- Cheilosis, and
- Xerophthalmia.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

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342 Gastrointestinal Disorders

Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to:

- Peptic ulcer
- Short bowel syndrome
- Inflammatory bowel disease, including ulcerative colitis or Crohn's disease
- Post-bariatric surgery
- Liver disease
- Pancreatitis
- Biliary tract disease
- Gastroesophageal reflux disease (GERD).

Presence of gastrointestinal disorders diagnosed by a physician, as self-reported by applicant/participant/ caregiver, or as reported or documented by a physician, or someone working under physician's orders.

343 Diabetes Mellitus

Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

- 344 Thyroid Disorders*~
- Hypothyroidism (insufficient levels of thyroid hormone produced or a defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
-
- 345 Hypertension and Prehypertension
- Presence of hypertension or prehypertension diagnosed by physician as self-reported by applicant/participant/ caregiver, or as reported or documented by a physician, or someone working under physician's orders.
-
- 346 Renal Disease*~
- Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.
-
- 347 Cancer*~
- The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.
- Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

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348 Central Nervous System Disorders*~

Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to:

- Epilepsy
- Cerebral palsy (CP), and
- Neural tube defects (NTD), such as:
 - Spina bifida, or
 - Myelomeningocele
 - Parkinson's disease, and
 - Multiple sclerosis (MS).

349 Genetic and Congenital Disorders*~

Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:

- Cleft lip or palate
- Down's syndrome
- Thalassemia Major
- Sickle Cell Anemia (not sickle cell trait), and
- Muscular dystrophy.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

351

Inborn Errors of Metabolism*~

Presence of inborn error(s) of metabolism. Generally refers to gene mutations or gene deletions that alter metabolism on the body, including, but not limited to the following:

- PKU
- Maple Syrup Urine Disease
- Galactosemia
- Hyperlipoproteinemia
- Homocystinuria
- Tyrosinemia
- Histidinemia
- Urea cycle disorders
- Gluteric aciduria
- Methylmalonic acidemia
- Glycogen storage disease
- Galactokinase deficiency
- Fructoaldolase deficiency
- Propionic acidemia
- Hypermethionemia, and
- Medium-chain acyl-CoA dehydrogenase (MCAD).

Risk Factor Details Guide for Pregnant Women

352 Infectious Diseases*~

A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to the following:

- Tuberculosis
- Pneumonia
- Meningitis
- Parasitic infections
- Hepatitis
- Bronchiolitis (3 episodes in last 6 months)
- HIV, or
- AIDS.

The infectious disease must be present within the past 6 months, and presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

353 Food Allergies*~

An adverse immune response to a food or a hypersensitivity that causes adverse immunological reaction.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

354

Celiac Disease*~

Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up. Also known as:

- Celiac Sprue
- Gluten Enteropathy, and
- Non-tropical Sprue.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

355

Lactose Intolerance*~

Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest Lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

356

Hypoglycemia*~

Presence of hypoglycemia diagnosed by a physician as self-reported by applicant/participant/caregiver; or as documented by a physician, or someone working under physician's orders.

Risk Factor Details Guide for Pregnant Women

357 Drug-Nutrient Interactions

Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.

358 Eating Disorders*~

Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat.

Symptoms are manifested by abnormal eating patterns including, but not limited to:

- Self-induced vomiting
- Purgative abuse
- Alternating periods of starvation
- Use of drugs, such as:
 - Appetite suppressants
 - Thyroid preparations or diuretics, and
- Self-induced marked weight loss.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

359 Recent Major Surgery, Trauma, Burns*~

Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. If within the past two (≤ 2) months may be self-reported without being reported or documented by a physician. If more than two (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.

360

Other Medical Conditions*~

Diseases or conditions with nutritional implications that are not included in any of the medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to the following:

- Juvenile rheumatoid arthritis (JRA)
- Lupus erythematosus
- Cardiorespiratory diseases
- Heart disease
- Cystic fibrosis, or
- Persistent asthma (moderate or severe) requiring daily medication.

Presence of condition diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

361

Depression~

Presence of clinical depression diagnosed by physician or psychologist as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders.

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362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat*~

Developmental, sensory or motor disabilities that restrict the ability to intake, chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to:

- Minimal brain function
- Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes:
 - Autism
 - Birth injury
 - Head trauma
 - Brain damage, and
- Other disabilities.

371 Maternal Smoking*

Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.

372 Alcohol and Illegal Drug Use*

Any alcohol use.

Any illegal drug use.

381 Dental Problems~

Tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality; and gingivitis of pregnancy.

Risk Factor Details Guide for Pregnant Women

- 401 Failure to Meet USDA/DHHS Dietary Guidelines for Americans
- Consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans) based on an individual's estimated energy needs.
- 427 Inappropriate Nutrition Practices for Women
- Routine nutrition practices that may result in impaired nutrient status, disease, or health problems.
- 427.1 Consuming dietary supplements with potentially harmful consequences
- Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:
- Single or multiple vitamins
 - Mineral supplements
 - Herbal or botanical supplements/remedies/teas
- 427.2 Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery
- Strict vegan diet
 - Low-carbohydrate, high protein diet
 - Macrobiotic diet
 - Any other diet restricting calories and/or essential nutrients

Risk Factor Details Guide for Pregnant Women

427.3

Compulsively ingesting non-food items

Non-food items:

- Ashes
- Baking soda
- Burnt matches
- Carpet fibers
- Chalk
- Cigarettes
- Clay
- Dust
- Large quantities of ice and/or freezer frost
- Paint chips
- Soil
- Starch (laundry and cornstarch)

427.4

Inadequate vitamin/ mineral supplementation recognized as essential by national public health policy

- Consumption of less than 27 mg of supplemental iron per day by pregnant women
- Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women
- Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women

Risk Factor Details Guide for Pregnant Women

427.5
Pregnant
woman
ingesting foods
that could be
contaminated
with pathogenic
microorganisms

Potentially harmful foods:

- Raw fish or shellfish, including oysters, clams, mussels, and scallops
- Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole
- Raw or undercooked meat or poultry
- Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot
- Refrigerated pâté or meat spreads
- Unpasteurized milk or foods containing Unpasteurized milk
- Soft cheeses such as Brie, feta, Camembert, blue-veined cheeses and Mexican-style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk
- Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as Unpasteurized eggnog
- Raw sprouts (alfalfa, clover, and radish)
- Unpasteurized fruit or vegetable juices

502

Transfer of Certification

Person with a current valid VOC Document from another State.

The VOC is valid until the Certification period expires and shall be accepted as proof of eligibility for program benefits.

Risk Factor Details Guide for Pregnant Women

801 Homelessness

A woman who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:

- A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations
- An institution that provides temporary residence for individuals intended to be institutionalized
- Temporary accommodation of not more than 365 days in the residence of another individual, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

802 Migrancy

A woman/emancipated minor, or child (non-emancipated minor) who is a member of a family which contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

901 Recipient of Abuse

Battering or child abuse/neglect within past 6 months as self-reported, or as documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.

- "Battering" generally refers to violent physical assaults on women.
- Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious

Risk Factor Details Guide for Pregnant Women

harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker (2)."

State law requires the reporting of known or suspected child abuse or neglect.

- 902 Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food
- Woman/emancipated minor or child (non-emancipated minor) whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:
- ≤ 17 years of age
 - Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);
 - Physically disabled to a degree which restricts or limits food preparation abilities, or
 - Currently using or having a history of abusing alcohol or other drugs.
- 903 Foster Care
- Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months.
- 904 Exposure to Environmental Tobacco Smoke
(Also known as passive, secondhand smoke, or involuntary smoke). Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.

Risk Factor Details Guide for Pregnant Women

WIC PROGRAM

PROCEDURE MANUAL



Volume II

The Hon. Donald Carcieri, Governor

David Gifford, M.D., M.P.H., Director of Health

October 2010

RHODE ISLAND DEPARTMENT OF HEALTH

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Updated 5/00

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Section 100

GENERAL INFORMATION

WIC PROCEDURE MANUAL

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

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

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

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

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

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

Local WIC Agency Administration	Local WIC Agency Clinics
<p>Mr. David Caprio, Executive Director Children’s Friend and Service 153 Summer Street Providence, RI 02903-4011 (401)331-3285</p> <p>Ms. Sonya Taly, WIC Coordinator/Nutritionist Progreso Latino 626 Broad Street Central Falls RI 02863 (401) 728-5920</p>	<p>Children’s Friend and Service 500 Prospect Street Pawtucket, RI 02860 (401) 721-6416</p> <p>Progreso Latino 626 Broad Street Central Falls RI 02863 (401) 728-5920</p>

<p>Ms. Gloria Rose, Executive Director Chad Brown Health Center 285A Chad Brown Street Providence, RI 02908 (401) 274-6339</p> <p>Ms. Teresa Evora, WIC Coordinator/Nutritionist Chad Brown Health Center 285A Chad Brown Street Providence, RI 02908 (401) 831-0020</p>	<p>Chad Brown Health Center 285A Chad Brown Street Providence, RI 02908 (401) 831-0020</p> <p>Chad Brown Satellite International Institute of RI 645 Elmwood Avenue Prov, RI 02907 (401) 784-8682</p>
<p>Ms. Joanne McGunagle, Executive Director Comprehensive Community Action Program, Inc. 311 Doric Avenue Cranston, RI 02920 (401) 467-9610</p> <p>Ms. Kathy Cooper, WIC Coordinator/Nutritionist Comprehensive Community Action Program, Inc. 311 Doric Avenue Cranston, RI 02920 (401) 946-4650</p>	<p>Comprehensive Community Action Program , Inc. 311 Doric Avenue Cranston, RI 02920 (401) 946-4650</p> <p>Cranston Satellite 191 MacArthur Blvd. Coventry, RI 02816 (401) 828-5335</p>

<p>Ms. Maria Montanaro, Chief Executive Officer Thundermist Health Center 450 Clinton St Woonsocket, RI 02895 (401) 782-0850</p>	<p>Thundermist Health Center of SC WIC Program One River Street Wakefield, RI 02879 (401) 783-0523</p>
<p>Ms. Jill Boyd, Coordinator/Nutritionist Thundermist Health Center of SC WIC Program One River Street Wakefield, RI 02879 (401) 783-0523</p>	<p>Thundermist Health Center of Woonsocket WIC Program 191 Social Street - 9th Floor Woonsocket, RI 02895 (401) 767-4109</p>
<p>Ms. Lori Austin, Coordinator/Nutritionist Thundermist Health Center of Woonsocket WIC Program 191 Social Street - 9th Floor Woonsocket, RI 02895 (401) 767-4109</p>	<p>Thundermist Health Center North Kingstown WIC 646 Camp Avenue North Kingstown, RI 02895 (401) 667-2915</p>

<p>Mr. Dennis Roy, Chief Executive Officer Eastbay Community Action Program 19 Broadway Newport, RI 02840 (401) 437-1000</p> <p>Ms. Beth Nitkin, WIC Coordinator/Nutritionist Eastbay Community Action Program WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821</p>	<p>Eastbay Community Action Program Newport Community Health Center WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821</p> <p>Eastbay Community Action Program WIC Program 1048 Stafford Road Tiverton, RI 02878 (401) 625-1364</p> <p>Eastbay Community Action Program WIC Program 100 Bullocks Point Avenue Riverside, RI 02915 (401) 437-1007</p> <p>Bristol WIC Program 115 Franklin Street Bristol, RI 02809 (401) 253-7577</p>
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<p>Mr. Merrill Thomas, Executive Director Mr. Les Hubbard Coordinator/Nutritionist Providence Community Health Centers, Inc. 375 Allens Avenue Providence, RI 02905 (401) 444-0411</p>	<p>Allen Berry Health Center WIC Program 202 Prairie Avenue Providence, RI 02907 (401) 444-0570 x 3745</p> <p>Capitol Hill Health Center WIC Program 40 Candace Street Providence, RI 02908 (401) 444-0550 x 3541</p> <p>Chafee Health Center WIC Program One Warren Way Providence, RI (401) 444-0530 x 3341</p> <p>Olneyville Health Center WIC Program 100 Curtis Street Providence, RI 02909 (401) 444-0540 x 3445</p>
<p>Mr. John Fogarty, President St. Joseph Hospital 200 High Service Avenue North Providence, RI 02904 (401) 456-3080</p> <p>Ms. Susan Vieira, LDN, WIC</p>	<p>St. Joseph Health Center 21 Peace Street Providence, RI 02907 (401) 456-4069</p>

Rhode Island WIC Program

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<p>Coordinator/Nutritionist St. Joseph Health Center 21 Peace Street Providence, RI 02907 (401) 456-4069</p>	
<p>Mr. Joseph R. DeSantis, Executive Director Karen Schiltz, WIC Coordinator/Nutritionist Tri-Town Economic Opportunity Committee Tri-Town Health Center WIC Program 1126 Hartford Avenue Johnston, RI 02919 (401) 351-2750</p>	<p>Tri-Town Health Center WIC Program 1126 Hartford Avenue Johnston, RI 02919 (401) 351-2750</p> <p>Burrillville WIC Satellite 185 Main Street Pascoag, RI 02859 (401) 567-0510</p>
<p>Ms. Jeanne Gattegno, Executive Director Westbay Community Action, Inc. 224 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660</p> <p>Mr. Paul Salera, Coordinator WIC Program Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660</p> <p>Ms. Cindy Singleton, Nutritionist Westbay Community Action, Inc WIC</p>	<p>Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660</p> <p>West Warwick WIC 53 Providence Street West Warwick, RI 02893 (401) 826-3230</p>

<p>Program West Warwick Community Health Center 53 Providence St West Warwick, RI 02893 (401) 826-3230</p>	
<p>Mr.Elias Neujhar. MBA, MSHA Associate Vice President Clinical Resource Development Women and Infants 101 Dudley Street Providence, RI 02905 (401)453-7775 ext 143 Ms. Doreen Chin Pratt, MS, RD, Director of Nutrition Services/WIC Coordinator Women & Infants' Hospital WIC Program 2 Dudley Street WPCC Nutrition Services - Suite 565 Providence, RI 02905-2401 (401) 274-1122</p>	<p>Women and Infants' Hospital WIC Program 2 Dudley Street WPCC Nutrition Services – Suite 565 Providence, RI 02905-2401 (401) 274-1122 ext. 2768</p>
<p>Ms. Linda Cardillo Mr. Douglas Jones, WIC Coordinator/Nutritionist Wood River Health Services WIC Program</p>	<p>Wood River Health Services WIC Program 823 Main Street Hope Valley, RI 02832 (401) 539-2461</p>

823 Main Street Hope Valley, RI 02832 (401) 539-2461	Westerly WIC Satellite 56 Spruce Street Westerly, RI 02891 (401) 596-0086
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GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

Clinic - a facility where applicants are certified.

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

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

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

Disqualification - the act of ending Program participation of a participant, food vendor, or authorized state or local agency, whether as a punitive sanction or for administrative reasons.

Dual Participation - simultaneous participation in the Program in one or more than one WIC clinic,

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

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

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

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

Food Costs - the cost of supplemental foods, determined in accordance with Section 246.12 (b) (1).

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

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

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

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

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

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

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

Income Poverty Guidelines - 185% of the USDA poverty guideline.

Infants - persons under one year of age.

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

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

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

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

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

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

Nutritional Risk - (1) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) Other documented nutritionally related medical conditions; (3) Dietary deficiencies that impair or endanger health or (4) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

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

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

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

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

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

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

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

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

HEALTH - Rhode Island Department of Health.

Secretary - Secretary of Agriculture.

State agency - Rhode Island Department of Health.

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

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

G-1 REVISIONS IN PROCEDURE AND STATE OPERATIONS MANUALS

Manuals

- A. Procedure Manual
- B. State Operations Manual

Procedure

- A. Each proposed change to WIC procedures shall be reviewed for approval by the Chief, WIC Program.
- B. When approved by the Chief and reviewed and approved by the USDA Regional Office, the policy shall be enumerated according to placement in the appropriate manual.
- C. Policies - State and Local
 - (1) Policies concerning the internal management of the State agency shall become effective when approved by the Chief.
 - (2) Policies directly affecting local agencies shall, whenever possible, have a period for comment by local agencies. This period shall be stipulated when the policy is distributed.
 - (3) Minor revisions of policy necessary to the efficient operation of the Program and with little or no impact on other entities may be made without a period of comment for the public or local agencies, but with approval from USDA.
 - (4) Policies which have a significant impact on other entities shall be promulgated for comment and approval in accordance with FR 246.4 (b) and R.I.G.L. 42-35.
- D. Policies which constituted State Plan Amendments shall be submitted to USDA for approval and shall become effective as stipulated by the Chief.
- E. Once in effect, the new policy shall be considered an integral part of the manual and shall be filed therein.
- F. Revisions to the Manuals shall be filed with the Rhode Island Secretary of State.

G - 2 USE OF WIC NAME AND LOGO PROHIBITED

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

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

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

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

SECTION 200
ELIGIBILITY AND ENROLLMENT

SECTION 200

ELIGIBILITY AND ENROLLMENT

(Goals - II, Operations - 2)

210 - Application and Eligibility Determination211 GENERAL

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

Eligibility Requirements

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

- A. A resident of the State of Rhode Island.
- B. A pregnant, breastfeeding or postpartum woman, an infant, or a child up to his/her fifth birthday.
- C. A member of a household with an income of less than 185 percent of the poverty level guideline except as noted under section 212 number 3 (see Income Guidelines - Appendix).
- D. All participants meeting income guidelines will be assumed to be at nutritional risk if no other risk is identified.**

Rev 06/07

Application to Local Agency

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

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

SECTION 211-212

B. Pregnant Women and Employed Individuals

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

- C. When there are no funds available for new participants, potentially qualified applicants' names are placed on the agency's waiting list for the appropriate priority group (see SEC. 213 Priority System and WIC Waiting List form) including date of contact, address, telephone number, date placed on waiting list and any priority related screening information. Applicants or their caretakers are to be told about being placed on the waiting list as soon as possible, and never more than 20 days after they apply for Program benefits.

D. Referral of Applicants to other Local Agencies

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

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

E. Initial Visit

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

*** F. Certification of Staff of A WIC Local Agency**

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

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

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

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

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

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

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

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

1. Pregnant women meeting Priority 1 criteria
2. Breastfeeding women who are breastfeeding a Priority 1 infant

3. Infants under six months of age.
4. Members of migrant farm worker households who soon plan to leave the jurisdiction of the local agency.

Others must be notified within 20 days of such application.

Eligibility Determination

- A. Applicants who have been assessed by the local agency as meeting the income, residence and nutritional risk criteria should be issued checks. However, local agency WIC staff may

not certify themselves for the Program. The staff person responsible for certification of any applicant may not also print checks for that same applicant.

B. Summary of Procedures

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

1. The local agency employee securing information for eligibility interviews the applicant or caretaker of the applicant for the household income and the number of persons in the household (See 212 Determination of Income). This information is entered into the computer (see Appendix). The intended payee should read or be read and sign the Eligibility Agreement. Income will be determined on the basis of the most accurate reflection of current income (weekly, bi-monthly, monthly, yearly). Full instructions for completing certification will follow in Sec. 220.
2. Verification of Address
 - a. The employee verifies the address of the applicant as a standard part of the certification procedure. To foster accuracy, the preferred verification would be a utility bill or other business mail addressed to the participant. Less desirable sources include street directories, other mail, rent receipts, or other documents initiated by a third party showing the applicant's or parent's name and address. If the applicant is homeless or living in a homeless facility the address of the local agency may be used. A letter from an official of the facility or another disinterested party acceptable to the WIC Program who can verify homelessness should be in the file if it can be obtained with reasonable effort. The CPA's best judgment should be used before denying benefits to obviously destitute people.
 - b. The state agency may use other means to verify applicant addresses.
 - i. If a client's address is not documented properly, the State agency will notify the local agency of the deficiency. The local agency should review the participant's record and flag the record. The local agency will contact the participant regarding his/her address and document the contact in the record. The local agency will make a determination either correcting the documentation, documenting a new address or documenting that the address given by the participant is suspected of being fraudulent. The local agency will then notify the State agency

within two weeks as to its findings.

- ii. If there is cause to suspect deliberate misrepresentation of an address or telephone number, the local agency shall consult with the state agency liaison to consider possible disqualification from Program benefits. (Participant Violations Sec. 242)
3. Local staff person checks identification of the applicant and the potential payee (Payee identification must be verified and documented at each certification). The following are acceptable sources of identification for applicants and payees in order of preference:

<u>Payee</u>	<u>Child/Infant</u>
Picture ID such as current passport	Birth Certificate
Driver's license	Immunization Record
Work or School ID Card	Foster Care Placement letter
Alien care stub*	Doctor's Form*
Immunization Record*	Hospital Birth Card*
Voter Registration Card*	Verified Rite Care Card
Social Security Card*	
Birth Certificate*	
Verified Rite Care Card	
* not preferred, update following month	

- 4. Information & Rules - the local staff person reviews Information & Rules information on the WIC-5 Eligibility form and the WIC ID folder. The information is explained to or read by the applicant.
- 5. The local agency employee then proceeds to conduct the nutritional/medical assessment to determine if the applicant is at nutritional risk.
- 6. When funds are available inform a person that he/she is being certified and issue checks to him/her.
- 7. Foster Children and Institutionalized Children
 - a. For the purposes of the WIC Program the foster child shall be considered a one member household.
 - i. The money the foster family receives for the maintenance of this child shall be considered the gross income of this child. Special payments to the foster family for special needs, such as medical-related expenses, may be disregarded with approval from the State Agency.
 - ii. The foster parent shall then be named as the payee for the foster child.

- iii. The adopted foster child with state subsidy should be considered to retain his/her foster child status.
 - b. If there is concern about retaining a child's whereabouts in confidence, the social worker may be named as the payee with the foster parents named as the alternate shopper. This situation should be temporary since the children would not be receiving the benefit of nutrition education.
 - c. If a child is in the middle of a certification period when becoming a foster child, the benefits shall continue until the end of that certification period, at which time the above income standards will apply.
 - d. Institutionalized children shall not be considered eligible for WIC except as under Sec.226D.2.
8. An applicant with no proof of identity and/or residency, such as a victim of theft, loss or disaster, a homeless individual, a migrant, or a person holding a VOC card, must sign a statement attesting to his/her identity and residency (WIC - 88). In the situation where such a statement is used as the applicant's proof of identity and/or residency, the WIC staff must include the statement and a brief notation explaining why the applicant could not produce proof of identity and/or residence.
9. Partial Determinations

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

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

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

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

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

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

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

212 DETERMINATION OF INCOME PROCEDURES

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

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

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

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

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

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

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

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

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

The full amount and source (place of employment, child support, etc.) of any family income must be recorded, unless specifically excluded, below. Eligibility for certification as a WIC participant is defined as income that does not exceed 185 percent of the current poverty guidelines as provided by the WIC Program to local agency staff (see Income Guidelines). The WIC Program will implement adjusted WIC income eligibility guidelines concurrently with Medicaid income eligibility guidelines. Exception must be made for individuals with RIte Care/Medicaid, Food Stamps, FIP or GPA documentation (see 7(a) below). Income should be recorded on the Eligibility Agreement.

4. Excluded Income - Do not count as income.

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

- (i) Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Public Law 91-646, Section 216).
- (ii) Any payment to volunteers under Title II (RSVP, foster grandparents, and others) and of the Domestic Volunteer Service Act of 1973 (Pub. Law 93-113, Section 404 (g)), as amended. Payments under Title I, Part A, (VISTA) to volunteers shall also be excluded.
- (iii) Payment to volunteers under the Small Business Act (SCORE AND ACE)
- (iv) Income derived from certain submarginal land of the United States which is held in trust for certain Indian tribes (Public Law 94-114, Section 6).
- (v) Payments received under the Job Training Partnership Act.
- (vi) Income derived from disposition of funds to the Grand River Band of Ottawa Indians (Public Law 94-540, Section 6).
- (vii) The value of assistance to children or their families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977.
- (viii) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation.

- (ix) Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980.
- (x) Payments or allowances received pursuant to the Home Energy Assistance Act of 1980 (Public Law 96-223, Title III, Section 313 (c) (1)).
- (xi) Payments received from the youth employment demonstration programs (Public Law 95-524, Title IV, Part A, Section 446).
- (xii) Per capita payments of \$2,000 or less to each Indian from judgment awards or trust funds under Public Law 97-458.
- (xiii) Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989 (Pub. L. 100-707, sec. 105 (i), 42 U.S.C. sec. 5155 (d)).
- (xiv) Payments under the Low-Income Home Energy Assistance Act, as amended (Pub. L. 99-125, sec. 504(C), 42 U.S.C. sec. 8624(f)).
- (xv) Effective July 1, 1991, payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (Pub. L. 101-392, sec. 501, 20 U.S.C. sec. 2466d).
- (xvi) Payments pursuant to the Agent Orange Compensation Exclusion Act (Pub. L. 101-201, sec. 1).
- (xvii) Payments received through Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Pub. L. 989b-4 (f) (2)).
- (xviii) Value of any child care payments made under section 402 (g) (1) (E) of the Social Security Act, as amended by the Family Support Act (Pub. L. 100-435, sec. 501, 42 U.S.C. sec. 602 (g) (1) (E)). Value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act Amendments of 1992 (42 U.S.C. 9858 a et seq.)
- (xix) Benefits received through the Farmers Market Coupon Nutrition Project (FMNP) under section 17 (m) (7) (A) of the Child Nutrition Act of 1966, as amended (Pub. L. 100-435, sec. 501, 42 U.S.C. sec. 1786 (m) (7)(A)).
- (xx) Payments received under the Veteran's Educational Act of 1984, as amended (Pub. L. 99-576, sec. 303 (a) (1), 38 U.S.C. sec. 1411 (b)).
- (xxi) Value of assistance received under the Child Nutrition Act of 1966 (Pub. L. 89-642, sec. 11 (b), 42 U.S.C. sec. 1780 (b)).

- (xxii) Payments received under the Old Age Assistance Claims Settlement Act, except for per capita shares in excess of \$2,000 (Pub. L. 93-500, sec. 8, 25 U.S.C. sec. 2307).
- (xxiii) Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the median income of the area (Pub. L. 101-625, sec. 522 (i) (4), 42 U.S.C. sec. 1437f nt).
- (xxiv) Payments received under the Housing and Community Development Act of 1987 unless the income of the family increases at any time to not less than 50 percent of the median income of the area (Pub. L. 100-242, sec. 126 (c) (5) (A), 25 U.S.C. sec. 2307).
- (xxv) Payments received under the Sac and Fox Indian claims agreement (Pub. L. 94-189, sec. 6).
- (xxvi) Payments received under the Judgement Award Authorization Act, as amended (Pub. L. 97-458, sec. 4, 25 U.S.C. sec. 1407 and Pub. L. 98-64, sec. 2 (b), 25 U.S.C. sec. 117b (b)).
- (xxvii) Payments received under the Alaska Native Claims Settlement Act Amendments of 1987 (Pub. L. 100-241, sec. 15, 43 U.S.C. sec. 1626 (c)).
- (xxviii) Payments for the relocation assistance of members of Navajo and Hopi Tribes (Pub. L. 93-531, sec. 22, 22 U.S.C. sec. 640d-21).
- (xxix) Payments to the Turtle Mountain Band of Chippewas, Arizona (Pub. L. 97-403, sec. 9).
- (xxx) Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) (Pub. L. 97408, sec. 8 (d)).
- (xxxi) Payments to the Assiniboine Tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (Pub. L. 98-124, sec.5).
- (xxxii) Payments to the Red Lake Band of Chippewas (Pub. L. 98-123, sec. 3).
- (xxxiii) Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act (Pub. L. 99-346, sec. 6 (b) (2)).
- (xxxiv) Payments to the Chippewas of Mississippi (Pub. L. 99-377, sec. 4 (b)).
- (xxxv) Payments for the Filipino Veterans Equity Compensation Fund for certain veterans, or surviving spouses of veterans, who served in the military of the government of the Commonwealth of the Philippines during World War II.

(Pub. L 111-5)

- (xxxvi) Payment received in addition to the service member's basic pay; as a result of the service member's deployment to or service in an area that has been designated as a combat zone; and not received by the service member prior to his/her deployment to or service in the designated combat zone (Pub L. 111-80)
- (b) The value of in-kind benefits and payments, such as meals, clothing, housing, or produce from a garden.
- (c) TANF and WIN Classroom Incentive Allowances.
- (d) CETA youth programs; training benefits paid to youths only; wages paid to adult staff are not excluded.
- (e) Earned income of children under the age of eighteen who are students at least half time.
- (f) United States Department of Education administered student grants or loans for undergraduate educational purposes.
- (g) That portion of scholarship grants and work-study programs used for tuitions, books, fees, equipment, or transportation for school purposes.

5. Computation of Income

- (a) Definition of Family - A household or an economic unit composed of a person or group of related or unrelated persons who usually (although not necessarily) live together, who are not residents of an institution, and whose production of income and consumption of goods or services are related. A child not living in the household but receiving child support is not considered a part of the economic unit. Separate economic unit status for the applicant within a household may only be accepted if a group or an individual meets all the following criteria:
 - (i) Must pay a minimum of \$68.17 per month for room and board for an adult (Board \$54, room \$14.17) and,

\$95.33 per month for a child under age 12 and, \$117 per month for a child age 12 or over.
 - (ii) The applicant's production of income and consumption of goods or services are not related with respect to anyone else in the household.
 - (iii) The applicant is not a spouse of a member of the household; or is not a child under age 18 under the parental control of, or a financial dependent of, a member of this household. The applicant must also be dependent upon income

which is separate from that of others residing in the household (see No.7 (6)).

- (iv) Supplemental foods are purchased separate and apart from others in the household, and consumed only by the participant.
- (v) 2010 Census with income screen procedures. Consider the income of the family during the past 12 months and the family's current rate of income to determine which indicator more accurately reflects the family's status. In general, the length of employment for Census workers is most likely no more than a few months.

Effect on Family Size of Pregnancy

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

Note: Proof of multiple births is required following standard procedure.

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

- (b) The goal of the computation process is to determine the most accurate and most current reflection of family income. The local agency staff member should first inquire as to the fluctuations in the family income in the current month, in the past year, and the anticipated fluctuations during the forthcoming certification period.
- (c) Depending on the pattern of the family's income, the staff member will then determine the family income and record it on the Eligibility Agreement. The source of income documentation would be reflected or determined by the period of income under consideration.

5. Resolving Questionable Income Cases

- (a) Circumstances that local agencies should consider questionable-
 - (i) Income stated is inconsistent with other statements made on the application.
 - (ii) The income information is inconsistent with any other information given by the applicant to the agency.
 - (iii) The income information is inconsistent with other information actually received and documented by the agency.
 - (iv) Where the income declared would appear to be below minimal survival levels.
 - (v) Where the applicant or family members appear to meet basic eligibility requirements for financial aid programs but no such income is declared.

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

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

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

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

The state agency has available information release forms for documenting a family's income from the following sources:

- (i) State Income Tax Division (These forms are given out on a case by case basis. Local agencies should inform the state agency when forms are sent into the Income Tax Division. Forms will be returned to the state agency by the Income Tax Division.)
- (ii) Financial Assistance Agencies (Department of Employment Security, Welfare, etc.)
- (iii) Generic forms are available for release of miscellaneous information to check sources determined appropriate by local agencies.
- (iv) Consult with state agency staff about other possible available documentation. The CPA's best judgement should be used before denying benefits to obviously destitute people.

7. Types of Income/Documentation

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

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

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

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

A member of a family certified eligible to receive FIP

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

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

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

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For RItE Care recipients, verification of current eligibility must be verified using either the individual's Social Security Number or RItE Care card number. No additional proof of income is needed if they are actively participating in RItE Care.

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

- (b) Wages or Salary - The average weekly, bi-monthly, monthly, or annual wage should be determined. Usually this would mean substantiation of the previous four weeks, or the previous month's wages based on pay stubs. W-2 forms or tax returns may also be used if they reflect current earnings. The average wage might be adjusted then on the basis of anticipated changes (increases, bonuses, payless vacations), or seasonal fluctuations as established by the preceding year pattern. Year to date income figures should be reviewed to determine whether the income was continuous from the beginning of the year and adjusted for the portion of the year to get an annual or monthly figure.
- (c) Self-employment - The difference between the amount of gross receipts and amount of operating expenses for producing the income. Either the reported income for the prior year, or the estimated income for the current year based on at least three months of operation may be used. Sources include tax returns and bookkeeping records.
- (d) Fees, Tips, Commissions and Net Royalties - Such income may be in addition to either wages, salary, or self-employment income and should be declared. Employers usually provide some statement of the commissions and fees paid. Tax returns may also be used.
- (e) Lodger/Boarder - Any income above the cost of maintaining a lodger or boarder is considered as income. Board payment for a foster child, however, is disregarded.
- (f) Rental - Net amount after deduction of expenses is considered as income. If the applicant lives in the same dwelling, only the tenant's share of the property expenses

would be deducted from the rental income. Total revenue and expenses must be explicitly stated.

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

- (g) Employment Security benefits and Temporary Disability Insurance - Award letters or actual checks that show the amount of income received. Claim book will show if claim filed and status of claim.
 - i. Strikers - No ESB until after a 6 week penalty plus one week waiting period.
 - ii. Quit work (without good cause)-No ESB until the person has returned to the job market and worked 4 weeks at \$20 or more per week.
 - iii. Fired for proven misconduct or refused suitable work- No ESB until returned to the job market and worked 4 weeks at \$46 per week.
- (h) CETA - Wage stubs would show the income received from CETA employment.
- (i) Dividends and Interest - Dividends and interest received include those which are allowed to remain in the account, not just those that are withdrawn. If substantial, (affecting eligibility) a tax return, W-3, or other bank statement should be sought.
- (j) Social Security - Survivors and Disability Insurance Benefits - Railroad Retirement Benefits - Determine which applicant or family members are the actual beneficiaries. Award letters or actual checks would show the amount being received.
- (k) Estates and Trusts - Lawyers' letters or other court notices usually show the amount to be received from an estate, or a trust fund. Also, checks or a statement from the person authorized to disburse funds to the beneficiary.
- (l) Veteran Benefits - Benefits may be paid to the veteran or to his/her dependents. In addition, veterans educational benefits may include an amount for living cost which would be counted as income. The educational related portion would not be. Benefit checks and award letters show the amount.
- (m) Military Pay--regular or reserve--should also include an additional allotment or allowance for dependents. Checks or stubs show amounts. Cash payment for subsistence, special rations or other special duties should be included. Some payments are made only once a year (like clothing) and should prorated over the whole year. Cash payments for housing should not be included (listed as BAQ or VHA on stub). Gross income should be determined based on available data. For WIC purposes, military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit.

Military personnel who are temporarily absent from their home may have their pay or

paystubs sent to their families or they may designate a spouse and/or child allotment, whereby the government sends the family member(s) a check in an amount authorized.

The allotment(s) designated for family members may reflect only a portion of the military person's total pay. If the family members are sent a spouse and/or child allotment, the applicant for WIC may possess no documentation of the family's total gross income. If documentation is not available allow the applicant to self-declare the family's military income at the time of certification. Certify the applicant for two months. Income documentation must be produced in order to certify for the rest of the full certification period.

In cases where a military person receives a temporary increase in pay due to hazardous or combat duty consider the income of the family during the past 12 months as a more accurate indicator of the family's income status.

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

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

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

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

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

- (n) Workmen's Compensation - Awards letters and checks would show the amount.
- (o) Private Insurance - Income may be received from settlements, lump sums, or in the form of periodic payments or annuities. Amount used to pay for medical or correspondence from the insurance company should show amounts awarded. The applicant can request duplicates if the originals are not available.
- (p) Pensions - Employment, military, and dependents' pensions or annuities, checks and award notices.
- (q) Alimony and Child Support - The person receiving this benefit should have a copy of a

court order showing the amount of the support.

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

- (r) Scholarships and Work Studies - The amounts over and above the educational related expenses may be counted as income. Room and board is not education related. (See 4, Excluded Income)
- (s) Cash Income Received or Withdrawn - Includes, but is not limited to, amounts received or withdrawn from banks, insurance companies, or any other accounts; to be considered as income for the period of time for its frequency of withdrawal that is once a year, once a month, etc.
- (t) Nonrecurring Lump Sum Received - Amounts received as reimbursements for lost assets or for injuries (such as amounts received from insurance companies for loss or damage of real or personal property or payments that are intended for a third party to pay for a specific expense) should not be counted as income for WIC eligibility purposes. Lump sum payments that represent new money intended as income (such as gifts, inheritances, lottery winnings, workman's compensation and severance pay should be considered as "other cash income". Lump sum payment should be treated so as to most accurately reflect the economic situation of the household. Lump sum payment should either be counted as an annual income or be divided by 12 to estimate a monthly income. All other income for the same twelve month period is then added to the lump sum amount to obtain the annual total family income. If this amount exceeds the guidelines, then the applicant would be ineligible until the end of the twelve month period.

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

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

9. Changes in Income

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

10. Unemployment Income

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

11. Migrant Farm Workers

Migrant farm workers and family members who need to be recertified because their 226 VOC cards have expired will be considered to have met the state's income standard, provided that the income of those workers is determined at least once every 12 months. This income procedure does not apply to non-migrant participants whose VOC cards have expired.

12. Difficult Cases

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

213 NUTRITION ASSESSMENT

A. Assessment Procedures

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

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

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

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

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

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

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

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

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

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threatening does not have to be seen.

Natural Disaster

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

Working Parents/Caretakers

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

Instructions for Documentation

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

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

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

up appointment.

6. Anthropometric measurements may not be more than 60 days old prior to certification, **and age-appropriate/category-appropriate blood work results (hemoglobin/hematocrit) must be entered within 90 days of the WIC certification.** Lead screening results may not be more than 180 days old. Collected data must be reflective of the category. Should the agency run out of anthropometric screening tools, the agency is still responsible for obtaining bloodwork results from the provider in the federally required timeframe. The agency must make contact with the provide either by phone or through the medical documentation form for WIC and place the participant on monthly check issuance until bloodwork results are obtained
 7. The following assessment tools should be considered in determining the individual's nutritional status:
 - ✓ WIC Medical Information Form (WIC-2A or 2B)
 - ✓ Prenatal Weight Gain Grid
 - ✓ Infant or Child Growth Grids
 - ✓ Diet Survey tool for Infants, Children and Women (WIC 3B, 3C, 3D, 3E)
- B. The assessment includes all the following areas:
1. An individual history that includes:
 - (a) A client Centered Survey:
 - (i) Nutrition assessment
 - (ii) Exploration of food preferences, family mealtime dynamics, nutritional supplements, fads, etc.
 - (b) Medical history related to nutrition. The history may be obtained through a review of the applicant's medical record or referral information from a competent professional not on staff of the local agency. For example:
 - (i) Obstetrical history.
 - (ii) Condition of teeth.
 - (iii) Use of drugs or medications.
 - (c) Socioeconomic factors that affect nutrition.
 - (i) Resources available for food purchase.

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- (ii) Availability of food storage and cooking facilities.
- (iii) Educational level of the participant.

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

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

(a) For Women and Children 2 years of age or older.

- (i) Height
- (ii) Weight

(b) For Infants and Children up to 2 years of age.

- (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).

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

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

3. Laboratory Analyses:

In an effort to ensure participants are receiving ongoing health care, every effort

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must be made on behalf of the local WIC agency to obtain medical information (anthropometric and hematological test results, medical history, etc.) from the provider. This will ensure cost-savings to the WIC program by preventing unnecessary repeat blood work testing for participants. The local agency should utilize the WIC medical information form (WIC 2A/2B) which is available online through the DOH website or can be delivered to providers by the local agency.

- (a) Hematocrit/hemoglobin measurement must be done as follows:
- (i) Pregnant Women:
 - The data collected must be taken as early as possible during the current pregnancy.
 - Prenatal women may be certified without receipt of bloodwork for up to 90 days after the date of WIC certification, but only for patients with at least one nutrition risk factor at the time of their WIC appointment. The date, bloodwork is recorded in the record will be documented in the chart.
 - For pregnant women, use the bloodwork cutoff that corresponds to the woman's trimester when the bloodwork was taken.
 - (ii) Breastfeeding and Postpartum Women:
 - The data collected must be taken once during the postpartum period, ideally 4-6 weeks after delivery.
 - Breastfeeding women 6-12 months postpartum, **no additional blood test is required** if a blood test (taken after delivery) was already obtained and documented by the WIC local agency.
 - (iii) Infants:
 - The bloodwork must be collected between 9-12 months.
 - However, bloodwork may be collected early by the provider for infants 6 - 12 months old under certain circumstances (i.e. on low-iron formula, preterm and low birthweight infants, fully breastfed infant, and when deemed prudent based on a case-by-case basis). RI Webs will accept anemia-screening results for infants starting at 6 months of age to meet this need. WIC is NOT responsible for conducting anemia screenings before the age of 9 months.
 - If no nutrition risk factor can be determined, and they are due for

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

Example:

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

CERTIFICATION:

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

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

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

All children must be screened at least once per year.

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

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

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

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

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

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

4. Minimum Immunization Screening and Referral Protocol in WIC.

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

Minimum Screening and Referral Protocol

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

Age:	Minimum Number of DTaP
3 months	1
5 months	2
7 months	3
19 months	4
 - d. If the infant/child is not fully immunized:
 - i. Provide information on the recommended immunization schedule appropriate to the current age of the infant/child.
 - ii. Provide referral for immunization services, ideally to the child’s usual source of medical care.
 - e. If a documented immunization record is not provided by the parent/caretaker:
 - i. Provide information on the recommended immunization schedule appropriate to the current age of the infant/child.
 - ii. Provide referral for immunization services, ideally to the child’s usual source of medical care.
 - iii. Encourage the parent/caretaker to bring the immunization record to the next certification visit.
5. The Competent Professional Authority records the results of the assessment on the

appropriate Nutritional Assessment Sheet.

6. The Competent Professional Authority determines the applicant's nutritional risk and determines that both the computer generated risks and CPA determined risks are appropriate in RI WEBS.
7. The Nutrition Assessment information collected during the appointment used to determine nutrition risk is recorded in the applicant's electronic file.
8. If the applicant meets all eligibility criteria, including nutritional risk, the local agency personnel will proceed to certification (or recertification) procedures.

C. Priority System for Nutritional Risk Criteria

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

Income

Eligible participants will be subprioritized first according to income.

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

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

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

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

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

214 NUTRITION EDUCATION - BREASTFEEDING

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

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

Fully Breastfeeding = no formula

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

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

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

A. Breastfeeding Peer Counselor (PC) Program Support

Local agency WIC Nutritionists and Support Staff will consistently:

1. Collaborate with the PC to support breastfeeding clients.
2. Advise breastfeeding clients to call the WIC office to report their deliveries.
3. Provide prenatal and postpartum clients with PC contact information in accordance with the state and local WIC agency Breastfeeding Peer Counselor Program Descriptions.
4. Use appropriate questions to ask whether clients are breastfeeding (e.g. "What are your plans for feeding your baby?" or "How are you feeding your baby?" instead of "Are you breastfeeding or bottle-feeding?").

5. Record and report new deliveries and problem referrals to the PC on the same day that they are reported to the WIC office.
6. Refer prenatal and postpartum women to the PC whether the PC is on-site or off-site according to state and local WIC agency protocol.
7. When possible, refer client requests to increase formula in a breastfeeding food package to the PC prior to changing the food package.
8. Make necessary follow-up appointments for the PC in RI WEBS.
9. Respond to client alerts entered by the PC in RI WEBS.
10. Follow any other guidelines outlined in the state or local WIC agency Breastfeeding Peer Counseling Program Descriptions to support the Breastfeeding Peer Counselor Program.

B. Criteria for Breastfeeding Referral

1. Referral to Medical Doctor

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

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

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

C. Breastfeeding Nutrition Education Materials

1. Utilize WIC-approved brochures listed on the WIC Nutrition Education Materials Order Form posted at

http://kidsnet.health.ri.gov/forms/divisions/family_health/form_wic_nutr.html

Timeframe Guidelines	Brochures Guidelines
Early to mid-prenatal (as appropriate for client readiness & knowledge)	<ul style="list-style-type: none"> - RI WIC: Breastfeeding is Good for Moms and Babies - Colostrum is Mother's First Breast Milk - Is Breastfeeding Right for Me?
Late prenatal (or earlier if relevant for concerns & planning)	<ul style="list-style-type: none"> - RI WIC: Breastfeeding Your Baby (for all mothers) - Tear sheets (as needed to address questions & concerns)
Postpartum (or earlier if relevant for concerns & planning)	<ul style="list-style-type: none"> - Breastfeeding Law Card <li style="padding-left: 20px;"><u>Distribute only as needed for client concerns & planning:</u> - Breastfeeding Record for Baby's First Week - Babies First #4—Common Problems - RI WIC: Breastfeeding and Going Back to Work or School

2. Utilize nutrition education materials as a teaching tool to complement counseling:
 - a. Tailor distribution to client concerns and stage-specific information
 - b. Highlight details in relevant materials to complement discussion
 - c. Distribute only one or two relevant brochures at each visit
3. Only WIC Nutritionists should distribute and discuss WIC nutrition brochures.
4. WIC staff must receive approval from the State WIC Breastfeeding Coordinator to distribute breastfeeding brochures and materials not included on the WIC Nutrition Education Materials Order Form or on the following list of additional WIC-approved resources.

D. Additional WIC-Approved Breastfeeding Resources

1. All information posted for parents on the Rhode Island Department of Health breastfeeding web pages at www.health.ri.gov/family/breastfeeding (web address included on law card)
2. The following materials posted on or linked to the Massachusetts Breastfeeding Coalition website at www.massbfc.org/parents/index.html:
 - a. Making Milk is Easy! (Portuguese, French or Italian only—use *RI WIC: Breastfeeding Your Baby* for English and Spanish clients)

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

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

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

The WIC Breastfeeding Peer Counselors will consistently:

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

absences and illnesses in a timely manner, following through with supervisor directives, etc.

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

B. Counseling Strategies

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

3-Step Counseling Strategy

1. Ask open-ended questions
 2. Affirm clients concerns
 3. Educate to concerns
3. Utilize nutrition education materials as a teaching tool to complement counseling:

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

C. Client Contact Prioritization

Prioritize daily client contacts in the following order:

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

D. Telephone Contacts

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

E. Prenatal Referrals

Purpose	<ul style="list-style-type: none">▪ Assess a woman’s knowledge of breastfeeding and interest in choosing breastfeeding as infant feeding method▪ Address concerns or barriers to breastfeeding and provide information on benefits of breastfeeding▪ Help women make an informed choice about infant feeding method without being critical or making women feel defensive or inadequate
Protocol	<ul style="list-style-type: none">▪ All prenatal women should be referred to the Breastfeeding Peer Counselor at intake according to state and local WIC agency program guidelines unless the woman is extremely resistant or breastfeeding is medically contraindicated▪ Use computer reports or alternate system to routinely identify, track and

	contact prenatal participants at each site who were not referred
Paperwork	<ul style="list-style-type: none"> ▪ Document all contacts within 1 week ▪ Document <i>inability</i> to contact participants if unsuccessful after 2 weeks
Timeframe	Initiate contact with referred prenatal women within 2 weeks of receiving referral or staff schedules a follow-up appointment for client with PC within a month
Method	Phone, mail, in-person

F. Prenatal Support

Purpose	Provide lactation information and support for women intending to breastfeed
Protocol	<ul style="list-style-type: none"> ▪ A minimum of 2 contacts should be made with all referred prenatal participants who intend to breastfeed ▪ Contact prenatal participants who do not intend to breastfeeding in accordance with local WIC agency PC program guidelines ▪ Use WIC Breastfeeding Peer Counselor Prenatal & Postpartum Assessment Form (WIC #82) as guideline for discussion ▪ Use computer reports or alternate system to routinely identify, track and contact prenatal participants at each site who were not referred ▪ Make referrals to other health care professionals for breastfeeding contraindications (e.g., inverted nipples, previous breast surgery, etc.) ▪ Advise breastfeeding clients to call the WIC office to report their deliveries
Paperwork	<ul style="list-style-type: none"> ▪ Document all contacts within 1 week ▪ Document <i>inability</i> to contact participants if unsuccessful after 2 weeks
Timeframe	Preferably 1 contact at each trimester (6-9 months, 3-6 months, 1-3 months) and again at 2-4 weeks before anticipated due date
Method	Phone, one-on-one counseling, group class, mail (if no phone number available)

G. Postpartum Support

Purpose	<ul style="list-style-type: none"> ▪ Assess how breastfeeding is going and provide encouragement and support ▪ Identify common breastfeeding problems and provide problem-solving information and support ▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following “Criteria for Breastfeeding Referral”)
Protocol	<ul style="list-style-type: none"> ▪ A minimum of 2 contacts should be made within the first two weeks postpartum and again after the first 2 weeks postpartum (4 contacts total) ▪ Contact breastfeeding participants as soon as possible after delivery ▪ Attempt to schedule an in-person appointment ASAP when necessary ▪ Use WIC Breastfeeding Peer Counselor Prenatal & Postpartum Assessment

	<p>Form (WIC #82) as guideline for discussion</p> <ul style="list-style-type: none"> ▪ Use computer reports or alternate system to routinely identify, track and contact postpartum participants at each site who were not referred ▪ Make referrals to other health care professionals for complicated or unresolved breastfeeding problems (see following “Criteria for Breastfeeding Referral”)
Paperwork	<ul style="list-style-type: none"> ▪ Document all contacts within 1 week ▪ Document <i>inability</i> to contact participants if unsuccessful after 2 weeks
Timeframe	<p><u>During first 2 weeks postpartum:</u></p> <ul style="list-style-type: none"> ▪ Contact deliveries reported through WIC Infant Delivery Log and WIC Lactation Consultant Referrals by phone within 24 hours of receiving report ▪ Contact deliveries identified using “Due Date Follow-up Report” (Report 400B) or another tracking method 2-3 days after anticipated due date ▪ Follow-up on contacts within 2-3 days or as requested by participant ▪ Follow-up on problems within 24 hours (see Problem Referrals) <p><u>After first 2 weeks postpartum:</u></p> <ul style="list-style-type: none"> ▪ Preferably contact at 2-3 weeks, 4-8 weeks, and 3-4 months postpartum ▪ Maintain contact as needed or as requested for entire breastfeeding duration
Method	Phone, in-person, mail (only after first 2 weeks)

H. Problem Referrals

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

216 NUTRITION DOCUMENTATION

A. Documentation purpose

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

B. Documentation procedures

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

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

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

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

2. SNEC (Secondary Nutrition Education Contact)

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

3. SNEC (Secondary Nutrition Education Contact)

- a. All low-risk SNEC’s should be documented in RI Webs in either of the following ways:
 1. A brief note in the general note section that states any pertinent information about the participant that will be useful for follow-up or general reporting purposes.

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2. A selection of a nutrition education topic in the nutrition education contact tab of the participant folder.
3. Other Nutrition Assessment Documentation Information
 - a. If a dietary risk factor is selected by the nutritionist, the rationale for its' selection must be documented in the note.

For Example: Qualifying rationale for the selection of 425 risk factor – “inappropriate nutrition practices for infants” should be explained in the note (bottle use for juice, early introduction to solids, cereal in bottle, etc.).
 - b. Should a participant miss a nutrition education appointment, local agency staff, for purposes of monitoring and further education efforts, should document this fact in the general notes section of the participant file in RI Webs or choose “No show for Nutrition Education” in the Nutrition Education Contact tab.
 - c. State agency nutrition staff shall not provide nutrition assessment services (including food package assignments) remotely to local agency participants in the absence of local agency nutrition staff. In the event of planned and/or unplanned nutrition staff absences at local WIC agencies, staff must make their own accommodations to serve clients at the local agency level.

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

4. Other Nutrition Assessment Documentation Information
 - a. If a dietary risk factor is selected by the nutritionist, the rationale for its' selection must be documented in the note.

For Example: Qualifying rationale for the selection of 425 risk factor – “inappropriate nutrition practices for infants” should be explained in the note (bottle use for juice, early introduction to solids, cereal in bottle, etc.).
 - b. Should a participant miss a nutrition education appointment, local agency staff, for purposes of monitoring and further education efforts, should document this fact in the general notes section of the participant file in RI Webs.
 - c. State agency nutrition staff shall not provide nutrition assessment services remotely to local agency participants in the absence of local agency nutrition staff. In the event of planned and/or unplanned nutrition staff absences at local WIC agencies, staff must make accommodations to serve clients at the local agency level.

214 DENIAL OF ELIGIBILITY

1. If the applicant is determined ineligible for the Program, or there are insufficient Program funds to

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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.

218 DENIAL OF ELIGIBILITY

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

Denial/Termination (Appendix).

2. Local agency personnel will explain to the applicant or caretaker of the applicant the reason(s) for denial of eligibility for program benefits and provide the person with a copy of the completed form in the appropriate language.
3. Local agency personnel will inform the applicant or caretaker of his/her right to appeal any decision made by the local agency regarding his/her eligibility for the program.
4. Local agency personnel will provide the applicant or caretaker with the WIC-14, Fair Hearing Information. A WIC-15, Request for Fair Hearing form, will be given if the applicant expresses a wish to appeal a denial. Information about available resources for legal counsel must be given.
5. Local agency personnel will ensure that a completed copy in English, of the Denial of Eligibility form and other eligibility determination documents are signed by a WIC staff person and are retained in the applicant/participant's file. If the copy of the WIC-9A provided to the applicant or caretaker is in a foreign language, that language should be indicated on the bottom of an English language version of the form.
6. A complete record should be made of dates of activity, assessment data and reasons for denial.
7. If the denial is due to insufficient Program funds, and the applicant meets all other eligibility criteria, place the person's name on the appropriate waiting list. Determine whether another agency may be able to serve the person and refer as appropriate. If waiting lists are long and low priority applicants may not be reached in a reasonable period of time, consult with the state agency to see if a portion of the waiting list may be discontinued.
8. If the denial is due to reasons other than insufficient Program funds, the applicant/participant may reapply whenever circumstances change.
9. Local agency personnel will provide information about other potential sources of food assistance in the local area to individuals who apply in person to participate in the WIC Program, but who cannot be served because the Program is operating at capacity in the local area.

216 FOREIGN STUDENT ELIGIBILITY

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

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

Local agencies should implement the following procedures:

1. If the local agency believes or knows for a fact that the applicant is an alien, the local agency should tell the applicant that participation in the WIC Program could jeopardize retention of his or her visa, if the financial situation which makes them eligible for WIC existed before entering this country. Refer the alien to the local INS office for further information.
2. If, after the local agency cautions the alien applicant of the possible consequences of his or her participation in WIC, the applicant still wants to apply for benefits, the local agency should require documentation of income eligibility, since a prerequisite for a foreign student visa is economic self-sufficiency. The local agency can require that the alien submit the same financial information that was submitted to INS to obtain a visa or give written authorization for the agency to obtain any and all income information from INS.
3. If the student is self-supporting, he/she must document to INS that he/she has sufficient funds to cover all living costs for the planned years of study including living expenses.
4. If the student is dependent on financial support from his parents or other persons, the sponsoring persons may complete and sign an INS Form I-134 outlining their income and assets, and their ability to support the alien student. The student should have copies of this documentation or other documents such as an IAP-66 or I-20.
5. Eligibility should be denied if income documentation is incomplete. Fair Hearing rights must still be made available, however.

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

217 OTHER ALIENS

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

220 - COMPLETING CERTIFICATION

221 CERTIFICATION PROCESS

A. Description

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

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

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

B. Steps

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

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

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

C. Processing

Processing a certification requires documentation of the following steps:

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

At a certification / recertification visit, the WIC checks must not be issued by the same person who completed the nutrition assessment. If such separation is not possible due to staffing issues, agencies must have a procedure (approved by the

state-agency) to ensure no one staff member may complete all the above steps in a standard WIC certification. There must be proof within the certification record that the certification steps were completed by more than one WIC employee.

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

D. Persons Who Cannot Sign Their Names

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

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

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

222 ELIGIBILITY AGREEMENT

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

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

The applicant must sign the form to verify that information is correct and items are agreed to. A WIC staff member must sign and date the form and retain a copy in the applicant's file. If explanation of the form is given in a foreign language, the language

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must be indicated on the bottom of the form.

- B. As part of the certification process, local agency personnel must fully explain the WIC Program to the payee, including a description of the participant's rights. This is accomplished and verified through use of the Eligibility Agreement (WIC-5) form. This includes a summary of information about WIC and the participant's rights thereon.
1. The Eligibility Agreement should be signed and a copy issued to all payees at certification. The form should also be signed and issued at all recertifications.
 2. The Rights and Obligations portion of the Eligibility Agreement shall be read by or to each applicant or caretaker of the applicant at the time of signing of the form.
Where a significant proportion of the area served by a local agency is composed of limited or non-English speaking persons, the sentences shall be stated to them in a language they can understand.
 3. Complete the Form and ensure that the payee signs and dates it. If needed, fill in the language used for the Rights and Obligations portion of the form. If the payee can not date his/her signature, the staff person can date and initial the form.
 4. Place the signed form in the participant's file.
 5. Give a copy of the Eligibility Agreement and the Information and Rules to the payee in the appropriate language.
 6. Referrals shall be made to the Food Stamp Program, Medical Assistance (RIte Care) and the Family Independence Program as appropriate. Information shall be provided including pamphlets, telephone numbers, etc. (see Outreach Sec. 5)
- C. Refer to Section 244 – D for use of the Third Party Release to Disclose WIC Information (WIC-101).

225 IDENTIFICATION FOLDER AND ALTERNATE SHOPPER

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

A. Regular Identification Folders

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

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2. Participant Who Wishes an Alternate Shopper

- (a) When a participant has been certified, the local agency should ask the payee if they would desire an alternate shopper. If possible, the payee and the alternate shopper should both sign the proxy form (WIC-7C) and the Identification Folder at the same visit. Only the payee should be issued an ID folder. The alternate shopper does not receive his/her own ID folder.
- (b) The alternate shopper must be either an adult or an emancipated minor (parenthood, marriage, court, self-sufficiency with relinquishment of parental rights and duties). In cases of emergency, local agencies should contact the state agency for permission to authorize a non-emancipated minor on a temporary basis.
- (c) An individual may not act as an alternate shopper for more than five participants or three families at any one time. Where this policy poses a hardship (for example in a facility for the homeless), the state agency will consider the participants' access to full WIC services and the need for allowing an exception.
- (d) One proxy form may be used for an entire family but must be cross referenced in each family member file.
- (e) If the alternate shopper cannot come to the agency to sign the forms:
 - (I) Complete the proxy form (WIC-7C), write None in the line for Alternate Shopper.
 - (ii) Ask the payee to sign it, staff signs and dates it. File in participant's file.
 - (iii) Give a second proxy form to the payee, with alternate Shopper's name printed on it.
 - (iv) Write the Alternate Shopper's name on WIC ID folder. Caution the payee to have only the named alternate sign the folder and to have it signed before shopping.
 - (v) Instruct payee to have Alternate Shopper sign the proxy form and the ID folder and bring both back the next time. Issue only one month of checks at this time.
 - (vi) Put a Alert in computer, so that the next time the payee comes in to the agency the message will inform staff that a "proxy is pending".

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- (vii) When the payee or alternate returns for the next set of checks, verify the alternate's signature on the ID folder against that on the proxy.
- (viii) Void the prior proxy and file the new one. If payee doesn't bring back the proxy, issue a new ID folder and cross out "Alternate Shopper" sections on ID folder.
- (ix) Repeat this process if the participant wishes to change or add an alternate shopper.

4. Participant Who Does Not Wish an Alternate Shopper

Place a blank proxy form marked "None" in the record or "proxy file".

5. Update of Proxy Forms

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

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

B. Temporary Identification Folder

1. A temporary ID folder may be issued to a payee alternate (other than the alternate on the regular ID or in the case of no alternate on the regular ID) if the alternate applies at a WIC agency with a signed Request for proxy form, WIC-7C, from the payee, along with the payee's regular I.D. folder.
2. The WIC worker, upon receipt of the regular ID and the signed Request for proxy form, will prepare a temporary ID. The worker will fill in payee name, WIC number, alternate name, date issued, expiration date (may not exceed 30 days), and authorizing agent signature. The WIC worker will require the alternate to sign under Alternate Signature before leaving the office. The Alternate will be instructed that he/she must obtain the payee's signature before the ID folder becomes valid.

226 CERTIFICATION PERIODS

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

1. The recertification date for pregnant women is up to six weeks after the expected delivery date. The delivery and recertification dates may be changed for suitable documented reasons. The women should be promptly reevaluated at the recertification

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- date for certification as postpartum or breastfeeding. (Note, federal regulations allow for certification for up to six weeks postpartum but this should only be used in special situations). All postpartum women shall be recertified along with their infants so that their WIC category is reflective of their current infant feeding status. This will ensure that breastfeeding rates are more accurately reported and will also ensure they receive the most appropriate food package.
2. Postpartum women may be certified for up to 6 months postpartum.
 3. Breastfeeding women shall be certified for up to the child's first birthday.
 4. Extended Certification: WIC Infants less than 6 months of age shall be certified until their first birthday. Their Extended Certification period will end on the month of their first birthday.

Ensure these infants are provided with:

Quarterly nutrition education contacts including follow-up Nutrition Assessment with anthropometrics. (See Section 430-Nutrition Education)

Available and continuous health care services. (See Section 410-Health Care Support)

After the initial Extended Certification Period, all repeat certifications will occur at 6 month intervals.

Standard Certification: Infants 6 months of age or older shall have Standard Certification periods ending no later than 6 months from the certification date.

5. Children should be certified at intervals of approximately 6 months and ending on the child's fifth birthday.
- B. If the certification period of a priority I, II, or IV infant extends beyond the change of WIC category, from infant to child, the priority will be continued until the next certification is performed. Priorities will only be changed at recertifications.
- C. Anthropometric measurements required for certification may precede the date of certification by up to 60 days. Hematocrit/hemoglobin measurements must follow the CDC's periodicity table and must be received in the WIC office by up to 90 days from date of certification. Elevated blood lead data may be up to six months old.

Medical data on pregnant, breastfeeding, and postpartum women must both be taken within 90 days of certification and be reflective of their status at the time of certification. Pregnant women should be certified until the end of their pregnancy and up to six weeks after.

D. Variable Certification Periods and Benefits:

1. Eligible applicants living in a homeless facility or institution which is not listed as authorized or unauthorized by the State or in a facility because there is no other shelter alternative available in the local agency's service delivery area, should be certified for a full certification period. The State agency should be notified so that compliance with required conditions can be determined. If a homeless facility has been determined to be unauthorized, because of non-compliance with required conditions, certification should continue to the end of the certification period for residents of that facility. WIC certified residents of such a facility or one which ceases to be authorized by the State agency, during the course of the participant's initial certification period, may apply for continued benefits and can be certified again, but issuance of WIC foods, except infant formula, should be discontinued until the accommodation's compliance is achieved or alternative shelter arrangements are made. If certified under those conditions the participant should continue to receive all other WIC benefits, such as nutrition education and health care referral services. Provide such participants with information about any other overnight facilities in the area which are authorized by WIC (see Appendix Section 200 for list of WIC authorized facilities).
2. Applicants who may have a temporarily low income, such as strikers, may be given a shorter certification period based on an anticipated increase in income sooner than six months after the date of certification.
3. Persons transferring from other states authorizing longer infant certification periods and who present a valid VOC card must be certified for such longer certification periods.

227 REAPPLICATION

It is a goal of the WIC Program to reach all persons having the greatest nutritional risk and need for benefits. Since funds are not available to serve all of those in need who are otherwise eligible for the program, each person's need must be evaluated in light of the need of other persons who have applied at the agency for program benefits. The evaluation of nutritional risk at the time of the reapplication, then, must take into consideration the nutritional risk of other persons on the waiting list.

Advise all participants at the time of application and reapplication of the possibility of termination should other persons on a waiting list have a greater nutritional risk.

Each participant shall be notified at least 15 days prior to the expiration of each certification period that eligibility for the Program is about to expire.

For non-English speaking persons, translated notices are available for information purposes. The signed document, a copy of which is filed in the record, should be the translated version.

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A. Persons Appropriate for Reapplication

1. The local agency will give or mail to the participant due for recertification a WIC-8 Reapplication form and WIC-2B or 2A Physician Referral for. A copy of the WIC-8 is kept in participant file or reapplication folder.
2. Participants appropriate for reassessment shall be given a reapplication appointment as stated in procedures for "Determination of Eligibility" (Section 210). Include the appointment date on the WIC-8.
3. Proceed with eligibility determination procedures for categorical, residential, and income eligibility requirements.
4. For participants still eligible according to these criteria, the condition(s) of nutritional risk must be re-evaluated. If Medical/Nutritional information from an outside health provider is needed, instruct the participant to have the health provider complete the WIC-2B or 2A form.
5. If a person does not appear for reapplication or does not provide required information, check to ensure a copy of the WIC-8 is in the record. The participant will be terminated automatically by the computer.

B. Persons Being Recertified:

1. Check identification folder and issue a new one if necessary.
2. Complete the Eligibility Agreement (1 copy to participant, 1 copy to record).

C. Persons Not Being Recertified

1. If the participant is not going to be recertified due to ineligibility based on category, income, residence, nutritional risk or lower priority classification than individuals on the waiting list, program termination procedures will be followed.
2. Complete WIC-9B Program Denial/Termination (1 copy to participant, 1 copy to record).
3. Computer will terminate automatically.
4. Give Fair Hearing information and place on Waiting List, if there is a nutritional risk.

Note that the 15 day notification requirement is met if the person was issued Reapplication Notice (WIC-8) at least 15 days before end of Recertification Due Date.

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230 TERMINATION FROM PROGRAM

- A. Reasons for Termination
 - 01 Categorically Ineligible**
 - 02 Delayed Blood Work Overdue**
 - 03 Fraud or Abuse**
 - 04 Incomplete Certification**
 - 05 Moved Out of State**
 - 06 Non-participation**
 - 07 Not Recertified**
 - 08 Other**
 - 09 Over Income**
 - 10 Participant Died**
 - 11 Participant Requested Termination**
 - 12 Placed on Waiting List**
 - 13 VOC Recertification**
 - 14 Woman Stops Breast-feeding After 6 Months**

- B. For non-English speaking persons, translated notices are available to be given for information purposes. The signed document, to be filed in the record, should be the English language version.

- C. Termination During Certification Period
 - 1. Participants should be terminated (disqualified) during the certification period for termination reasons **01, 02, 03, 05, 06, 09, 10, 11, and 14** above (230A) based on the evidence of changes in circumstances received by the local agency. However, persons certified because of adjunctive eligibility with FIP, SSI, Medicaid, and Food Stamps can not be terminated at mid-certification solely based on cessation of benefits from one or more of those programs. Such terminations need to be carefully evaluated for regulatory and procedural requirements (Abuse-Sec. 242, Income-Sec. 212 No.8). Other reasons may include, but are not limited to; voluntary withdrawal, changes in breastfeeding status, refusal to give residence information after moving, living in a homeless facility or institution which has lost its authorization with WIC or not making available and/or refusing to utilize supplemental foods on a continued basis.

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Termination during a certification may not be done for caseload management reasons without specific authorization from the state agency.

2. Funding Shortage

If the state agency experiences funding shortages, Program benefits may be discontinued to a number of participants. This procedure may only be carried out upon and in accordance with direction by the state agency. No new participant may be added during the period of such discontinuance.

If benefits are discontinued during a participant's certification period provide the participant with a copy of the WIC-9A, Program Denial/Termination form at least fifteen (15) days before the termination is effective. Retain one copy in the participant's file for documentation. Enter the code "07" in the QWIC demographic screen.

3. Failure to Pick Up Checks

The Eligibility Agreement serves as notice to participants that they will be terminated if they fail to pick up checks two (2) months in a row.

4. For others found ineligible for the program during the certification period:

- (a) Complete two copies of the Program Denial/Termination form (Appendix WIC-9A). Retain one copy of the form in the person's file for documentation.
- (b) Provide the participant with a copy at least fifteen (15) days before termination. At the same time, provide the person with the Fair Hearing Information form. A Request for Fair Hearing form should be provided if the person wishes to appeal. Exception: If a homeless facility or institution loses its authorization for WIC, all participants residing in it must receive 30 days notice of the need to sever connection with the homeless facility or institution or be terminated. Provide

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such persons with a Program Denial/Termination form explaining the circumstances and informing them about any other overnight facilities in the area which are authorized by WIC. If a participant becomes homeless after having been certified for WIC and moves into a homeless facility or institution he/she shall be allowed to complete the certification period regardless of whether the facility is a WIC authorized homeless facility.

D. Termination at End of Certification Period

1. If a participant is not going to be considered for recertification due to categorical ineligibility or to ineligibility due to having a lower priority classification than individuals on the waiting list:
 - (a) Complete two copies of the WIC-9A, Program Denial/Termination form. Retain one copy in the participant's file for documentation.
 - (b) Provide the participant with a copy at least fifteen (15) days before the expiration of each certification period.
2. Recertification being considered
 - (a) Complete two copies of the WIC-8, Reapplication Notice. Retain one copy in the participant's file for documentation.
 - (b) Provide the participant with a copy of Reapplication Notice at least fifteen (15) days before the expiration of the certification period.
 - (c) Follow recertification procedures (Sec. 226 - Reapplication).

E. Documentation of Termination

In addition to completion of forms mentioned above, documentation of some terminations should be included in a progress note. A progress note should be written if the participant is terminated for:

- 06, no check pick-up for 2 months
- 07, failure to recertify

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Progress notes should include the following:

- date of documentation
- specific reason for termination from the Program must be written out.
Do not use codes.
- signature and title of WIC staff person

All termination codes must be entered into the RI WEBS system, on the demographic screen.

240 PARTICIPATION PROCEDURES

241 Participant Transfers and I.D. Number Changes

A. Verification of Certification Cards

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

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

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

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

B. In State Agency Transfers

1. Transferring Agency

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

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

- (c) Do not terminate the transferring participant from your caseload. Put a termination notice in the chart and give one to the participant. **(Note: The receiving agency must put the participant's I.D. number into the computer to pull the chart into their agency when transferring the participant.)**

2. Receiving Agency

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

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C. Out of State Transfers

1. Transferring Agency

- (a) If a participant requests a transfer out of state, determine the date of the move and the last set of checks to be issued from the transferring agency. Checks may be issued up to the day the person moves from the state.
- (b) Print a VOC card and give it to the participant after issuing the last set of checks.
Follow instructions as follows:
 - i) The payee signature must be completed before the VOC card leaves the agency. If a payee cannot request a VOC card, the

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payee signature must be completed in person, the card must be sent to the specified out-of-state agency directly. Only the receiving agency or the payee may make this request.

- (ii) The person printing the VOC card is the local agency official. The official's name should be printed clearly above his/her signature on the paper.
- (c) Terminate the participant.
- (d) If a transferring participant or a WIC program in another state requests any information about a participant, such information may be transferred either to the participant (or guardian), or, for purposes of coordination of health care, to qualified personnel and health care providers within the health care system. No information may be given to any other party unless the request is made by the participant/guardian or a proper release of information form is received (Section 243).

2. Receiving Agency

- (a) When receiving a participant transfer, enter the participant on the computer. The participant must receive the next available opening, regardless of priority. If the VOC Card is incomplete, attempt to verify missing information. However, if the VOC card includes the minimum requirements of the participant name, when the certification period ends, and the name and address of the local agency, the next available opening must be given to the participant. Individuals presenting a valid VOC card must provide proof of residency and identity.
- (b) Document Proof of residency and identity in the computer. Have Payee sign an Eligibility Agreement for any person transferring into the agency. Also give Payee A Proxy form to be completed.
- (c) Staple the VOC card to the participant chart if out of state. Issue an ID folder to the participant.

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D. Department of Defense WIC Overseas Program

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

The Transferring Agency

1. State and local agencies must issue WIC VOC cards to WIC participant affiliated with the military who will be transferred overseas.
2. WIC clinics are not responsible for screening and determining eligibility for WIC Overseas Program eligibility.
3. WIC participants issued VOC cards when they transfer overseas must be instructed of the following:
 - a. There is no guarantee that the WIC Overseas Program will be operational at the overseas site where they will be transferred
 - b. By law only certain individuals are eligible for the WIC Overseas Program
 - c. Issuance of a WIC VOC card does not guarantee continued eligibility and participation in the WIC Overseas Program.
4. All information on the VOC card must be completed, because WIC Overseas Program personnel cannot readily contact a WIC Program to obtain further information. All VOC cards must contain the following:
 - a. The name of the participant
 - b. The date the certification was performed
 - c. The date income eligibility was last determined
 - d. The nutrition risk conditions of the participant
 - e. The date the certification period expires
 - f. The signature and printed or typed name of the certifying local agency official
 - g. The name and address of the certifying local agency
 - h. An identification number or some other means of accountability

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

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

Acceptance of WIC Overseas Program VOC Cards

1. State and local agencies must accept a valid WIC Overseas Program VOC card presented at a WIC clinic by WIC Overseas Program participants returning to the

- U.S. from an overseas assignment.
2. In accepting a VOC card, minimally the following elements on the cards are absolutely essential:
 - a. The participants's name
 - b. The date the participant was certified
 - c. The date that the current certification period expires
- WIC Overseas Program participants arriving in a WIC clinic and showing a VOC card with only these three pieces of information should be treated just as if the VOC card contains all of the required information.
3. Individuals presenting a valid VOC card must provide proof of residency and identity, with limited exception, in accordance with WIC Program regulations and policies.
 4. Follow the procedure for an out of state transfer as outlined above.

242 Program Violations or Abuse/Multiple Participation

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

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

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

- a. periodic interviews regarding shopping and redemption practices and vendor practices.
- b. specific interviews when requested by the state agency regarding specific concerns.
- c. reporting data obtained in a usable manner to establish conclusions about participant or vendor practices and as evidence in subsequent actions.
- d. obtaining statements from participants when an investigative action has been initiated.

B. Program Abuse

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

1. Definition of Abuse and Violation

CATEGORY I

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

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

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- f. Committing two Category III violations following any disqualification for violation(s).
- g. Physical abuse, or threat of physical abuse of Program, clinic, or vendor staff.
- h. Failure by the participant to utilize, or failure of the payee to make available to the participant, the supplemental foods in any month.
- i. Participating in WIC at any local agency while disqualified at any local agency.

CATEGORY II

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

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

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2. Procedures

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

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- e. The local agency may consider a serious health risk to the participant and other relevant factors in determining whether or not the sanction should be waived in a particular case.
- f. If restitution by the participant is required under section 246.23(c) of USDA Regulations such restitution will be in cash and will equal the value of Program benefits improperly issued unless it is determined that the recovery would not be cost effective.
- g. If not waived or modified, the following sanctions shall apply:
 - Category I - Disqualification for three months and, if appropriate, restitution of the value of benefits improperly issued.
 - Category II - Disqualification for one month and, if appropriate, restitution of the value of any benefits improperly received.
- h. In the event of physical abuse or threat of physical abuse of staff (1.,f., above), the sanction may be imposed without offering a conference as above (3, c), or despite a determination of health risk (3, d), if appropriate to protect the safety of staff. Notify the participant as in 3, j below. Such abuse during a certification appointment may prevent the completion of the certification/recertification and lead to denial of eligibility or failure to recertify.
- i. Before disqualifying a child participant, the local agency may determine whether the abusive person can be excluded from the agency and an acceptable alternative payee utilized.
- j. If not already accomplished, the participant shall be given fifteen day notification by certified mail, return receipt requested, of the implementation of the disqualification from the Program. Any notice of violation or disqualification shall include the Fair Hearing statement, request, and information forms. Specify the date that the person may reapply for the

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Program. This date should allow for enough time in advance of the end of the disqualification period for the person to be reinstated in the following month.

- k. After this period, the local agency shall review the eligibility of the participant as a new applicant.

C. Dual/Multiple Participation

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

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

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

D. Other Violations of Program Rules

CATEGORY III

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

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

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

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three months for three violations within a 24 month period.

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

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

E. Prosecution of Fraud and Abuse

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

F. USDA "Whistle Blower Hotline" for Fraud Control

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

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

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

243 Guidelines for WIC Medical Record Organization

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

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

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

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

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

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

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

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

1. All progress notes and high risk care plans should be entered into the computer.
2. Have all WIC forms from the certification period together in the supporting documents section of the medical record. Each agency should establish an order for the WIC forms in the medical record and have all records in this order for subsequent certifications.

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

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

Progress Note Dos:

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

Progress Note Do Nots:

1. Do not use white out in progress note or in any part of the WIC record. If a mistake is made, draw one line through the mistake, initial it and write correct information.
2. Do not use professional jargon as those outside the profession may not understand.
3. Do not use unconventional abbreviations. Refer to following list of accepted abbreviations - use only these in the progress notes.

4. Do not be critical of treatment carried out by others.
5. Do not make remarks that would indicate bias against the participant.

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

- S: Subjective information that the CPA observes ie: overweight, underweight, etc.
- O: Objective information that is measurable ie: height, weight, hematocrit, etc.
- A: Assessment. Write an assessment of the client's nutritional status based on the subjective and objective information.
- P: Plan. Set out the plan of care and action that the client chooses to address which may or may not have been elicited from the nutrition assessment.

Supporting documents

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

1. WIC Nutrition and Risk Assessment Forms (WIC 3B, 3C, 3D, 3E)
2. Eligibility Agreement - a copy of this form must be filed in each participant record for every certification. Also, if two family members are in for certification on separate days, a new agreement needs to be filled out for each day's appointment.
3. Proxy form - one form is required for each family. The form must list all participants receiving WIC in that family. If the copy will be kept only in one family member's record, it must be cross-referenced in the remaining family members' records. If a new proxy is desired, a new form must be completed and all old forms are to be kept as a permanent part of the record. If a payee does not want an alternate shopper, a copy of the proxy form should be signed by the payee with none listed as the alternate shopper.
4. Recertification notices- recertification notices must be kept in the record. If the physician sends information in for the participant that form must also be filed in the record.
5. Termination/denial notice - a copy must be kept in each participant record.
6. Medical verification for special formula or medical conditions must become a permanent

part of the medical record.

244 Confidentiality and Release of Health Care Information

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

- B. Limitations on Disclosure
 - (1) Each agency shall restrict the use of disclosure of information obtained from Program applicants or participants to persons directly connected with the administration or enforcement of the Program and to those public health or helping organizations listed on the Participant Agreement which the state agency has designated, for purposes of establishing eligibility for other programs or services which may be of help to the participants for such programs.
 - (2) Any person seeking permission to inspect WIC records shall provide his identity and shall state his reasons for making such a request.
 - (3) A patient's confidential health care information shall not be released or transferred without the written consent of such patient or his authorized representative, on a consent form meeting designated requirements. (See (4) below).
 - (4) Consent forms for the release or transfer of confidential health care information shall contain the following information.
 - (a) A statement of the need for and proposed uses of such information.
 - (b) A statement that all information is to be released or clearly indicating the extent of the information to be released.
 - (c) A statement that such information will not be given, sold, transferred or in any way relayed to any other person not specified in the consent form or notice without first obtaining the individual's additional written consent on a form stating the need for the proposed new use of such information or the need for its transfer.

- (d) A statement that the consent for release or transfer of information may be withdrawn at any future time.

C. Use of WIC Eligibility Agreement Release of Confidential Information

1. The patient, or the patient's authorized representative, should be given a copy of the Eligibility Agreement in the appropriate language, to read. If he or she is unable to read, and understand the form, an appropriate explanation of its contents should be given, so that the rights of confidentiality are understood.
2. All WIC applicants or their guardians must sign an English language eligibility Agreement form which must be filed in their records. The completed form in the record will suffice for requests by federal, state, or local Rhode Island WIC Program agencies or authorized agents, staff, or representatives, or authorized agents of the Rhode Island Department of Health. The form must be witnessed and signed by a WIC staff person.
3. An Eligibility Agreement form, if the patient is unable to sign it, must be signed by the patient's authorized representative. Parents or authorized representatives may sign for or on behalf of minors. For persons legally incompetent to affix their own signature, a reason why the patient cannot sign must be supplied.
4. An Eligibility Agreement form, in the event that the patient is competent but cannot sign by written signature should be marked by the patient with an (x). Such signature must be witnessed and signed that the patient is unable to affix her written signature.
5. For WIC related confidentiality purposes, the form need only be signed once, unless there is a participant or payee name change, a change in guardianship or the release is withdrawn in writing. A copy of any such withdrawal must be filed in the record. Invalid release forms should be voided and kept in the record.
6. If the consent is withdrawn, however, the agency must review whether the withdrawal prohibits the determination of eligibility or Program compliance, or whether information is denied that is needed to implement, administer, enforce, or monitor the Program. Such withdrawal may be grounds to terminate participation.

7. A patient's confidential health care information shall not be released or transferred without presenting the written consent of such patient or his authorized representative, on a consent form meeting designated requirements (see B. (4) above).
 8. A WIC patient or the authorized representative of such WIC patient may review the patient's record at any time so long as it is in the presence of a WIC official or competent professional authority. Copies of health care information appropriate for release, subject to the execution of a proper authorization, may be supplied, upon request, to the patient or patient's authorized representative at the usual or customary cost.
- D. The WIC Eligibility Agreement (WIC –5) provides consent for releasing medical, nutritional and/or demographic information from the WIC record to:
1. Public Welfare Programs through the RI Department of Human Services – Food Stamps, Medicaid and Family Independence Program,
 2. Public Health Programs through the RI Department of Health –Early Intervention, Lead Poisoning Prevention and Family Outreach Programs
 3. University of Rhode Island – Cooperative Extension Program,
 4. Other programs the participant agrees to be referred to,
 5. The participant's health care provider.
 - i. The WIC Eligibility Agreement does not provide consent for WIC data to be shared with third party entities. An example of a third party entity would be Head Start or Lead Centers.
 - ii. To obtain parental / guardian consent for sharing WIC data with third party entities, an additional written consent form is required (WIC – 101).
 - iii. The Third Party Program Release Authorization Form (WIC 101) should not be given until the WIC applicant's eligibility has been determined. The participant or the participant's authorized representative's decision to authorize or deny release of WIC Program information to a Third Party should have no impact of their eligibility determination.
 - iv. The participant, or the participant's authorized representative, should be given a copy of the Release Authorization Form in the appropriate language, to read. If he or she is unable to read, and understand the

form, an appropriate explanation of its contents should be given, so that the rights of confidentiality are understood.

- v. Once the WIC – 101 has been completed it must be updated by the parent / guardian at subsequent re-certifications and kept on file.
- vi. If the consent is denied, the agency must forward this information to the State WIC Office on a regular basis.
- vii. This permission may be withdrawn in writing at any time.

E. Penalties

1. Under the Rhode Island Confidentiality of Health Care Information Act (5-37.3) the following penalties apply:
 - (a) Civil Penalties--"Anyone who violates the provisions of this chapter may be held liable for actual and exemplary damages."
 - (b) Criminal Penalties--"Anyone who intentionally and knowingly violates the provisions of this chapter shall, upon conviction, be fined not more than one thousand dollars (\$1,000), or imprisoned for not more than six (6) months or both."
 - (c) "The civil and criminal penalties above shall also be applicable to anyone who obtains confidential health care information through the commission of a crime."
 - (d) "Attorney's fees may be awarded, at the discretion of the court, to the successful party in any action under this chapter.>"
2. Local agencies which violate state or federal laws or regulations concerning confidentiality can be subject to penalties as provided for in the WIC Local Agency Agreement and said laws and regulations

250-Operating Standards / Organization of WIC Staff Activities

251 Organization of WIC Staff Activities

A. General

Local agencies should set staffing patterns that most effectively use personnel resources and are in compliance with federal regulations and state rules and procedures. It is the local agency's responsibility to establish a staffing structure to operate efficiently and effectively within WIC rules and regulations given financial resources, agency organizational factors, and capabilities of available personnel.

B. Illustrative Responsibilities

For local agencies who employ staff with different qualification levels, the following position responsibilities are illustrative of those that can be delegated to each staff level:

1. Clerical and Support Staff Activities

- Administrative Tasks:
- Maintain appointment booking system and smooth patient flow. Participate in strategies to reduce no-show rates.
- Distribute WIC checks and **maintain E-pad signatures.**
- Document in client's individual chart when appointments are not kept.
- Maintain filing.
- Participate in agency outreach efforts.
- Prepare individual client file for use by competent professional authority during appointment.
- Prepare, distribute, and file recertification and termination notices.
- Maintain clinic supplies. Reorder when necessary.

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- Assist with other clerical office duties as needed.

Certification:

- Verify applicants' proof of residency, income, and identification. Complete Applicant Agreement Form.
- Weigh and measure using standardized measuring techniques. Enter information into RI WEBS database.
- Perform finger stick to obtain blood sample and determine hemoglobin from sample.
- Complete confidentiality forms.
- Explain use of alternate shoppers and maintain completed alternate shopper forms in each client individual chart.
- Issue WIC I.D. card and V.O.C. documents to WIC participants.

WIC Participant Orientation:

- Describe the application process and benefits of the WIC Program.
- Acquaint participants with WIC Allowed Foods.
- Inform participants of their rights and responsibilities.
- Inform participants of how to use WIC checks.
- Provide translation of nutrition counseling for competent professional authority when needed (if bilingual).

2. CPAs Level I and Level II (Nutrition Assistants)

CPAs - Levels I and Level II may have the same responsibilities as clerical and support staff plus some responsibility for certification and nutrition education. Any agency which employs CPAs Level I and Level II must have a CPA-Level III (Nutritionist or Nurse) on staff in WIC to supervise the work of the CPA-Level I/II.

CPAs - Level I may certify and provide counseling to participants at secondary risk only.

CPAs - Level II may certify and provide counseling for participants at secondary- or high-risk.

CPAs - Level I

In addition to the responsibilities listed for clerical staff CPA -Level I may also perform the following tasks:

Certification:

- Interview clients and record health intake data.
- Complete nutrition assessment forms.
- Assess health and nutrition status using anthropometric measurements, hematologic data, nutrition assessment tools, and information from physician referral forms, medical records and applicants.
- Determine WIC eligibility, assign priority and risk status, prescribe food package, complete WIC assessment and certification documentation according to State and local agency standards.

Nutrition Education and Health Care Coordination:

- Provide at least two nutrition education contacts per certification period to all participants at secondary risk.
- Provide counseling on ways to meet dietary needs appropriate for the particular life stage of the participant.
- Recommend nutrition and/or lifestyle changes that will reduce the participants' nutritional or medical risk.
- Encourage prenatal care and breastfeeding to prenatal clients. Support breastfeeding and encourage regular preventive health care for infants and children.
- Provide education to clients regarding the nutritional value of WIC food and the supplemental nature of the WIC Program.

- Conduct group nutrition education programs or demonstrations as assigned by nutritionist.
- Assist nutritionist with the development of nutrition education materials for participants.
- Communicate with participant's physician regarding health parameters and health care needs with the assistance of the nutritionist.
- Refer participants to other health or human agency services.
- Document nutrition education and referrals in the participants' WIC record.

CPAs - Level II

In addition to the responsibilities listed for clerical staff and CPAs - level I, CPAs - level II may also perform the following tasks:

Nutrition and Health Care Coordination:

- Determine nutrition education needs and follow up care for high-risk participants. Write high-risk care plans for each high-risk participant.
 - Provide at least one first nutrition education contact and one high-risk follow up appointment per certification period.
 - Recommend nutrition and/or lifestyle changes that will reduce the participants' high-risk nutritional or medical condition.
4. CPAs-Level III (Nutritionists, Registered Nurses, Physicians, and Certified Physician's Assistants)

CPAs-Level III may perform all certification tasks already mentioned for CPAs-Level I and II plus these professional tasks:

- Assist CPAs-Level I and II with coordination of patients' care with other health care professionals.
- Develop nutrition education materials for use with participants. Develop nutrition education displays.
- Plan educational activities for participants.

- Provide guidance and technical assistance to CPAs-Level I and II staff.
- Provide periodic evaluation and training for CPAs-Level I and II staff.
- Provide coordination of agency's efforts to encourage and support breastfeeding.
- Perform quality assurance for all nutrition services including nutritional assessments, standards of care, and the quality of nutrition education as assigned by agency WIC coordinator.
- Assist with program planning and administration and staff training as assigned by agency WIC coordinator.

5. WIC Coordinators

Tasks for the local agency WIC Coordinator should include direct client service responsibilities according to her or his professional qualifications, along with the following management responsibilities:

- Assure preparation and submission of annual Local Agency Nutrition Education Plan and oversee the accomplishment of its objectives.
- Evaluate and assure agency compliance with conditions set forth in the local agency agreement, federal regulations, and state rules and procedures.
- Direct quality assurance for all nutrition services including nutritional assessments, standards of care, and the quality of nutrition education.
- Provide preservice and inservice training and performance evaluations for all local agency WIC staff.
- Manage participant caseload at the local agency.
- Develop and manage systems to ensure efficient and timely appointment scheduling and patient flow and to maintain low no-show rates at the local agency.
- Supervise WIC check delivery system at local agency.
- Act as liaison for the local agency and State WIC Agency.

- Act as liaison for the local agency with other health and human service agencies in the community for outreach and referral purposes.
- Assist Agency Director with hiring WIC staff at Agency Director's request.
- Visit satellite offices at least one day a week to maintain staff contact and address needs.

C. Educational Background and Experience Requirements for CPAs

A Competent Professional Authority (CPA) is an individual on the staff of the local agency who is authorized to determine nutritional risk, prescribe food packages, and provide individualized counseling to participants.

In the Rhode Island WIC Program nutritionists with a degree in nutrition (bachelor's or master's), registered nurses, physicians, and certified physician's assistants automatically qualify for CPA-Level III status. State and/or locally trained paraprofessionals may be authorized to perform some CPA functions provided that they meet minimum qualifications set by the State Agency; receive appropriate training, evaluation, and supervision; and meet 100% of the competency standards set by the State Agency.

1. CPAs-Level III

Nutritionists with a degree in nutrition (bachelor's or master's) from an accredited university or college and registered nurses, physician's and certified physician's assistants automatically qualify for CPA-Level III status.

2. CPAs-Level II and I (Nutrition Assistants)

Prior approval must be obtained from the State WIC Agency before a Level II/I CPA is used as a CPA. Local agencies must carefully consider the qualifications of the potential Level II or I CPA. Any agency which employs CPAs Level II or I must have a CPA Level III on staff in WIC to supervise the work of the CPA Level II or I.

CPAs - Level I

Occasionally we are fortunate to have local agency staff who have worked in WIC clinics performing clerical or clinic assistant functions and who do possess knowledge about nutrition, maternal and child health and have the skills and personal characteristics necessary to complete quality nutrition assessments and counseling.

Candidates for CPA - Level I status must:

- a. have worked in a local health center or hospital outpatient services clinic (preferably a Rhode Island WIC Clinic) for at least two years.
- b. have earned a high school diploma or G.E.D.
- c. demonstrate good verbal and written communication skills.
- d. demonstrate a sensitivity to the needs of WIC clients.
- e. show an interest in nutrition and health care.
- f. be able to achieve 100% competency in all areas on the CPA-Level I Competency Form.

CPAs - Level II

Candidates for CPA-Level II status must hold the following qualifications:

- a. Registered dietetic technicians who have completed an American Dietetic Association (ADA) training program in clinical dietetics and have passed the ADA registration examination for diet technicians can be considered for CPA-Level II status.
- b. Students who are near to the completion of a degree in nutrition (bachelor's or master's) from an accredited university or college can also be considered. The candidate must have satisfactorily completed the following core courses:
 - Introductory Nutrition (fundamental concepts of the science of nutrition and applications to health and disease).
 - Two intermediate nutrition courses (at least 6 credits total) such as:
 - Nutrition in Growth and Pregnancy
 - Obesity and Weight Control
 - Advanced Human Nutrition
 - Nutrition and Disease
 - Nutrition Education
 - Nutrition and Aging
 - Community Nutrition
 - Physiology

- Biochemistry
- At least one supporting course in an area of sociology or psychology
- c. Graduate nurses who have graduated from a program in professional nursing approved by the Rhode Island Board of Nurse Registration and Nursing Education and who is eligible to take the licensing examination for the professional nurse may also be considered for CPA-Level II status.

In order to continue as a CPA-Level II beyond this provisional pre-exam period, the applicant must satisfactorily pass the examination within one year of date of hire as a CPA-Level II. Once the candidate has passed the licensing examination for the professional nurse than they will be granted CPA-Level III status from the State WIC Agency.

- d. All candidates for CPA Level II status must also be able to achieve 100% competency in all areas on the CPA-Level II competency form.

D. Process to Obtain Approval for CPAs-Level II and I (Nutrition Assistants)

The approval process for CPAs-Level II and I involves the following steps:

1. Local agency submits a CPA-Level II/I Candidate Form to the State WIC Agency. This should be the first step before beginning any CPA-Level II/I training. This Candidate Approval Form provides information to the State WIC Agency regarding the qualifications of the candidate, job responsibilities, training methods and schedule, and plans for continuing supervision and evaluation of the Level II/I CPA. Assistance with developing a plan and completing the form is available from the State WIC Nutrition Coordinator.
2. The local agency must then arrange a meeting with the State WIC Nutrition Coordinator to discuss the information submitted on the CPA Candidate Form. Any information that needs more detail or clarification will be discussed.
3. After the meeting the local agency must submit any revisions to the CPA Candidate Form to the State Agency.
4. Once formal approval of the Level II/I CPA Candidate is received from the State WIC Agency, the local agency will then provide training to the CPA candidate using state-provided training modules according to the approved training methods and

schedule in their plan. State WIC staff are available to assist with this training and have the prerogative to participate in, monitor and review any aspect of the training at the option of the State WIC Nutrition Coordinator.

5. Once training has been completed, the local agency should evaluate the progress, suitability, and competencies of the CPA candidate.
6. The local agency should then arrange a date and time for the State WIC Nutrition Coordinator to visit the local WIC agency to administer the competency-based evaluation.

The Level II/I CPA-candidate must obtain 100% competency on the competency evaluation before the State WIC Agency can authorize the candidate as a CPA.

7. Once all requirements regarding qualifications, training, and competency-based standards have been met the State WIC Agency will issue a certificate that will authorize the Level II/I CPA to perform assessment, certification, and counseling functions according to state policies and procedures.

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E. Supervision of CPA-Level II/I Staff and with SNEC Training

In order to maintain the quality of WIC nutrition assessments, counseling and referrals the work of CPA-Level II/I staff must be supervised by a CPA-Level III on-site in the counseling area to enable observation of assessment, certification, and counseling activities and to provide technical assistance and follow up training as needed. The CPA-Level III may be involved in performing WIC certifications or other work but should be aware of the general counseling environment. In addition, the CPA-Level III should be available to answer questions that arise during the assessment, certification, and counseling.

Periodic evaluations of counseling practices and chart audits are an important part of quality assurance in a health care setting. At least twice during the fiscal year an evaluation of the work of the CPA-Level II/I involving both direct observation of certification and counseling appointments and a chart audit should be conducted so that any problems can be identified and any further technical assistance or training can be provided.

A full review must include the observation of at least three complete appointments. These observations should include all of the assessment, certification, counseling, and documentation tasks that the CPA-Level II/I performs. An observation checklist is available from the State WIC Agency for this purpose. In addition at least 5 participant records should

be reviewed for completeness and accuracy as well as for appropriateness of counseling and referrals. Chart audit forms are also available from the State WIC Agency. Observations and chart audits must be conducted by a CPA-Level III.

After the observations and chart audits have been conducted, the Level II/I CPA and the Level III CPA reviewer should meet to discuss any weaknesses or problems noted as well as to identify the strengths of the Level II/I CPA. A work plan should be developed that identifies areas for skills or knowledge development and the training and technical assistance that will be provided for the further development of the LEVEL II/I CPA.

WIC Breastfeeding Promotion Standards

Purpose

To establish breastfeeding as the natural and optimal way to feed infants. To encourage WIC participants to breastfeed their infants. To provide optimal support to breastfeeding participants.

- I. The local agency (LA) shall provide a supportive clinic environment.
 - A. All staff should promote breastfeeding as the normal way to feed all infants.
 1. Breastfeeding shall be visibly represented as the normal way to feed all infants through the use of posters and/or visuals in the clinic.
 2. Formula shall be stored where applicants and participants can not see it.
 3. Breastfeeding shall be referred to positively by all WIC staff and staff shall assume all women will initiate breastfeeding.
 4. Participants should feel comfortable breastfeeding their infants in the clinic and asking questions about and discussing breastfeeding with any staff.
 - B. Every pregnant participant should receive breastfeeding education.
 1. All prenatal applicants shall receive breastfeeding education by either the WIC nutritionist or peer counselor, and ideally from both.
 - C. Every breastfeeding participant shall receive breastfeeding support.
 1. Fully breastfeeding infants should not receive infant formula during the first month of life to ensure milk supply and successful feeding has been developed. Up to one can of formula may be added during the first month of life at the discretion of the WIC nutritionist for an infant who is considered mostly breastfeeding.
 2. Postpartum women must be seen by a CLC-certified nutritionist or peer counselor prior to adding formula to their WIC food package.
 3. Formula that is issued to a breastfeeding participant must reflect the appropriate breastfeeding categories as follow:

Fully Breastfeeding = no formula

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

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

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

Breastfeeding Peer Counselor Program (PC)

Purpose

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 relationships 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.

Hiring, Training, and Peer Counselor Hours

Hiring

I. Hiring Breastfeeding Peer Counselors:

- A. Peer Counselors or other WIC staff members may refer prospective PCs to local WIC agencies.
- B. Local WIC agencies wanting to hire a PC must first contact the State WIC Breastfeeding Coordinator to ensure the availability of funding and training and to determine allocated weekly hours.
- C. Local WIC agencies should interview prospective PCs at the local agency site and then notify the State WIC Breastfeeding Coordinator of hiring decisions.

II. When recruiting Breastfeeding Peer Counselors, LAs shall choose mothers who:

- A. Are receiving WIC or have received WIC.
- B. Have successfully breastfed at least one child for at least 4 months.
- C. Exhibit the belief that most women can successfully breastfeed their babies.
- D. Have sufficient English language verbal, reading and writing skills to complete training, effectively communicate with staff and clients, and maintain accurate records.
- E. Fluently speak (or have basic conversational abilities in) the primary language of the majority of the agency's clientele.
- F. Are preferably similar in ethnicity, age, or other characteristics to the majority of agency clientele.
- G. Are preferably available to WIC clients outside of usual clinic hours.
- H. Have reliable access to a telephone if taking calls at home.

Training

Breastfeeding Peer Counselors and training

- A. Beginning work:
 1. Peer Counselors should shadow existing PCs and hospital-based lactation consultants as specified in the Loving Support through Peer Counseling Curriculum.
 2. Peer Counselors should shadow nutritionists and support staff to see how agency should work.
- B. Additional training:
 1. Peer Counselors must complete a 20-hour training coordinated by the State WIC office.
 2. Prior to loaning out electric breast pumps, Peer Counselor must attend an electric breast pump training program offered by the State.
- C. Available PC training and shadowing hours are not restricted by allocated weekly PC hours and will be reimbursed by the State WIC office.

Hours

Peer Counselor Hours

- A. The State WIC Breastfeeding Coordinator will periodically calculate the number of hours allocated by the State WIC office to PCs at each site based on the caseload of pregnant and breastfeeding women at the site.
- B. The PC's work schedule must allow for reasonable flexibility and meet the individual needs of participants and to allow the PC to attend meetings scheduled by the State WIC Office.
- C. The PC may work up to one-third of her total allocated hours from home. It is strongly suggested that the agency allow the PC to work a minimum of one-sixth of her total hours at home. A full-time PC may opt out of working hours from home.
- D. The PC must report her hours in the timeframe and format required by the LA Coordinator.
- E. Weekly hours will include attendance at meetings and trainings as requested by the State WIC Breastfeeding Coordinator or LA WIC Coordinator unless the State WIC Office has explicitly approved reimbursement for additional hours. PCs regularly scheduled to work less than 16 hours each week may be reimbursed for additional hours spent attending routine statewide PC meetings and staff trainings.

Peer Counselor Job Description

Job Description

- I. Local WIC agencies must submit an agency-specific PC Job Description to the State WIC office for review & 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.

- II. Breastfeeding Peer Counselors will consistently:
 - A. Project a positive image about WIC and provide information and services consistent with WIC's philosophy.
 - B. Utilize client-centered counseling techniques learned through Peer Counselor and other relevant trainings.
 - C. 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.
 - D. Work autonomously, under the supervision of the local agency WIC Coordinator, in the clinic setting and at home.
 - E. Comply with guidelines outlined in the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.
 - F. Strive to achieve competency in the skill areas outlined in the Peer Counselor Competency Checklist.
 - G. Develop & demonstrate organizational skills to effectively track participants.
 - H. Comply with documentation requirements according to program guidelines.

- III. Breastfeeding Peer Counselors shall perform any or all of the following duties:
 - A. Contact prenatal and postpartum clients and follow-up on referrals in accordance with the state and local WIC agency Breastfeeding Peer Counseling Program Descriptions.
 - B. Provide culturally appropriate individualized and/or group peer counseling sessions for pregnant and breastfeeding WIC participants. Address specific concerns of expectant mothers. Correct misinformation, which may prevent a pregnant woman from breastfeeding.
 - C. Share motivational materials with pregnant participants.
 - D. Support women during a normal breastfeeding experience. Identify breastfeeding experiences that are not the norm & make an immediate, appropriate referral.
 - E. Attend relevant meetings & trainings as requested by State WIC Breastfeeding Coordinator or local Agency Coordinator.
 - F. Work collaboratively with WIC staff to maximize breastfeeding initiation and duration at the WIC site.
 - I. May receive phone calls at home or by pager from WIC staff (making referrals) and/or WIC clients (providing breastfeeding support).
 - J. Document all personal contacts with WIC participants according to program guidelines.

Documentation

Documentation-PC

- I. Daily:
 - A. PCs will document all client contacts and referrals in the Breastfeeding Notes section in RIWebs within one week of contact *and preferably before leaving the clinic at the end of each workday*
 - B. Enter alerts for staff to deliver to clients into RIWebs as needed to ensure that clients receive breastfeeding materials when PC is not present.
 - C. PCs will file all WIC Lactation Consultant Referrals in the client charts.

- II. Monthly:
 - A. “Due Date Follow-up Report”: Generate this monthly 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.
 - B. Summaries: The following 2 forms must be completed for each calendar month & submitted to LA Breastfeeding Coordinator or LA Coordinator for review and signature by the 10th day of the month following the report month:
 1. WIC Breastfeeding Peer Counselor Monthly Summary (WIC #81) = 1 monthly copy for each agency
 - a. Complete 1 copy for each local WIC agency for each calendar month following instructions provided on form.
 - b. Document “Outreach Activities” and “Other Breastfeeding Activities” as they occur to ensure accurate record keeping.
 2. WIC Breastfeeding Peer Counselor Monthly Contact Record (WIC #83) = 1 monthly set for each site (see details below)
 - 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 on RIWebs.
 - d. In OTHER section, PC may document attempted phone calls.
 - e. Document client contacts when they occur to ensure accurate record keeping.

- III. General information
 - A. 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 HIPAA guidelines so is not required to adhere to specific HIPAA procedures.
 - B. Immediately alert Local Agency Coordinator if items containing client information are lost or stolen.

Supervision & Support

Peer Counselor Supervision

- A. The LA WIC Coordinator is the Peer Counselors' immediate supervisor responsible for daily administrative and personnel es. The local agency WIC Coordinator monitors that the local agency Peer Counselor is carrying out her designated program responsibilities.
- B. The LA WIC Coordinator must assure that the PC complies with all local agency guidelines concerning the appropriate dissemination of health information and abuse and neglect referral and reporting guidelines in accordance with state law.
- C. The PC must address all workplace concerns with the LA WIC Coordinator. If the PC is unable to resolve her concerns with her Coordinator, she must follow the rules outlined by her LA as far as whom she contacts next.
- D. The PC must comply with all personnel guidelines applicable to WIC staff at the LA. If personnel guidelines or other agency practices inhibit the ability of the PC to fulfill her job responsibilities, the local agency will need to negotiate an acceptable compromise with the State WIC office in order for the State to continue support the program at that agency. State reimbursement for the WIC Breastfeeding Peer Counselor program is separate from the primary WIC funding stream. This policy ensures that the local WIC agencies effectively utilize these limited resources.

Support

- I. State WIC Breastfeeding Coordinator: Is responsible for establishing the general work-related responsibilities of the Peer Counselor Program and evaluating program effectiveness. The State WIC Breastfeeding Coordinator provides technical assistance to the local agencies and monitors that they meet the requirements of the Peer Counselor Program.
- II. Local Agency Program Support
 - A. The PC must be housed in the physical WIC site to maximize client contact and foster collaboration with other WIC staff.
 - B. The PC must have access to a phone at all times when working at the WIC site.
 - C. It is strongly suggested that the PC have reliable computer access while working at the WIC site.
 - D. The PC must have access to relevant paperwork and educational materials while working at the WIC site.
 - E. The LA must accommodate a reasonably flexible schedule for the PC, preferably allowing her to schedule hours at home (see Hours below).
 - F. The LA WIC Coordinator will coordinate clinic and staff schedules and promote collaboration between staff to maximize opportunities for PCs to contact women in-person rather than on the phone or by mail.
 - G. If it is desired by the PC, it is strongly suggested that the LA allow WIC staff to contact the PC at home to refer new deliveries and clients with immediate

breastfeeding concerns to the PC. In addition, the PC may elect for WIC staff to give her personal phone number directly to breastfeeding clients.

- H. The LA may provide the PC with a pager or voicemail at the clinic or must have an alternate system to reliably convey client messages to the PC when the PC is not available to answer phone calls.
- I. The PC may contact WIC participants, preferably at the WIC site. The PC may also contact WIC participants by phone, email, or by mail, after the PC has attempted to make contact by phone, email, or in person.
- J. PCs who choose to conduct home visits must receive approval from their LA and comply with any state and LA liability guidelines associated with home visits.
- K. The LA WIC coordinator must support PCs in participating in the Certified Lactation Counselor Certificate Training Program (or another equivalent training) and other continuing education opportunities required by the State WIC Agency.
- L. LA WIC support staff and nutritionists 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 LA 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 LA protocol.
 - 7. When possible, refer client requests to increase formula in a breastfeeding food package to the PC, or if the PC is not available, to a CLC-certified staff member, 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.

III. 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 PC 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 and will document client contacts regarding breastfeeding in the SOAP Notes in RIWebs.
- D. All nutritionists shall document notes in the chart, specific to the individuals' needs. Breastfeeding notes shall generally be entered in the infant chart unless it has to do physically with the mom (sore nipples, breast infection, etc.).

IV. Local Agency Breastfeeding Coordinator

- A. Each local WIC agency may designate a Breastfeeding Coordinator. This person must be a nutritionist and preferably someone other than the local agency WIC Coordinator who is able to devote additional time and energy to planning and supervising breastfeeding activities.
- B. The LA Breastfeeding Coordinator serves the Peer Counselor in an advisory capacity by providing her with technical support in the workplace (e.g., helps to coordinate group counseling, plans breastfeeding functions with Peer Counselor, ensures that Peer Counselor has access to tools to do her job).

Materials

- A. Utilize WIC-approved brochures listed on the WIC Nutrition Education Materials Order Form posted at www.health.ri.gov/forms/onlineordering/form_wic_agency.php

Timeframe Guidelines	Brochures Guidelines
Early to mid-prenatal (as appropriate for client readiness & knowledge)	<ul style="list-style-type: none"> – RI WIC: Breastfeeding is Good for Moms and Babies – Colostrum is Mother's First Breast Milk – Is Breastfeeding Right for Me?
Late prenatal (or earlier if relevant for concerns & planning)	<ul style="list-style-type: none"> – RI WIC: Breastfeeding Your Baby (for all mothers) – Tear sheets (as needed to address questions & concerns)
Postpartum (or earlier if relevant for concerns & planning)	<ul style="list-style-type: none"> – Breastfeeding Law Card <li style="padding-left: 20px;"><u>Distribute only as needed for client concerns & planning:</u> – Breastfeeding Record for Baby's First Week – Babies First #4—Common Problems – RI WIC: Breastfeeding and Going Back to Work or School

- B. Utilize nutrition education materials as a teaching tool to complement counseling:
1. Tailor distribution to client concerns and stage-specific information
 2. Highlight details in relevant materials to complement discussion
 3. Distribute only one or two relevant brochures at each visit
- C. Only WIC Nutritionists should distribute and discuss WIC nutrition brochures.
- D. 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.
- E. 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/breastfeeding (web address included on law card)
 2. The following materials posted on or linked to the Massachusetts Breastfeeding Coalition website at www.massbfc.org/parents/index.html:
 - a. Making Milk is Easy! (Portugese, French or Italian only – use *RI WIC: Breastfeeding Your Baby* for English and Spanish clients).
 - b. Resources listed on the RI WIC “Breastfeeding Your Baby” brochure.

3. US Department of Health and Human Services “Easy Guide to Breastfeeding for...” La Leche League pamphlets covering specific topics (only for high-literacy clients)
4. "The Breastfeeding Answer Book" by La Leche League International
5. Jack Newman website resources at www.drjacknewman.com
6. "A Medication Guide for Breastfeeding Moms" and “Medications and Mothers’ Milk” by Thomas Hale
 - a. Information in Thomas Hale's clinical version of this book, "Medications and Mothers' Milk" and “A Medication Guide for Breastfeeding Moms,” can be sent directly to providers but is not appropriate to share with mothers. If a client has a question about a medication and breastfeeding, staff should contact the mother’s doctor directly and offer to fax the relevant page(s) from the Hale book(s).
 - b. 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
7. Infant Risk Center at 806-352-2519. Clients who have questions about medications and breastfeeding can be referred to the Infant Risk Center (www.infantrisk.org). The Center is open Monday through Friday, from 8 a.m. to 5 p.m. CST and is free of charge.

Counseling Strategies and Client Contacts

Counseling Strategies

- A. Maximize opportunities to contact women in-person rather than on the phone.
- B. Utilize client-centered counseling techniques taught in Peer Counselor and Grow and Glow Breastfeeding training.

3-Step Counseling Strategy

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

Client contacts

- A. Peer Counselor 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

B. Telephone Contacts

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

C. Prenatal Referrals

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

D. Prenatal Support

Purpose	Provide lactation information & support for women intending to breastfeed
Protocol	<ul style="list-style-type: none"> ▪ A minimum of 3 contacts should be made with all referred prenatal participants who intend to breastfeed ▪ Contact prenatal participants who do not intend to breastfeeding in accordance with local WIC agency PC program guidelines ▪ Use WIC Breastfeeding Peer Counselor Prenatal & Postpartum Assessment Form (WIC #82) as guideline for discussion (remember to summarize the information collected on this form in a Breastfeeding note on RIWebs). ▪ Use computer reports or alternate system to routinely identify, track and contact prenatal participants at each site who were not referred ▪ Make referrals to other health care professionals for breastfeeding contraindications (e.g., inverted nipples, previous breast surgery, etc.) ▪ Advise breastfeeding clients to call the WIC office to report their deliveries
Paperwork	<ul style="list-style-type: none"> ▪ In RIWebs, document all contacts within 1 week ▪ In RIWebs, document <i>inability</i> to contact participants if unsuccessful after 2 weeks
Timeframe	Preferably 1 contact at each trimester (1-3 months, 3-6 months, 6-9 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)

E. Postpartum Support

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

F. Problem Referrals

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

Criteria for Breastfeeding Referral

Sometimes, Peer Counselors will need to yield to someone who has more experience. Peer Counselors can continue to offer support, even when yielding.

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

SECTION 300

FOOD DELIVERY SYSTEM AND DATA PROCESSING

(Goals - III, Operations - 3)

SECTION 300

FOOD DELIVERY SYSTEM AND DATA PROCESSING

310 - Local Program Computer Manual

See computer manuals:

1. Queue Manager
2. Service Site
3. Central Administration
4. Report Generator

320 - CHECK ACCOUNTABILITY

GENERAL PROCEDURES

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A. Food Instrument (Check Stock) Procurement and Distribution

1. An analysis of check issuance patterns of local WIC agencies is completed. Based on this information, a month-by-month delivery schedule, and a yearly projection of check usage are made.
2. The State agency orders check stock from an authorized supplier / printer based on the monthly delivery schedule. All check stock is preprinted with sequential document numbers. The range of check numbers is printed on the exterior of each case of check stock.
3. The blank check stock is released, based on the delivery schedule, and delivered to the State WIC Office. The suppliers packing slip is compared to the boxes of check stock delivered to ensure the complete order was received.
4. The delivery of check stock is entered into the WIC Check Stock Inventory using the check range on each box, and the stock is then stored in a secure, locked area.
5. Based on the monthly delivery schedule, boxes of check stock are logged out of the WIC Check Stock Inventory, **electronically released to the agency in RI WEBS**, and logged into the local agency delivery folder. The responsible State WIC staff delivers the designated boxes of checks to the appropriate local WIC agency staff person.
6. The local agency WIC staff person signs for the boxes of checks delivered. The blank check stock is stored in a secure, locked environment.
7. As blank check stock is needed for check issuance, **one package of blank stock is moved from the individual box and inserted into the printer drawer. The drawer is to remain locked during clinic operating hours.**
8. If the workstation issuing checks is vacant (i.e., for lunch), checks are locked in a secured area.
9. At the end of the workday, unused blank check stock is stored in a locked, secure area until reloaded into the designated printer on subsequent days.

Check Issuance

- A. Participants receive local agency computer printed checks either monthly, bi-monthly or tri-monthly, or as preliminary certification under the following guidelines:
 - 1. **One month of WIC checks:** High-risk participants, or those who benefit from more frequent contact with the WIC clinic, may be given one month of checks.
 - 2. **Two months of WIC checks:** Some participants may benefit from bi-monthly contact with the WIC clinic and may receive two months of WIC checks.
 - 3. **Three months of WIC checks:** Low risk participants may receive three months of WIC checks. **Low risk WIC participants who should not receive three months of checks include:**
 - Participants with a history of lost ID folders or WIC checks,**
 - Foster parents (due to frequent custody changes)**
 - Participants without needed active health care engagements.**
 - 4. Care must be taken to continue to coordinate nutrition education contacts, recertification appointments, and notification of terminations/reapplications with check pick-up.
 - 5. All participants must receive information on how to use the WIC / FMNP checks. Information provided shall include “first day to use” and “last day to use” check usage, importance of selecting WIC approved food items in allotted quantity (referring to WIC Approved / FMNP Approved Food Brochures) and signing check after vendor enters price of purchase.
- B. All checks must be accounted for including lost, stolen, damaged or erroneously printed checks.
- C. All checks shall be kept in a secure, controlled area as directed by the Rhode Island Department of Health WIC State office (State agency).
- D. The computer automatically logs, by password, the identity of the person issuing WIC checks. Local agency staff, therefore, should keep password secrecy and should log off the computer each time they leave the computer.
- E. Correction fluid ("white out") may never be used on checks or check stubs. If a mistake is made on a check, the check should be voided and reissued.

321 COMPUTER PRINTED CHECKS

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- A. END OF DAY PROCEDURE
 - 1. **Queue manager must verify that there are no print jobs remaining in the queue. Then**

he/she is to log out of the application completely.

B. BEGINNING OF DAY PROCEDURE

1. **Queue manager will log into the queue manager application and choose the appropriate check range. He/she should then perform a test print to ensure printer is using check stock and the check numbers match.**

C. PROCEDURE FOR DISTRIBUTION OF CHECKS

1. To ensure that only authorized payees receive and sign for appropriate checks, WIC staff shall require identification verification against the checks for the participating members of the family. Proper identification shall be a regular ID folder, WIC-7A. As circumstances warrant, other positive identification may be accepted and explanation as to type and reason for failure to present an ID folder written in the general notes.
2. **After proper identification procedures have been completed, verify all check numbers given to participants/payee against the corresponding numbers in the E-pad.**
5. **Each payee (or authorized alternate shopper) will sign the E-pad. This will provide both proof of check delivery to recipients and internal security and accountability.**
6. **Verify the signatures on the E-pad against the signature on the WIC-7A ID folder.**
7. For unusable and/or missing checks, refer to use of the participant check history and void/reissue screens and to the section 330 for the policy on lost/stolen checks. Void unusable checks "in-hand." Stamp checks **VOID** and place checks in daily envelope. This includes checks printed in error. Any future dated checks that were printed in error should be voided and reprinted when the participant comes in for their next appointment.
8. The voided and returned checks must be kept for the requisite period, currently three years.

NOTE: The stubs and check registers previous to these new checks **must** be kept for the three (3) year period.

*322 Lost, Damaged or Stolen Check Procedures

(Operations Policy FD-1)

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 local agency and Rhode Island Department of Health personnel in cases involving thefts, and/or loss of checks:

SECTION 300

Notice to Police and State Agency

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- A. Report any suspected thefts immediately to the appropriate police department for investigation or verify that the participant has done so.
- B. The local agency will phone the State agency with relevant information. The call should be directed to the staff member who maintains the "Bad Check" Register or, if absent, to the alternate. If both are absent, the staff person who takes the call will record the information in the register.
- C. A log number will be issued to the local agency for each lost or stolen check. This number will be consecutive and entered into the register, along with DATE OF ALERT, CHECK NUMBERS, PARTICIPANT I.D. NUMBER, AND STATUS. **Lost or stolen checks should NEVER be voided by the local agency.**
- D. Local agencies may request replacement of lost or stolen checks in exceptional circumstances. **Lost or stolen checks must not be replaced without authorization from the State agency. (see below)**

*
Whenever WIC checks are replaced after being lost or stolen or destroyed, the Payee must sign an affidavit attesting to the fact that WIC checks are indeed missing and (s)he has no further knowledge of them. WIC-10A is the form designed for that purpose. Retain the white original in the client's file, give the payee the yellow copy, and send the pink copy to the State WIC office.

The State agency will follow up by notifying the bank (when necessary) and coordinating with Vendor Staff (if alert to stores is called for). If the responsible State agency person is away for the day, the Program Chief should be notified of the register entry.

The State agency liaison will verify that the appropriate police department has been notified of any reported theft.

When a completed WIC - 10 (WIC CHECK ALERT NOTICE) is received from a Local Agency, the responsible State person will file the form in the "Bad Check" log book and enter the receipt in the register. If a form is not returned within a week, that person will follow up with the local agency.

If replacement checks were authorized, the WIC-10 must include check numbers of the reissued checks, entered by either the local agency or if already submitted, by the State Agency after being notified by the local agency.

- E. Vendor monitoring unit will immediately notify WIC vendors in the vicinity of the loss, if feasible. If extensive, a written notice will be prepared and delivered or sent to all vendors.
- F. If a participant finds checks that were reported as lost or stolen, they should be returned to the local agency and, if appropriate, new checks reissued. Participants must be told that if they find their lost checks, they should not use them.

323 Erroneous Checks

- A. Checks printed at the local agency, erroneously, may be voided and reissued by the local agency. This includes checks misnumbered, not lined up properly, blank, with the wrong food package or damaged before issuance. Checks in-hand may be voided as In-Hand.
- B. If there is a significant check misnumbering problem, locals should call the state agency for assistance in straightening it out.

324 Misnumbered Checks

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Note: Please verify the check numbers in the drawer with the next check number in the computer periodically throughout the day to minimize the number of misnumbered checks that leave the office.

When a misnumbering has occurred, contact participants who have received checks earlier in the day or on previous days to determine when the problem started. Ask participants to verify that the black and red numbers match on their checks.

When the beginning of the misnumbered checks has been found, attempt to have all participants return their checks to be voided and then reissued. If checks have already been used, or a participant cannot be reached, notify the state office with those check numbers. The state office will then notify the bank of the misnumbering. Please have both the red and black numbers available for the state office.

To fix a misnumbering, determine which scenario you have:

- 1. Black number greater than red number
- 2. Red number greater than black number

Scenario 1

If the black number is greater than the red number, remove the checks from the drawer until the first check in the drawer matches the number in the computer. Stamp the unused checks with a VOID stamp and file with your other voided checks. Run a test pattern before issuing any more checks to verify that the check numbers now match.

Scenario 2

If the red number is greater than the black number, press the red light and then the green light in Queue Manager. This will bring up the box asking you to verify the check box your agency is currently using. Select the correct box of the checks. When the next screen pops up to verify the first number in the drawer, change the number in the computer to match the red number in the drawer. This will void any checks between the original number and the new inputted number. Alert the state office of these check numbers if the checks are circulating in the community.

Note: It is recommended to contact the state office for assistance on this procedure.

A.

330 - Assistance to Participants/Replacement of Checks

1. When a local agency requests state agency assistance due to participant hardship, 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 authorizes such issuance under exceptional circumstances. Evaluating exceptional circumstances shall include, but not be limited to, consideration of the following factors:
 - a. There is documented hardship to the participant.
 - b. There is corroborative evidence that the loss was the result of unavoidable catastrophe or forcible crime, and evidence that the receiver(s) of the checks took reasonable precautions to safeguard the checks.
 - c. Bank records have been reviewed to see if originals were redeemed.
 - d. Liaison and local have investigated whether participant (or agent) redeemed originals.
 - e. Any possible theft was reported to police.
 - f. The payee has not received previous replacement.
 - 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).

Understands that making a false and misleading statement or misrepresenting, concealing or withholding facts to obtain replacement of WIC checks may result in prosecution, disqualification from WIC and/or repaying the State agency the value of any WIC checks received.
 - h. There is sufficient time to notify vendors not to accept the originals.

340 - Vendor Matters

The integrity of the Program and its effectiveness in improving nutrition depend heavily upon the adherence to proper food selection and redemption practices by both participants and vendors. Participants who obtained nonallowed items and vendors who charge improper prices, furthermore, deny limited Program resources to others who might benefit from them.

The state agency assumes primary responsibility for monitoring of vendors. Local agencies, however, are in a position to obtain information about vendor practices from participants which can be helpful to the state agency in monitoring.

In addition, local agencies have primary responsibility for ensuring that participants understand their responsibilities and adhere to Program rules.

Information about these matters obtained by the state or locals, then, must be exchanged and followed up on vigorously.

WIC shoppers can shop at any WIC authorized store in RI.

341 - Participant or Local Agency Complaints or Comments Regarding Vendors

- A. Any complaints received at the state office regarding a vendor shall be transmitted to the Food Benefits Unit. The Food Benefits Unit shall assess the merits of the complaint and plan follow-up with the vendor monitoring staff.
- B. Any complaint regarding a vendor received by a local agency shall be routed to the Community Health Liaison. Complete a Vendor Question/Complaint Form (Appendix) with full details, including how to contact the complainant. You may call direct 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.)
- C. If a complaint is verified on location, the vendor and WIC representative will immediately develop a plan of correction. All occurrences shall be noted on a Vendor Contact Record form.
 - D. The Community Health Liaison will contact local agency staff to inform them of any action or corrective plan developed as a result of a participant or local agency complaint regarding a vendor. The local agency shall inform the participant of that action or corrective plan. Information regarding compliance investigations will not be shared.
 - E. Failure to comply with the plan of correction may result in a warning letter or a termination.
 - F. A pattern of complaints may also be considered by the state agency as grounds for a warning letter, termination, or non renewal of a contract.

Possibly Contaminated Foods

If a participant should complain that she/he had purchased some food which was thought to be contaminated, refer that person to the Food Protection Office in the Department of Health. Advise participant that a sample of the contaminated food should be taken/sent to that office along with the complaint. Perishable items should be kept refrigerated.

Div. of Food Protection and Sanitation
Rhode Island Department of Health
Cannon Building
Three Capitol Hill Room 203
Providence, Rhode Island 02908
222-2749

Department rules require that a complainant sign a statement that they are not taking legal action against the manufacturer.

Vendor Inventory Requirement:

- A. The Rhode Island Department of Health WIC Program maintains minimum inventory requirements:
 - 1. Authorized WIC vendors shall stock WIC allowed foods according to the WIC Allowed Foods List (WIC-38).
 - 2. For each food group, the vendor shall maintain a minimum inventory according to the WIC Vendor Minimum Inventory Requirements. (WIC-39).
 - 3. For most items, stores are only required to carry two varieties or brands.
- B. Local staff may transmit questions regarding store inventories to the State office using the Vendor Question/Complaint Form.

342 - Vendor Reports on Participants Choosing Non-WIC Foods

- A. When a vendor notices that a participant has chosen nonallowable food items to purchase with WIC checks he should:
 - (1) Ask a participant to exchange nonallowable food items for foods listed on the WIC Allowed Foods list.
 - (2) Write down the participant's name, date of selecting wrong foods, WIC participant ID number and local agency, as well as the types of nonallowable food items selected.
 - (3) Call the Rhode Island Department of Health WIC Program and relate the incident as it occurred.
 - (4) Note whether participant was insistent and/or disruptive or abusive.

- B. At this point the Rhode Island Department of Health 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.
- 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) Go over the list category by category naming allowed items.
 - (c) Then tell why each food was chosen and why it is important for the participant to purchase it.
 - (d) If the participant has been disruptive or abusive, warn the participant that the vendor may refuse to serve him/her.
 - (e) Ask if the participant has any questions and answer them.
- D. The state liaison should then do a follow-up call with the local agency 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, disqualification) if warranted.

Approved Vendors

- A. Periodic listings of currently active WIC approved vendors and vendors removed from participation will be provided to local agencies at least four times per year. The lists are to be used only to inform participants of which stores may accept WIC checks for the current period.
- B. Please note stores deleted. Question a sample of participants to ascertain use of non-authorized vendors.
- C. WIC shoppers can shop at any WIC authorized store in RI.

SECTION 400

PROGRAM BENEFITS

(Goals – IV, Operations - 4)

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.

420 - Supplemental Foods

Participant Education In Obtaining Supplemental Foods

- A. Explain to the participant or the caretaker of the participant the selected food package, procedure for using WIC checks and procedure for obtaining WIC checks throughout the certification period.
- B. Provide the participant or caretaker with an appointment to return for WIC checks and other appropriate activities (i.e. nutrition education, immunizations, health care visit, etc.).
- C. WIC Information and Rules are on the WIC ID folder and Eligibility Form (WIC-5) at each cert./recert. Ensure that the participant understands the rules for how to use the checks at the store and the penalties for violating the rules. Topics to be reviewed include:
 - 1. Shop only in a store authorized to accept WIC checks. The local agency will provide you with this information. Such stores must be only a retail grocer or food store, or registered pharmacy, located in Rhode Island. Checks may not be redeemed through a home delivery retailer.
 - 2. Children cannot use WIC checks; only the authorized persons on the I.D. folder may.
 - 3. At the store choose the allowed foods listed on the WIC check. Use your WIC Allowed Foods list to pick the correct products.
 - 4. At the checkout counter separate WIC foods from the rest of your grocery items and tell the cashier you have WIC checks.
 - 5. Present your WIC Identification Folder to the cashier before signing the check(s). (The alternate shopper must present the Identification Folder if he/she purchases the WIC foods.)
 - 6. After the cashier has totaled the cost of the WIC foods and entered the cost in ink on the WIC check(s), sign the check. Participants must not sign checks without the cost entered in ink.
 - 7. Date check was used must be written on the check at checkout.
 - 8. There is no refund if all foods listed on the WIC check(s) are not purchased.
 - 9. WIC checks or unused WIC foods may not be sold or exchanged for cash, or credit.

WIC foods may only be exchanged for equivalent WIC allowed items (ex: cereal for cereal). Report any unused WIC foods to the WIC nutritionist. Such sale or exchange is an abuse of the Program and may result in a suspension from the Program.

10. Use checks within the dates printed on the checks.
 11. Return any checks not used to your local agency at your next check pickup time.
 12. Serious or repeated violation of the rules is grounds for termination from the Program.
- D. Because of the large amount of information given to participants at certification, Program complexity, and other factors, this information should be periodically reinforced at later appointments (nutrition, check pick up) and through other means.

Food Package Tailoring Guide

INTRODUCTION

The goal of this Rhode Island Department of Health WIC Program Food Package Tailoring Guide is to ensure that all participants receive the WIC food package which best meets their nutritional needs. An additional feature is that the Tailoring Guide will enable Local Agency nutritionists to prescribe food packages that directly correspond to the nutrition counseling given. It will now be possible to talk in exact terms when describing participants' individual needs, in relation to the food package they will receive.

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Infant Formula Intolerance Screening

Guidelines for Preparing Formula

General Guidelines

The following food package tailoring guidelines have been developed in conjunction with Section 246.10 of the WIC Federal Regulations which specify that:

246.10(b)(2)iii "...a competent professional authority to prescribe types of supplemental foods in quantities appropriate for each participant, taking into consideration the participant's age and dietary needs,... not to exceed the maximum quantities specified (in the regulations).."

246.10(b)(2)i "... this does not mean that a local agency must provide each participant with a food from each food group."

These guidelines shall be applied uniformly statewide. Local Agencies will be periodically monitored to ensure compliance with the following standards:

1. Food packages prescribed shall meet the individual nutrient needs of each participant.
2. Food packages are to be prescribed and changed only by the competent professional authority responsible for the participant's nutritional care. (No changes may be made without the nutritionist's or nurse's prescription.)
3. Reasons for all special (any nonstandard) food package changes or tailoring must be amply documented in the participant's record.
4. In the event that a person's special dietary needs cannot be met by the food packages listed, contact the State WIC Nutritionist for guidance.
5. Prescription of, and changes in, food packages shall reflect changing individual nutrient needs and food consumption patterns. Foods not needed may be tailored out of the package or quantities can be reduced to reflect need. Food packages may not be tailored for cost reasons.

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6. Ready-to-feed formula may be used only if the competent professional authority determines and documents that one of the following conditions exists:
 - a. Little or no cold storage exists (in this case, powdered formula, prepared a bottle at a time, may be the package prescription of choice).
 - b. The mother, or guardian, cannot understand how to properly mix the formula and may dilute it improperly.
 - c. Contaminated or restricted water supply. Requires documentation.
 - d. Infant/Child is better able to thrive using the ready to use form of the formula

SECTION 420

- e. Only available form of product.
 - f. Sufficient medical documentation for an at risk participant.
7. When tailoring the milk portion of the food package, please use the following guidelines in conjunction with maximum allowable quantities as stipulated on pages 6-8 of this guide:
- a. Milk and formula may not be mixed in the same package.
 - b. Cheese may be substituted at a rate of one pound per three quarts fluid milk. One pound is the maximum amount which may be substituted for all categories except for fully Breastfeeding women, who may receive 2 pounds.
 - c. Evaporated milk may be substituted at a rate of one can (12 oz.) per one quart fluid milk.
 - d. Non-fat dry milk may be substituted at a rate of one pound per five quarts fluid milk.

Example: A child 3 years of age may have a food package that contains a maximum of 16 quarts milk, or equivalent, and wants 1 pound cheese, so the package would contain

13 quarts milk	13 qts
and	
1 lbs. cheese x 3 qts./# =	<u>3 qts</u>
	16 qts equivalent

8. Calcium fortified juice is available for use with women who do not consume milk and/or cheese. Custom food packages specifying “calcium fortified orange juice” should only be issued to women who receive no WIC cheese or milk. Calcium fortified juice is not available for infants or children.
9. Tailoring of the food package should occur at the following times:
- a. At certification and recertification for all participants.
 - b. For infants, changes that should be made at 6 and 12 months of age will need to be adjusted by the nutritionist.
 - c. When a woman is recertified as a nonbreastfeeding postpartum woman (changes include decreasing milk and juice allowances), when a nonbreastfeeding postpartum woman begins to breastfeed, or when a breastfeeding woman discontinues breastfeeding but is less than six months postpartum.
 - e. At any time that a physician documents need for a change.
 - f. At the request of a participant.
 - g. At the nutritionist's discretion.
10. The number of checks (amounts of foods) given should generally reflect the period of use and be

appropriate for each participant. If a participant is late in picking up checks, the local agency should evaluate the reason for the lateness and use discretion in determining when to prorate checks. In deciding the appropriateness of prorating, the agency should take into account such factors as the following:

- a. The participant's age and dietary needs;
 - b. That there is evidence of abuse or misuse of checks or supplemental foods, related to late pickup;
 - c. That late pickup is habitual;
 - d. That there is not good cause for the lateness;
 - e. That the participant cannot reasonably utilize the full amount of WIC foods;
 - f. Whether prorating would create a hardship for the participant.
11. A participant who picks up late should be counseled about the importance of receiving WIC checks at the appointed time and warned that if late pickup of checks continues, a partial package will be issued. Counseling and warnings should be documented in the participant record.

The local agency shall establish guidelines and procedures for warning and counseling and for referral of a participant to a Competent Professional Authority when there is a high risk that late pickup may be associated with abuse, misuse or misdirection of supplemental foods. The CPA shall evaluate the circumstances and only authorize the issuance of such checks as can be reasonably utilized by the participant. The CPA may, after notice to the participant, stipulate a prorating plan to take effect under specified condition(s) at a future recurrence, without again seeing the participant.

The RI WEBS computer system will automatically prorate unless overridden by the system administrator.

12. The recommended food package options for children 1-2 years of age, and 2-3 years of age are based on average nutrient needs at these ages. Care should be taken to adjust these amounts accordingly with the individual growth needs of each child, while not exceeding the Maximum Quantities Authorized for Children (see next section).
13. Packages for Participants with Qualifying Medical Conditions (see Section VII) may contain formula and supplemental foods as long as documented on WIC-23A/B by Health Care Provider.

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Maximum Quantities Authorized per Month

When tailoring food packages to meet individual needs, the maximum amounts of food, per category of participant, must be kept in mind. These maximum quantities may not be exceeded, although tailoring lesser quantities is allowable. Refer to Food Package Options Section of this guide.

I. Infants – Fully Formula fed

0 - 3 months

31 cans Iron fortified infant formula concentrate or
8 lbs. Iron fortified powdered infant formula or
25 cans Iron fortified infant formula ready-to-feed

4 – 5 months

34 cans Iron fortified infant formula concentrate or
 lbs Iron fortified powdered infant formula or
28 cans Iron fortified infant formula ready-to-feed

6 - 12 Months 24 cans Iron fortified infant formula concentrate
 lbs Iron fortified powdered infant formula
20 cans Iron fortified ready-to-feed formula
 plus
24 oz. Infant cereal
128 oz. Baby food fruits & vegetables

II. Breastfed Infants

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For partially breastfeeding infants, formula may be issued to the participant in amounts up to one can less than the full package.

The State Agency will track the number of breastfeeding infants receiving a full formula package on a monthly basis. Infant checks found to be in violation of the policy will be prorated in future months as restitution for exceeding program benefits.

Note: Infants are eligible to receive infant cereal at age 6 months. It is recommended at this time for the breastfed infant to improve iron

status. Up to 92 oz. fluid juice may be added if the infant can drink from a cup. Adult juice is used to encourage use of a cup in feeding to reduce possibility of nursing bottle syndrome.

24 oz. Infant cereal

92 oz. Fluid juice

III. Children: 1 - 5 years of age

- 16 qts. Fluid milk, or its equivalent (See # 7 in Tailoring Guide)
- 1 doz. Eggs
- 128 fl oz. Juice
- 36 oz. Cereal
- 1 lb./64 oz canned beans or peas
- Or
- 1-18 oz. jar Peanut butter
- \$6 in cash value vouchers Fruit & vegetable
- 2 lbs. Whole wheat bread

IV. Pregnant and Partially Breastfeeding Women (up to 1 year postpartum)

- 22 qts. Fluid milk or its equivalent
- 1 doz. Eggs
- 144 fl. oz. Juice
- 36 oz. Cereal
- 1 lb./64 oz canned beans or peas
- Or
- 1-18 oz. jar Peanut butter
- 1lb. Whole wheat bread+
- \$10.00 Cash Value Voucher for fruits and Vegetables

V. Fully breastfeeding (up to 1 year postpartum)

- 24 qts. Fluid milk or its equivalent
- 2 doz. Eggs
- 144 fl. oz. Juice
- 36 oz. Cereal
- 1 lb. Cheese
- \$10 in cash value vouchers Fruit & vegetables
- 1 lb. Whole wheat bread
- 30oz canned Fish

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1lb./64oz canned	beans or peas AND
1-18oz jar	Peanut butter
\$10.00	Cash Value Voucher for fruits and Vegetables

VI. Postpartum Women

16 qts.	Fluid milk or its equivalent
1 doz.	Eggs
96 fl. oz.	Juice
36 oz.	Cereal
\$8 in cash value vouchers	Fruit & vegetables
1#/64 oz canned	beans or peas
Or	
1-18oz jar	Peanut butter
\$10.00	Cash Value Voucher for fruits and Vegetables

Note: Whole wheat bread is not permitted to be tailored into the food package for postpartum women. Also, the milk and juice amounts have been decreased to reflect changing nutrient needs.

VI. Infants with Special Needs

8 lbs. Powdered special formula-specified or
25 cans (32 oz.) infant formula R-T-F

plus, if need is indicated, a maximum of

128 oz Infant fruits and vegetables
24 oz. Infant cereal

VII. Women and Children with Special Needs

31 cans	Iron fortified infant formula concentrate or
8 lbs.	Powdered special formula (specified) or
25 cans (32 oz.)	Iron fortified infant formula R-T-F

plus, if need is indicated, a maximum of

Any foods based on category and approved by the medical provider

Note: A WIC Prescription Formula Form documenting need for formula is necessary to prescribe this package, and should be present in the participant's chart.

Note: The Rhode Island WIC Program follows the American Academy of Pediatrics June 1988 recommendation that iron-fortified formula should be provided to non-breastfed infants in the WIC Program through the first year of life.

Issuance of Formulas

Rev 06/07

Contract Formulas

1. Standard Contract Formulas
 - GOOD START® GENTLE PLUS™ POWDER 12 OZ.
 - . GOOD START® GENTLE PLUS™ CONCENTRATE 13 OZ

 - GOOD START® SOY PLUS™ CONCENTRATE 13 OZ.
 - GOOD START® SOY PLUS™ POWDER 12.9 OZ.

2. Non-Standard Contract Formulas
 - GOOD START® GENTLE PLUS™ READY TO FEED 32 OZ
 - GOOD START® SOY PLUS™ READY TO FEED 32 OZ DHA & ARA, and

Non-Contract Formulas

1. Non-Contract Formulas (milk and soy-based)
 - Milk-based formula produced by a company other than Nestle (Enfamil or Similac)
 - Soy-based formula produced by a company other than Nestle (Prosobee or Isomil)

2. Special Non-Contract Formulas
 - Nutramigen, Alimentum, Pregestimil, Ensure, Pediasure
 - Other special metabolic formulas

CONTRACT FORMULAS

GOOD START Gentle Plus and GOOD START Soy Plus are the contract formulas issued by WIC in Rhode Island. This is because the WIC Program has a contract with Nestle to receive a rebate for each can of GOOD START Gentle Plus or GOOD START Soy Plus. Formula-fed participants will be issued a contract milk-based or soy-based infant formula (GOOD START Gentle Plus or GOOD START Soy Plus). The WIC Program receives a rebate for all forms of GOOD START Gentle Plus and GOOD START Soy Plus powder, concentrate, ready-to-feed); therefore, all forms are considered contract brands.

GOOD START Gentle Plus and GOOD START Soy Plus in 13 oz. concentrate cans are considered the standard contract formulas. Ready-to-feed cans are considered non-standard contract formulas since documentation is needed to justify the issuance of ready-to-feed formula even if it is the contract brand.

Procedures:

Level 1 Standard Contract Formulas

Formula fed participants shall be issued WIC checks for GOOD START Supreme DHA & ARA or GOOD START Supreme Soy DHA & ARA in 13 oz. concentrate cans unless a documented reason exists for a non-standard contract formula or a formula not covered by the Nestle contract.

Level 2 Non-Standard Contract Formulas

A. Ready-to-feed GOOD START Gentle Plus or GOOD START Soy Plus may be issued only if the competent professional authority (CPA) determines and documents that one of the following conditions exist:

1. Little or no cold storage exists (in this case, powdered formula prepared a bottle at a time may be the prescription of choice).
2. Contaminated or restricted water supply.
3. The mother or guardian cannot understand how to properly mix the formula and may dilute it improperly.
4. Appropriate medical rationale is documented for an at-risk participant.

When authorizing ready-to-feed formula for any woman, infant, or child use the WIC Prescription Form. The WIC Prescription Form can be completed by the local agency CPA for ready-to-feed formula. One copy of the WIC Prescription Form should be kept in the participant's chart. One copy of the WIC Prescription Form should be sent to the State WIC Office.

B. GOOD START Gentle Plus or GOOD START Soy Plus issued to Women or children is also considered non-standard since physician documentation is needed prior to issuance. As with other non-standard contract formulas, the participant's physician must complete a WIC Prescription Form prior to issuance. One copy of the Prescription Form should be kept in the participant's file and one copy should be sent to the Sate WIC Office.

NON-CONTRACT FORMULAS

Non-contract milk-based or soy-based brands of formula are available, but will only be issued if a physician documents that a trial of the contract brand of formula would put the infant at risk because of a medical condition or if intolerance has been established after the infant has been tried on both the contract milk-based and soy-based formula. The majority of participants with these medical conditions will require a special formula such as Nutramigen or Pregestimil rather than a non-contract milk-based or soy-based formula.

Any infants receiving a non-contract brand of formula will reduce the total amount of rebate funds, thereby reducing the number of additional WIC participants that can be served. All major brands of commercially-produced milk-based or soy-based formulas are nutritionally equivalent and because of the Infant Formula Act there are minimal differences among the brands. True intolerance to milk based or soy-based formulas are actually quite rare. Infants may have symptoms that are related to food intake but other factors such as improper formula preparation, storage techniques, and feeding techniques must be considered.

- B. If a parent or guardian reports that the infant is intolerant to both the contract milk-based and soy-based formula, determine whether the symptoms are due to a true intolerance or other factors. The symptoms of formula intolerance are similar to symptoms caused by improper formula dilution, preparation, and storage or poor infant feeding techniques. Therefore, make sure the parents are following the guidelines discussed below before switching to another infant formula. Use the guidelines below to screen for formula intolerance. Documentation of the results of the screening, counseling, and referrals must be documented. This may be documented in the participant's progress notes.
1. If the infant has been sick or had a fever during the past week or longer, ask the parent/caretaker if the infant had the intolerance symptoms before becoming ill.
 2. If the infant has been taking medication during the past week or longer, ask if the infant was experiencing the symptoms before he/she started taking the medication.

Some medicines will make the infant experience symptoms similar to formula intolerance, but the symptoms will subside once the medication is discontinued.
 3. Make sure the baby is not being overfed.

Review the signs of a full baby with the parent/caretaker. These include the following:

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- the baby will close his/her mouth.
- the baby will stop sucking the bottle or breast.
- the baby will want to play instead of eat.

Stress the importance of not overfeeding the infant. Explain that this could cause symptoms similar to formula intolerance. Review appropriate amounts of formula to feed baby.

4. Make sure that the hole in the nipple is not too large.

If the parent/caretaker has enlarged the nipple, then the formula may be flowing too readily and may cause the infant to spit up or choke. Also make sure that the nipple is appropriate for the age of the infant and for the liquid that is being fed. Different nipples are available for water, formula and juice.

5. Make sure the infant is being burped properly and at the correct intervals.

Newborns (birth to 6 weeks) need to be burped after every ounce of formula. Infants older than six weeks old need to be burped after every 2 ounces of formula. The infant can be burped by holding him on the parent's shoulder, on the lap, or across the lap while gently patting his back. The baby should be well supported.

6. Make sure the infant is held during the feeding so his head is a little higher than the rest of his body.

This makes the feeding easier and more comfortable for the baby, and he is less likely to spit up the formula later. Infants should not be fed in infant seats or swings and bottles should never be propped up. Propping the bottle could cause choking, earache, or nursing bottle mouth (tooth decay).

7. Make sure the formula is diluted properly.

If not, counsel parent/caretaker about the correct method of mixing formula.

If symptoms are mild and a result of improper formula preparation or feeding techniques or other factors discovered during your screening for intolerance, provide appropriate counseling and continue to issue GOOD START Gentle Plus or GOOD START Soy Plus. Remember that both milk-based (GOOD START Gentle Plus) and soy-based formula (GOOD START Soy Plus) are available as contract brands. Document the results of your evaluation, your counseling, and referral in a progress note. Continue to issue checks for the contract brand of formula.

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If the infant is not gaining weight, if the symptoms are severe, or if the symptoms appear to be a true intolerance to the contracted formulas refer the parent or guardian to the infant's physician for a medical evaluation and for further guidance on issuing formula. Document the results of the formula intolerance evaluation and your referral in the participant's progress note.

- C. **If the parent refuses the contract formula (GOOD START Gentle Plus or GOOD START Soy Plus) and there is no documented medical reason to prescribe a special prescription formula explain as diplomatically as possible that GOOD START Gentle Plus and GOOD START Soy Plus are the standard formulas that WIC supplies. Point out how necessary it is to stretch WIC monies to serve as many WIC participants as possible.**

If the parent wants another brand, s/he will have to purchase it on her own. Offer the parent the complete set of checks and encourage trying the standard contract brand. If WIC formulas are still refused, issue checks for juice and cereal only (if appropriate for age) and tell the parent that WIC will be happy to provide GOOD START Gentle Plus or GOOD START Soy Plus at any time that the parent changes her/his mind. Keep a log of those who refuse to use the contract brand of formula. Continue to provide nutrition education and support. Refusal to accept this food item should be treated just like refusal to accept any other food item. It does not affect other Program benefits.

- D. **If the conditions above are met for the issuance of a non-contract formula,** then use the WIC Prescription Form to document the need for the non-contract brand of formula.

1. Completed WIC Prescription Forms must be received from the participant's physician before issuing any non-contract brand of formula.

The local agency may complete the form to document a telephone conversation with the participant's physician in order to expedite the formula issuance. However, a WIC Prescription Form must subsequently be obtained from the physician.

2. One copy of the WIC Prescription Form must be kept in the participant's WIC chart. The duplicate copy must be submitted to the State WIC Agency for review and tracking of non-contract formula usage.

Physician requests containing sufficient justification and documentation will be approved by the State WIC Nutrition Coordinator. Requests containing insufficient reasons or lacking supporting documentation will be forwarded to Department of Health pediatricians for review.

3. Intolerances are usually transient and warrant only temporary use of a non-contract

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formula. Medical literature supports the view that rechallenging infants after 1-2 months is an acceptable procedure.

To prevent unnecessary issuance of non-contract formulas, infants should be retried on GOOD START Gentle Plus or GOOD START Soy Plus in 1-2 months or when symptoms subside, whichever comes first. If symptoms of intolerance are so severe or a medical condition exists which would make a rechallenge inappropriate, continue issuing the non-contract formula for the length of time specified by the physician on the WIC Prescription Form. Under no circumstances should a prescription for a non-contract formula, even if for a diagnosed medical condition, be continued from one certification to the next without determining the need for continued issuance.

Parents/caretakers of infants who will be rechallenged within 1-2 months of issuance should be informed of the retrial when any non-contract formula is authorized. Prescription formula logs should be used to track the length of issuance appropriate for the infant and the date for retrial on **GOOD START Gentle Plus or GOOD START Soy Plus should be noted.** This will help to ensure that non-contract formulas are continued no longer than the period of time prescribed by the physician and those infants appropriate for a retrial of the contract formula are retried within 1-2 months.

If there is sufficient reason not to retry an infant on GOOD START Gentle Plus or GOOD START Soy Plus, then the reason must be written in the participant's progress note.

4. The State WIC Office will monitor rates of issuance for non-contract formulas. Tracking these rates will allow the State Agency to identify possible overuse of non-contract prescription formulas. The State WIC Office will provide technical assistance to local agencies and physicians with high issuance rates.

APPROVAL OF NON-CONTRACT STANDARD FORMULA PRESCRIPTIONS (Enfamil/Prosobee, Similac/Isomil)

Please be sure to contact the participant's physician regarding any questionable prescriptions for clarity. State nutrition staff may be contacted if further questions remain *after* speaking with the participant's physician. The following list includes common examples of medical rationale being reported on prescription forms and the appropriate action to be taken by nutrition staff:

- **Vomiting** → Taste issues/over feeding/occasional vomiting → NOT APPROVED

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↓

GI disorder/frequent vomiting/weight loss → CALL DOCTOR FOR CLARIFICATION

Note: Frequent vomiting can occur if formula is not gradually introduced.

Confirm/encourage gradual introduction of Good Start for better outcome.

- **Diarrhea** → Softer stools can be expected → NOT APPROVED

↓

Weight Loss/Dehydration/Blood → CALL DOCTOR FOR CLARIFICATION

- **Refusal of formula** → Taste, cold turkey formula introduction → NOT APPROVED

Note: Infant should attempt new formula for at least 1 week before alternate formula is issued. Assess for/encourage gradual introduction.

- **Fussy/Gassy/Colic** – NOT APPROVED

Note: Determine age of infant, if infant has entered an age related colicky stage; a formula change may not have been the leading cause. The colic may have still presented itself on the previous formula. Assess for/encourage gradual introduction.

- **Intolerance** → CALL DOCTOR FOR CLARIFICATION

- **Only formula that works** → CALL DOCTOR FOR CLARIFICATION

If the prescription is clear in the validity of medical rationale, local agency nutrition staff does not HAVE to call the doctor or the State Office.

The State Office will be performing regular QA on the issuance of non-contract standard formulas through RI Webs. This will help reveal any trends in formula use for specific areas and for appropriateness of issuance.

Level 4 and 5 Special Non-Contract Formulas

Special formulas are formulas designed to meet the special nutritional needs of infants, children, and women. Special formulas require a written physician's prescription prior to issuance.

Special non-contract formulas include specialized nutritional formulations such as Nutramigen, Pediasure, Pregestimil, Ensure.

Procedures:

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- A. The name of the particular Level 4 formula prescribed will be printed on the participant's checks. A WIC Prescription Form must be completed by the patient's physician prior to issuance of the prescription formula. One copy of the WIC Prescription Form should be kept in the patient's chart.

- B. Level 5 Special non-contract formulas or other speciality formulas require prior approval of the State WIC Nutrition Coordinator and will require the use of a WIC Prescription Form. (See information on WIC Prescription above.) Some Level 5 formulas are direct purchased from the manufacturer / distributor by the State WIC Office. A WIC Prescription Form must be completed by the patient's physician prior to issuance of the prescription formula. One copy of the WIC Prescription Form should be kept in the patient's chart and one copy should be sent to the State WIC Office. **The Nutritionist should then call the State WIC Nutrition Coordinator for an access code to issue the formula.**

Need for Prescription Formula Safeguards

It is important that those participants on prescription formulas receive the correct formula. The following procedures should be followed to ensure that each participant receives checks coded for the correct formula:

- A. Each local agency should maintain an ongoing record (Prescription Formula Log) of all prescription formulas prescribed by the local agency competent professional authority based on physician documentation of need.
- B. Prior to issuing checks, the Prescription Formula Log should be compared to the participants' checks.
- C. The date(s) of verification should then be recorded on the Prescription Formula Log.
- D. If the formula or food package codes are incorrect, change the food package accordingly.
- E. Changes of formula or special food package codes should be noted on the log.

Guidelines for Preparing Formula

Ready To Use Formula - No mixing is required. Feed to baby as is.

Concentrate Formula - Mix equal amounts of formula and clean water.

Powdered Formula - Mix 1 level scoop of powder for every 2 ounces of clean water used to make the bottle. If you are making an 8 ounce bottle, you would mix 4 level scoops of formula with 8 ounces of water.

8. Make sure the formula is kept at the correct temperature.

Recommend that the refrigerator temperature be checked to make sure it is between 35 and 40 degrees Fahrenheit. Caution against allowing the formula to remain unrefrigerated for more than 30 minutes before feeding to the infant. When away from refrigeration for a long period of time, recommend using powdered formula or keeping the formula on ice.

9. Make sure the formula is prepared in a sanitary manner as directed by physician or clinic staff.

Review the following steps for preparing formula with the parent/caretaker.

Aseptic Method

- a. Wash bottles, nipples, disc seals and caps with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
- b. Place bottles, nipples, disc seals, caps and tongs in a large pan. Add approximately five inches of water and boil 5-10 minutes with the lid on. Remove bottle supplies from sterilizer with tongs and place on clean cloth or paper towel.
- c. Boil the water to be used in mixing the powdered or concentrated formulas for 5 minutes. Cool.
- d. Mix formula with the boiled and cooled water according to the label on the can.
- e. Using tongs, place nipples (upside down) disc seals and caps on the filled bottles.

Terminal Method

- a. Wash bottles, nipples, disc seals and caps with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
- b. Mix the concentrated or powdered formula with water according to the label on the can.
- c. Put nipples in bottle, upside down, with disc seals covering top. Screw top on loosely.
- d. Put bottles in a rack or on a towel in a big pot. Add 2-3 inches of water.

- e. Boil 25 minutes with top on the pot.

Single Bottle Method (recommended if bottle supply is limited)

- a. Wash a one-quart jar or container with lid in hot, soapy water. Rinse well with boiling water.
 - b. Boil the water to be used in mixing powdered or concentrated formula for 5 minutes (boil enough to make a day's supply of formula). Cool.
 - c. In the clean container, mix the formula with the boiled and cooled water according to the label on the can.
 - d. For each feeding, wash bottle, nipple, cap and tongs with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
 - e. Place bottles, nipple, cap and tongs in large pan. Add five inches of water and boil 5-10 minutes with the lid on. Remove the bottle supplies with the tongs and place on a clean cloth or paper towel.
 - f. Fill the bottle for one feeding from the mixed formula stored in the refrigerator.
10. The sterilization of water and bottles should be continued until the infant is 4-6 months of age. After that time, preparation using safe tap water and proper washing techniques should be adequate.
11. Formula should be stored in the refrigerator and used within 24 hours. Formula that is left after 24 hours should be thrown away.
12. Caution the parent/caretaker to always throw away formula left in the infant's bottle after a feeding. It should not be used later. Formula that has come in contact with baby's mouth should not be resterilized.
13. Make sure the parent/caretaker is following these guidelines when introducing new foods into the infant's diet.
- Introduce one new food at a time.
 - Try each new food for 5-7 days before trying another food.
 - Check for reactions such as diarrhea, skin rashes, wheezing, and colic (some of the same symptoms are caused by milk intolerance).
 - If the infant dislikes a food, try it again a few weeks later.
14. If there is a family history of cow's milk allergy, refer to physician for evaluation of need for a soy-based formula. If the baby develops intolerance symptoms with the soy-based formula, a referral to physician for medical evaluation should be made.
15. If there has been recent emotional upset in the family, explain to the parent/caretaker that

this might cause symptoms similar to cow's milk intolerance.

430 - Nutrition Education

A. Nutrition education shall be considered a benefit of the Program and shall be provided at no cost to the participant. Nutrition education shall be client-centered per VENA guidelines, which includes using the stages of change to better tailor nutrition education goals. Nutritionists will utilize critical thinking and reflective listening to ensure they are meeting the clients' needs with respect to nutrition education. Nutrition education will be designed to be easily understood by individual participants, emotion-based, and it shall bear a practical relationship to their nutrition needs, household situations, and cultural preferences, including information on how to select food for themselves and their families. At the time of certification, the participant shall be encouraged to participate in nutrition education activities and the positive, long-term benefits of nutrition education shall be stressed.

B. Nutrition Education Goals:

revised 08/07

1. WIC participants will receive a positive encounter with nutrition staff that provides them with information and services related to their individual needs and concerns. The participant will feel involved in goal setting to improve their own health. As appropriate, staff will *emphasize the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants and children under five years of age and raise awareness about the dangers of HIV infection and AIDS and using harmful substances such as tobacco, alcohol, some over the counter and prescription medications and illegal drugs, during pregnancy and while breastfeeding.*
2. Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status for the long term.

C. Local Agency Responsibilities:

1. To provide nutrition education at no cost to each participant or guardian.
2. To integrate nutrition education thoroughly into participant health care plans, the delivery of supplemental foods, and other Program operations.
3. To develop and implement an annual Nutrition Education Plan that is

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consistent with the nutrition education portion of the State Plan, federal regulations, and FNS and state guidelines.

D. Frequency of Nutrition Education Contacts:

For Participants Certified for 6 Months or During Pregnancy

- 1. To offer participants or caretakers two separate nutrition contacts, preferably at three month intervals, not to be provided on the same day, during each six month certification period.

Revised 10/06

(a) *First nutrition education visit:*

This visit should be made available through individual consultation.

This visit should include an explanation of at least one or more of the following topics if the participant has no other outstanding personal/nutrition-related issues that need assistance/resolution):

- Reasons why participant qualifies for WIC Program.
- Ways to correct or decrease nutritional risk if applicable/appropriate for the participant’s current counseling needs.
- WIC foods to be consumed by participant only.
- Supplemental nature of program.
- Nutritional value of WIC foods.
- Importance of health care.
- Importance of women knowing HIV status*
- Encouragement to breastfeed for pregnant woman unless contraindicated for health reasons.
- Ways to meet infant's and child's dietary needs in ways appropriate to infant or child development.
- Substances harmful especially in pregnancy (tobacco, alcohol, prescriptions drugs, illegal drugs, over the counter medications).
- Referral to local resources for smoking cessation, HIV counseling and testing, drug and other harmful substance abuse counseling, treatment and education, if appropriate.*

SNECs Provided by CPA’s only

(b) Second nutrition education contact (SNEC):

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(1) *Routine nutrition education contact:*

This visit is to be made available through client-centered individual or group contacts which are appropriate to the individual's or group's nutritional needs. Topic should be chosen at the discretion of the local agency nutritionist and ideally should reflect back on the plan of the last nutrition counseling session, or should address the participant's current nutritional/personal needs.

OR

(2) *High risk nutrition education contact:*

All participants designated as high risk according to local agency criteria will receive a high risk care plan outlined in the SOAP notes section of RI Webs. It will include a plan for follow-up designed by the local agency nutritionist. Each high risk participant will receive a minimum of one follow-up visit.

An individualized care plan will be provided to any non-high risk participant at his/her request.

For Infants and Breastfeeding Women Certified for "Extended Certification"

1. Provide nutrition education contacts quarterly for infants and Breastfeeding Women with "Extended Certification" periods. Base the number of nutrition education contacts on the length of the certification period. Give all infants and breastfeeding women one nutrition education contact at the time of their initial certification and follow-up contacts as every 2 to 3 months, the total minimum visits in one year is four. A note must be documented in both the infant and mothers chart that reflects their individual counseling sessions which is specific to their categorical needs.

This is the minimum number of nutrition education contacts you must provide, although you may provide more if you wish.

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For infants and women on extended certifications, at least one follow-up contact must be an individual appointment which includes a length/weight measurement, assessment and blood work (as indicated).

For a mother who is providing “some breastfeeding”, she will no longer receive a food package after the infant turns 6 months of age, but she will still be considered active on the program and is eligible to receive nutrition education and referrals as needed. For this mother, nutritionists should document nutrition education contacts in the mothers chart at 9 months and 12 months postpartum, respectively. Additional nutrition education visits may be conducted/documentated at the nutritionists’ discretion.

Refer to Section 213-Nutritional Assessment for guidance on hematological screening requirements during Extended Certification.

D. HIV and AIDS Information and Referral

1. *WIC local agency staff will routinely discuss the advantages of breastfeeding with women participants during all possible opportunities including certification, nutrition education sessions, etc.*
2. *During the first nutrition education contact, advise all women participants of the risk of HIV transmission to their infants during pregnancy and breastfeeding if they are themselves infected. Advise all women participants to know their HIV status.*
3. *Encourage voluntary HIV counseling and testing as early as possible prior to or during pregnancy. Refer participants requesting assistance to local HIV counseling and testing sites.*
4. *Women known to WIC to be HIV infected must be counseled against breastfeeding and referred to appropriate health care and supportive services (if needed).*
5. *Local agencies must have:*
 - a) *HIV educational brochures for participants and,*
 - b) *Reference information for WIC staff.*

E. General Points

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1. Individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. Documentation of nutrition education contacts must be included in a participant's record, indicating receipt or refusal of the nutrition education.
2. The type and content of the nutrition education visit shall be documented in each participant's record.
3. Time spent on nutrition education provided by local agency staff will be documented according to procedures in Section 610, Reports.
4. Contacts shall be designed to meet different cultural and language needs of Program participants.

Added 12/04

5. *If Farmer's Market Checks are distributed to a WIC participant, nutrition education regarding fresh produce shall be provided.*

SECTION 500

OUTREACH AND COORDINATION

(Goals – V, Operations – 5)

SECTION 500

**OUTREACH AND COORDINATION
(Goals - V)**

510 - Outreach

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

Local Agency Outreach Plan

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

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

520 - COORDINATION

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

Health Services

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

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

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

Medical Assistance and RItE Care

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

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

Family and Child Services

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

Economic Aid Programs

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

Protective Services for Children

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

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

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

Drug and Other Harmful Substance Abuse Counseling Services

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

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

Breastfeeding Promotion Programs

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

Other Special Services or Programs

Added 1 / 04

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

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

United Way 211
Department of Human Services - 462-1000
WIC State Agency Info Line - 401-222-5960

Documentation

Referrals discussed or made should be documented in the appropriate section of the participant folder in RI Webs.

Financial Aid Programs / Food Stamp Programs

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

SECTION 600

FINANCIAL MANAGEMENT

SECTION 600**FINANCIAL MANAGEMENT****(Goals - VI, Operations - 6)****610 - Reimbursement Claims****611 - Specified Allowable Nutrition Services and Administration (NSA)**

Allowable NSA costs include the following:

- A. The cost of nutrition education which meets the requirements of 246.11. During each fiscal year, the local agency shall use a minimum amount of one-sixth of the local agency's NSA expenditures for nutrition education and a minimum of an additional 1.1 percent for breastfeeding encouragement and support. The local agency shall document the full amount of total NSA expenditures attributable to nutrition education and breastfeeding, including grant funds and other funds or values in its final closeout report for each fiscal year. If the local agency's reported nutrition education expenditures are less than the amount required to be spent, RIDH may issue a claim for the difference. The local agency may request prior written permission from RIDH to spend less than the required amounts for nutrition education and breastfeeding if the local agency can document that a total of funds from other sources and Program funds will be expended at amounts equal to the required amount. Nutrition education costs are limited to activities which are distinct and separate efforts to help participants understand the importance of nutrition to health.

The cost of dietary assessments for the purpose of certification and the cost of prescribing and issuing supplemental foods shall not be applied to the one-sixth minimum amount required to be spent on nutrition education. Costs to be applied to the one-sixth minimum amount required to be spent on nutrition education may include, but need not be limited to:

- (1) Salary and other costs for time spent on nutrition education consultations whether with an individual or group;
- (2) The cost of procuring and producing nutrition education materials including handouts, flip charts, filmstrips, projectors, food models or other teaching aids and mailing nutrition education materials to participants;
- (3) The cost of training nutrition educators, including costs related to conducting training sessions and purchasing and producing training materials;
- (4) The cost of breastfeeding support, education and encouragement is an allowable nutrition education cost. Breastfeeding costs include the above categories and specific breastfeeding aids such as breast pumps, nursing bras, and nursing pads, which directly support the initiation and continuation of breastfeeding,

SECTION 600

and salary and benefits expenses of peer counselors to assist women to continue with an initial decision to breastfeed.

- B. The cost of Program certification procedures, including the following:
- (1) Laboratory fees incurred for tests conducted to determine whether persons are at nutritional risk;
 - (2) Expendable medical supplies necessary to determine whether persons are at nutritional risk
 - (3) In connection with nutritional risk determinations, medical equipment used for taking anthropometric measurements, such as scales, measuring boards, and skin fold calipers; and for blood analysis to detect anemia, such as spectrophotometers, hematofluorometers and centrifuges; and
 - (4) Salary and other costs for time spent on certification.
- C. The cost of outreach services.
- D. The cost of administering the food delivery system.
- E. The cost of translators for materials and interpreters.
- F. The cost of fair hearings including the cost of an independent medical assessment of the appellant, if necessary.
- G. The cost of transporting rural participants to clinics when prior approval for using Program funds to provide transportation has been granted by the State agency and documentation that such service is considered essential to assure Program access has been filed at the state agency.

Additional part time sites will be considered whenever there is a request for such funds.
Direct reimbursement to participants for transportation cost is not an allowable cost.

- H. The cost of monitoring and reviewing Program operations.
- I. Costs for auditing both Program Services and Administration costs and expenditures for food benefit redemptions. Food benefits values are determined by the State Agency based on actual redemptions (disregarding rebate credits) for months in which all issued FI's have been paid or expired and State Agency estimated redemption values for any month for which checks have been issued but not yet paid or expired. Figures are available upon request from the State Agency.
- J. Training nutrition educators is an allowable nutrition education cost when it directly relates to the program. Periodic training such as in-service meetings, and professional

meetings and seminars for the nutrition professional, are a necessary and a justifiable expense.

6-12 - Costs allowable with approval. (Also see Property Management Standards Section 621)
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The following costs are allowable only with the prior approval of RIDH:

A. Capital expenditures over \$500(per unit) must be approved by the Rhode Island Department of Health WIC Office. Capital expenditures exceeding \$5,000 must also be approved by USDA/FNS.

1. Requests for approval of purchases of \$500 or more up to \$999, must be accompanied by three quotes, which can be obtained verbally but must be recorded at the time. If the local agency's preference is not the lowest price, the preference must be sufficiently justified in writing.

2. Purchases over \$1,000 must go out to bid.

If an agency has formal policies which differ from this, it may request permission to follow its normal policies, instead, but may not necessarily be approved by RIDH.

B. Purchase of Medical Equipment

Any requests for purchasing medical equipment shall be submitted to the Rhode Island Department of Health WIC Program Office with all information regarding the items to be purchased, including manufacturer's and model numbers for approval.

C. ADP Expenditures

Any expenditures for automated information systems, except for those used in general management and payroll, including acquisition of automatic data processing hardware or software, whether by outright purchase, rental-purchase agreement or other method of acquisition, must receive prior approval of the state WIC agency and USDA/FNS, if funded in whole or in part with WIC administrative funds.

D. School Expenses

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Local agencies may not use WIC administrative funds for college or graduate school tuition or expenses nor for college courses or training in the pursuit of a college or graduate school degree. However, the use of WIC funds for college courses or training in pursuit of a higher degree is not a justifiable expense. The latter is considered a personal career goal and does not necessarily provide any significant benefits to WIC participants. Reimbursement will only be made for any college course or training when approved in advance by the State Agency and USDA/FNS.

E. Travel - Local Agencies

9/97

All local agency travel requests over \$100 requires prior approval from the State WIC Office in accordance with State Travel procedures, A-22.

Procedure:

1. Planning -

- Travel requests must be in writing and mailed or faxed to the Chief, Office of WIC Program as far in advance as possible to the date of travel, for approval or rejection from the State WIC Office.

2. Travel Advance -

- If necessary, a local agency employee may obtain a travel advance for conference fees and or registration if travel is approved; proper supporting documentation must be provided to the state agency.

3. Meal Allowance - in accordance with State Provisions

- Meal allowances for local agency WIC personnel who are planning to engage in state approved travel are as follows:

Breakfast	\$ 4.00
Lunch	\$ 6.00
Dinner	<u>\$14.00</u>

Or a total of \$24.00 per day; an allowance of \$5.00 per travel day will be provided to the traveler for miscellaneous expenses/gratuities.

4. Lodging -

- Overnight accommodations will not be allowed within a 55 mile radius from workstation. Distance from home cannot be used in calculating the 55 mile radius.

5. Supporting Documentation -

- A copy of all supporting documentation must be submitted to the local agency=s finance person who will then include everything with the local agency=s monthly NSA expenditure report to the State WIC Office.

6. **If you have any questions prior to travel, contact the State WIC Office Chief or Financial Person, to avoid delay or denial in initial approval or reimbursement.**

* 613 - Submitted Reports

Local agencies are required to periodically complete and submit to the Rhode Island Department of Health several important reports as summarized below:

<u>* Report</u>	<u>Submitted by</u>
WIC Actual Monthly Expenditure Report: (WIC-16A)	Within 30 days following the end of the month
Staff Time for Nutrition Education and Nutrition Services and Administration (16C)	
Monthly Nutrition Services and Administration and Nutrition Education Expenditure Report (16B)	
Monthly Nutrition Services and Administration and Nutrition Education Expenditure Report (16B)	
* Annual Projected Budget 9/97	Prior to 15 September for next fiscal year
Local Agency Self-Assessment for Financial Mgt. 9/97 (biannual)	October 1, each year
Time Study Worksheet (Form WIC-16T)	Within 30 days after end of quarter (added 11/05)
* Annual Breastfeeding Time Study (16BF)	October 1, each year
* Annual Nutrition Services and Administration Expenditure Report (Closeout Report)	November 1 for prior Fiscal year
Revised Budget-	as needed or requested by this office 9/97

Physical Inventory Report - Complete and submit at time expended with monthly expenditure report

Reports submitted incorrectly will be returned to the local agency for correction. The submission of incorrect reports could delay payment. Technical assistance is available upon request at the State WIC Office.

Local Agencies must submit reports on a timely basis. A delay in reporting interrupts the reimbursement and closeout process and could result in disallowance of charges.

Monthly Reporting of Expenditures - (Due 30 days after end of report month)

C. Staff Time for Nutrition Education and Nutrition Services and Administration

1. General Procedures

- (a) Employees whose salaries are covered at a total of 100 percent by other federal, state, or other grants will not be eligible for WIC salary support.
- (b) Employees whose salaries are presently covered at a total of less than 100 percent by federal, state, or other grants may be eligible for WIC salary support. Also, any agency who files and is approved for a grant revision or adjustment to cover their salary at less than 100 percent may be eligible for WIC salary support.
- (c) Such eligibility must be approved by the State agency prior to filing for coverage of salary.
- (d) Each month, each employee conducting nutrition education activities or funded partially by WIC must complete a WIC-16C, Staff Time for Nutrition Education and Nutrition Services and Administration form and it must be signed by the employee and the executive director of the local agency.
- (e) This form shall be completed and attached, on a monthly basis, to the Monthly Expenditure Report as filed by the local agency.
- (f) The local agency is responsible for the accurate reporting and documentation of the employee's time. This method shall only cover activities specified as allowable administrative or programmatic costs as specified by USDA WIC regulations, or State WIC policies. Use of nutrition education resources charged to WIC may not be utilized for other than WIC participants if so doing would impede the certification of applicants, thereby effecting caseload, or jeopardize the quality of nutrition services provided to WIC participants.
- (g) Allowable "In-Kind" costs include reimbursable administrative or nutrition education costs which are not paid for by any other federal grant.

2. Nutrition Education

Each staff member providing nutrition education shall maintain a daily record of time spent on nutrition education services performed for the local agency.

3. Nutrition Services and Administration

- (a) The administration column must be completed for all personnel performing WIC related duties who are currently being charged only partially to the WIC Program except as noted under (e) below:

- (b) The amount of time spent should be directly traceable to the amount charged on the Monthly Administrative and Program Services Expenditure Report for that employee.
- (c) It is the local agency's responsibility to ensure that these persons being charged to WIC are not being charged in excess of 100 percent of their salary.
- (d) Employees being charged 100 percent to WIC are exempt from completing the Administration column.
- (e) The local agency is exempt from this requirement if they utilize an acceptable formula when deriving partial costs per employee. It is the State agency's decision whether to allow the local agency formula. The justification for the formula should be maintained at the local agency for review.

B.1. Monthly and Nutrition Services and Administration Expenditure Report (WIC-16B)

- (1) The purpose of this report is to provide documentation for the amount of dollars that WIC will reimburse you for the reporting month and for federal monitoring of staffing ratios. This report is inclusive of the data on the Nutrition Education Report. Such that this report is the total administrative dollar that the Rhode Island Department of Health will provide for reimbursement providing it is within your allocation level.
- (2) Line I Personnel - It should be stated that for all charges, Personnel Fringe Benefits, Other Costs, there should be documentation to support the amount charged, e.g. payroll records, time cards, time sheets, purchase invoices, forms.
- (3) Each employee's name, title, actual administrative expenditures being charged to WIC, administrative in-kind, hourly salary and number of hours worked should be listed.
- (4) Line II Fringe Benefits - The actual amount being charged for Fringe Benefits should be listed on this line.
- (5) Add line Ia plus line II. The total should be placed on line III. This is the total amount spent on Personnel and Fringe Benefits.
- (6) Line IV Other Costs - This category should include any expense incurred during the reporting month for Other Costs previously listed in your annual budget. Some examples of this are: Travel, supplies, equipment, and nutrition education material. Once these direct costs have been listed they should be subtotaled on Line IV a. Any questions regarding allowable costs should be referred to the WIC Office. Line items combining more than one individual cost exceeding \$500.00 on any monthly report or any change for such item(s) exceeding \$500.00 on an annual closeout report

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should be supported by an attached itemized listing showing the vendor, total amount and portion charged to WIC. A WIC-17 Equipment Inventory Listing should be attached for each piece of equipment over \$500.00.

- (7) To derive the Actual Monthly WIC Administrative Expenditure, you should add line Ia, Actual Expenditure column, and line II, Fringe Benefits column, and line IV a, Actual column. These three costs will give you the total WIC Actual Monthly WIC Administrative Expenditure.
- (8) The WIC office has added an encumbrance section. An encumbrance is an expense incurred in the form of purchase orders, requisitions, or invoices which are chargeable to an account and which a part of an account is reserved. The purchase ceases to be an encumbrance when paid, at which time it becomes an actual expense.

For example: If your agency ordered a scale in March then you would report this as an encumbrance on your March report. You must attach a copy of this purchase order to your monthly report when you submit it as an encumbrance to our office. When the scale comes in April and you pay for it in April, then you would report the scale as an actual expenditure under Other Costs and remove it from the encumbrance section. Capital expenditures will be allowable items which you can utilize as an encumbrance.

B.2. Monthly Nutrition Education Expenditure Report (16B)

- (1) Once the nutrition education hours for each staff member are complete, the Coordinator should take the Monthly Nutrition Education Expenditure Report and fill in site name, month of report, list of names of all personnel who performed nutrition education and list the number of hours spent by each person. The number of hours spent should be obtained from the Staff Time for Nutrition Education Form.
- (2) The Nutrition Education Coordinator shall also list any other costs that should be charged to nutrition education for the month, e.g. equipment, material printing, travel or telephone, on the Monthly Nutrition Education Expenditure Report.
- (3) Once these data are complete, the Nutrition Education Coordinator should give the Monthly Nutrition Education Expenditure Report to the fiscal officer to complete.
- (4) The fiscal officer should list the estimated annual NSA allocation at the top in the blank provided. This dollar amount should be multiplied by .166 and this amount should be placed in appropriate block. The $1/6 =$ dollar amount should then be divided by 12, and this figure placed in the last blank. This amount should be the minimum dollar spent on nutrition education providing you are spending at your monthly allocation level.
- (5) Under the I, Personnel line item, all staff providing nutrition education should already be listed with the hours spent filled in. The fiscal officer should multiply the

hours spent by the individual's hourly rate. This amount should be listed under Actual Monthly Nutrition Education or Nutrition Education in-kind or a portion of the amount under each depending on the individual situation.

- (6) The fiscal officer should fill in the actual amount being charged for fringe benefits to WIC for the personnel listed. This amount for Fringe Benefits should be placed on Line II under either Actual Monthly Nutrition Education or Nutrition Education In-kind depending on individual circumstances.
- (7) The fiscal officer should then list any nutrition education purchases or other costs for the reporting month. This amount should be subtotaled on Line III a.
- (8) Once these data are complete, the fiscal officer can derive the total dollars spent on nutrition education for the month: It is imperative to include the In-kind amount in deriving the total, since, even though WIC is not reimbursing the local agency for In-kind, the service is still being provided to WIC participants and can be credited to the 1/6th nutrition education requirement.
- (9) In deriving total nutrition education costs, add line III (Actual and In-kind) and NSA Actual and In-kind and place this dollar amount on the line TOTAL NUTRITION EDUCATION EXPENSES C. and D.
- (10) Once these figures are computed, you may derive the total amount of dollars spent on nutrition education for that month by adding V C. and D.
- (11) Before answering the questions concerning, "Is Nutrition Education at least 1/6 NSA money?," you must complete the Monthly Expenditure Report.
- (12) Adjustments from previously submitted reports included in the monthly expenditure total should be reported on the form 16A. The amount, reason and month being adjusted should be indicated. Additional justification or backup should be attached if required.

A. WIC Actual Monthly Expenditure Report (16A)

Once all amounts are derived you must bring all the totals to the front summary page WIC-16A, WIC Actual Monthly Expenditure Report. Once signed, your agency should maintain a copy for at least three closed out fiscal years or until notified by our office for audit purposes; the following should be sent to our office by the end of the following month:

- (1) Staff Time for Nutrition Education and Administrative and Program Services
- (2) Monthly Nutrition Services and Administration Expenditure Report and Monthly Nutrition Education Expenditure Report
- (3) WIC Actual Monthly Expenditure Report

Annual Projected Budget (16D) (Due September 15)

Submitted annually including the same components, annualized, as A-D, above, subject to review and approval by RIDH. In addition, such revised budgets as deemed necessary by RIDH must be submitted subject to RIDH review and approval.

Annual Administrative Expenditure Report (16E) (Due November 1)

Submitted annually including the same components, annualized, as A-D, above, subject to review and approval by the RIDH. No claim for additional reimbursement may be submitted on the Closeout Report that has not previously been shown on appropriate Actual Monthly Expenditure Report(s). Any request for exception to this policy must be made in writing, no later than thirty (30) days following the end of the federal WIC fiscal year for which the claim is made. Any such request must include full documentation and justification to the satisfaction of the RIDH. Any approval of such request is at the sole discretion of RIDH.

614 - Quarterly Time Study Worksheet (Form WIC-16T) (added 11/05)

Local agency and state staff must complete the Time Study Worksheet (WIC-16T) to document the percentage of staff time charged by WIC staff.

A. Categories to be Reported

1. General Administration – The time generally considered to be related to program monitoring, fraud prevention, outreach, general oversight and food instrument accountability. General clerical and administrative support would be other areas that would qualify for this category.
2. Client Services – The time expended to deliver food and other client services and benefits. Included would be time spent on diet and health assessments, food instrument issuance, as well as other health care referral.
3. Nutrition Education – The time that WIC staff plan or conduct nutrition education and training, or are involved in evaluating and monitoring of nutrition education.
4. Breastfeeding Promotion and Support – All time expended for promotion and support of breastfeeding. Peer Counselors and lactation consultants, as well as other staff time devoted to promotion of breastfeeding related activities, should be included in this category.

B. Procedure for Completing WIC Time Study Worksheet (Form WIC-16T)

1. Provide agency name and clinic site, name of staff person, job title, date, and % FTE, if part time employee.

2. Report on the form actual time spent in one of the following four administrative cost categories:
 - a. General Administration
 - b. Client Services
 - c. Nutrition Education
 - d. Breastfeeding Promotion and Support
3. Record time in the appropriate sub-category listed under each cost category. Indicate time in 30-minute intervals by putting an "X" or check mark in the box. Time must be documented for every day in the sample reporting month.
4. Signature of employee in the designated space upon form completion.
5. The time study must be conducted for one month per quarter of the grant year. Each local agency can choose the month to collect the data. The WIC-16T form must be completed for every day in the sample month. Forms are to be compiled by the WIC Coordinator and sent to the State WIC Office. Quarterly reports are due 30 days following the end of the report quarter (January 30th, April 30th, July 30th and October 30th).
6. Summary reports will be generated quarterly. Percentages for the four reporting categories will be calculated based on hours worked per category divided by total hours worked (net of leave time).
7. Other non-salary costs will be calculated by applying the agency percentage for each category to the total other costs reported for the year.

615 - Annual Breastfeeding Time Study (Form 16BF, Due October 1, each year)

Local agencies must calculate agency expenditures for breastfeeding activities by having local agency WIC nutritionists complete a two-week time study for allowable breastfeeding activities.

A. Examples of Allowable Breastfeeding Promotion and Support Expenditures

Although not exhaustive, the following list typifies allowable expenditures support of breastfeeding promotion and support:

1. Breastfeeding aids such as breast pumps, breastshells, nursing supplementers, nursing bras and nursing pads which directly support the initiation and continuation of breastfeeding;
2. Salary and benefit expenses of WIC staff delivering educational and direct client services related to breastfeeding;
3. Salary and benefit expenses of peer counselors and individuals hired to undertake home visits and other actions intended to assist women to continue with an initial decision to breastfeed;
4. Salary and benefit expenses of staff and non-WIC professionals to deliver/attend training on

breastfeeding promotion and support to be used for program purposes;

5. Costs to develop/procure educational materials, instructional curricula, etc., related to breastfeeding promotion and support;
6. Prorated costs of clinic space devoted to educational and training activities related to breastfeeding, including space and furniture set aside for nursing during clinic hours which would help provide an environment conducive to breastfeeding;
7. Salary and benefit expenses for WIC staff to participate in State and local planning committees dedicated to breastfeeding promotion;
8. Salary and benefit expenses and costs of materials, etc., utilized in the evaluation of breastfeeding initiatives (or contractual agreements entered into for this purpose);
9. Salary and benefit expenses for WIC staff to organize volunteers and community groups to support breastfeeding WIC participants;
10. Travel and related expenses incurred by WIC staff related to any of the above items; and
11. Costs of reimbursable agreements with other organizations, public or private, to undertake training and direct service delivery to WIC participants concerning breastfeeding promotion and support.

**B. Procedure for Completing WIC Breastfeeding Time Study
(Form 16BF)**

1. List agency, signature of staff person, month of report, and staff person's hourly rate.
2. For each date listed as day worked, fill in columns "Total Hours Worked" and "Time Spent on Breastfeeding". Please refer to examples of allowable Breastfeeding and Support Activities.
3. Total the hours for each two-week column.
4. Signature of Supervisor must be on form and date of signature.
5. Report is due into the State WIC office October 1, each year.

620 - Safeguards

621 PROPERTY MANAGEMENT STANDARDS

- A. The Rhode Island Department of Health WIC Office requires that local agencies adhere to procedural requirements relating to the purchase of equipment with WIC monies.
- B. Property records shall be maintained accurately, and shall include:
 - (1) A description of the property.
 - (2) Manufacturer's serial number, model number, stock number, or other identification number.
 - (3) Source of the property including grant or other agreement number.
 - (4) If property is to be used outside the WIC Program or scrapped, the Rhode Island Department of Health must be notified, prior to disposal, on a WIC-17.
 - (5) Acquisition date (or date received) and unit costs.
 - (6) a) Location, use and condition of the property and the date the information was reported.
 - b) All pertinent information on the transfer, replacement, or disposal of the property.
 - (7) Property owned by the Federal government must be marked to indicate Federal ownership.
 - (8) A physical inventory of property shall be taken and the results reconciled with the property records at least once a year.
 - (9) A control system shall be in effect to ensure adequate safeguards to prevent loss, damage, or theft of the property and shall ensure that it is used solely for authorized Program purposes. Any loss, damage, or theft of the property shall be investigated and fully documented. The agency shall promptly notify the Rhode Island Department of Health WIC Program Office.
 - (10) Adequate maintenance procedures shall be implemented to keep the property in good condition.
- C. Title to Federally owned property remains vested in the Federal government.
- D. Equipment Inventory
 - (1) Complete the Equipment Inventory Listing, WIC-17, for each item or set of items purchased with WIC monies which costs equal or exceed \$500.00.

9/97

- (a) The local agency shall use the purchase requisition to obtain the necessary information to complete this form.
 - (b) The WIC-17 shall be submitted to the Rhode Island Department of Health WIC Office as soon as any items purchased with WIC funds are received by the local agency.
- (2) Each local agency shall submit annually an inventory listing Federally owned property in their custody to the Rhode Island Department of Health WIC Office.
 - (3) WIC equipment will be reviewed during on-site visits to ensure compliance with this policy.
 - (4) Equipment no longer needed or usable should be reported to the Rhode Island Department of Health WIC Program Office on a copy of the WIC-17 to facilitate transfer or disposal.

622 AUDITS/RETENTION OF RECORDS

Audits

- A. In order to comply with Federal WIC Regulation 246.20, which mandates audits of State and local agencies, the State shall conduct or cause to be conducted, organization-wide audits in accordance with the provisions of 7 CFR 246.25 and Part 3016, "Audits of State and Local Governments." Other guidelines and documents to be followed will be:
 - (1) Compliance Supplement for Single Audits of State and Local Governments.
 - (2) OMB Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Organizations.
 - (3) OMB Circular A-110 "Uniform Requirements for Grants to Universities, Hospitals and Other Nonprofit Organizations".
 - (4) Federal Management Circular, FMC-74-4, "Cost Principles Applicable to Grants and Contracts with State and Local Governments."
 - (5) WIC Program - State Conducted Audit Guide.
- B. An audit shall be used to determine whether:
 - (1) Financial operations are properly conducted.
 - (2) The financial statements are presented fairly.
 - (3) The state and local agencies are complying with applicable laws, regulations, and administrative requirements that affect the expenditure of Federal funds.

- (4) State and local agencies have established internal procedures to meet the financial management objectives of federally assisted programs.
 - (5) State and local agencies are providing accurate and reliable information to the Federal government.
- C. The local agency shall have an independent annual audit conducted in accordance with 7CFR 3015 and A-110, and A-133 as appropriate.
- D. Each local agency shall send a copy of all local agency sponsored audit reports covering any aspect of local Program related activities including, but not limited to, the complete A-110 and/or A-133 audit report and any related Management Letters, separate reports and local agency response and corrective plans.
- (1) Such copies are due at the State WIC Agency no later than six months from the end of the fiscal year covered by the report.
 - (2) The cost of these audits shall be considered a part of administrative and program services costs and may be funded from the local agency administrative and program services funds, as appropriate. For purposes of determining the Program's pro rata share of indirect costs associated with organization-wide audits, the value of food instrument redemptions shall be considered in the total dollar amount of the Program. Program service funds and food instrument values shall be listed separately (see Sec. 611, I, above).

Retention of Records

A. Program Records

Records shall include, but not be limited to, information pertaining to financial operations, food delivery systems, food instrument issuance and redemption, equipment purchases and inventory, certification, nutrition education, civil rights, and fair hearing procedures.

B. Subject to the requirements below, Program records shall be retained for the following "Retention Period":

A minimum of three (3) closed out federal fiscal years, **plus** the current operating fiscal year. This includes any record of any activities occurring in any part of the fiscal year.

- (1) The Food and Nutrition Service or the Rhode Island Department of Health may, by written notice, require longer retention of any records necessary for resolution of an audit or any litigation, or for other purposes related to the administration of the Program. If FNS or the RIDH deems program records to be of historical interest, they may require the local agency to forward such records whenever the agency is disposing of them.
- (2) Equipment inventory records - these records should be retained for the "Retention Period" following disposal of the property.

- (3) Fiscal Records - these records shall be obtained for at least the "Retention Period".
- (4) Food Delivery System Records - check registers which bear the recipient's signature, voided checks, and the "End of Day" Check Transaction Logs shall be retained for at least the Retention Period. Check stubs shall be retained for three months from "last day to use" date plus the current month. Other food delivery records which are primarily managerial information, such as computer printouts, should be retained for as long as they are useful to the agency.
- (5) Certification Records - all records which document the denial of eligibility, certification, or termination of participants and the supportive medical nutritional data used to make the certification decision should be retained for a minimum of the "Retention Period" **and** (for child participants) until the child turns 6 years old.

The Daily Caseload Report (from "End of Day" reports) and the Potential Dual Participation Report (from "Beginning of Day" reports) shall be retained for one year plus the current operating fiscal year.

Local agency developed forms, such as logs, intake sheets, etc., which are used for documentation or management need to be retained only if they are the source of documentation for decisions related to denial, certification, or termination of persons.

- (6) Nutrition Education Records - records required by the state agency to document nutrition education expenditures, aggregate services, and individual services, need to be retained for the "Retention Period".
- (7) Medical Records - medical records which contain any of the above data should be retained in accordance with the above WIC rules. In addition, local agency medical records policies may require that records be retained for longer periods of time whether or not they contain WIC certification or services information. (See Section 5 above)
- (8) Notwithstanding the above, local agencies should also adhere to policies required by the agency itself, its sponsoring body (city, hospital, etc.), or other funding sources (Department of Community Affairs, USPHS, etc.).

- C. The Secretary of USDA, the Comptroller General of the United States, the state agency, or any of their duly authorized representatives, or designees, shall have access to any books, documents, papers and records (except medical case records of individuals unless that is the only source of certification data) of the State and local agencies and their contractors for the purpose of making surveys, audits, examinations, excerpts, and transcripts.

623 CLAIMS AND PENALTIESClaims

- A. If the state agency determines through a review of the local agency's reports, program or financial analysis, monitoring, audit, or otherwise that any Program funds provided to a local agency for supplemental foods or administrative and program services purposes were, through local agency negligence or fraud, misused or otherwise diverted from Program purposes, a formal claim will be assessed the State agency against the Local agency. The local agency shall pay promptly to the State agency a sum equal to the amount of the administrative and program services funds or the value of supplemental foods or food instruments so misused or diverted.
- B. If the state agency determines that any part of the Program funds received by a Local agency; or supplemental foods, either purchased or donated commodities; or food instruments were lost as a result of thefts, embezzlements or unexplained causes, the Local agency shall, on demand, pay a sum equal to the amount of the money or the value of the supplemental foods or food instruments so lost.
- C. The local agency shall have full opportunity to submit evidence, explanation or information concerning alleged instances of noncompliance or diversion before a final determination is made in such cases.

Penalties.

In accordance with section 12(g) of the National School Lunch Act, whoever embezzles willfully misapplies, steals or obtains by fraud any funds, assets or property provided under Section 17 of the Child Nutrition Act of 1966, as amended, whether received directly or indirectly from USDA, or whoever receives, conceals or retains such funds, assets or property for his or her own interest, knowing such funds, assets or property have been embezzled, willfully misapplies, stolen, or obtained by fraud shall, if such funds, assets or property are of the value of \$100 or more, be fined not more than \$10,000 or imprisoned not more than five years, or both, or if such funds, assets or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

624 RESTRICTIONS ON LOBBYING

Restrictions on Lobbying Common Rule:

The New Restrictions on Lobbying Common Rule was issued on 26 February 1990 by the OMB in response to Section 319 of Public Law 101-121. This new legislation was signed on 23 October 1989 and was effective 60 days later, on 23 December 1989.

The rule includes provisions which prohibit the use of appropriated Federal funds for the lobbying of the Executive or Legislative Branches of the Federal Government in connection with procurement and no procurement contracts, grants or loans. It also requires the reporting of payments made with non-appropriated

funds for lobbying purposes.

For the USDA, the Common Rule will be identified as 7 CFR 3018. Appendix A of the Common Rule contains the certification statement which must be filed by each recipient of a Federal grant, cooperative agreement, loan, or contract/subcontract (see Subpart A____110). Appendix B contains a specimen copy of the Lobbying Activities Disclosure Form (SF-LLL), which must be filed if non-appropriated funds are used for lobbying purposes.

625 WIC BREASTFEEDING PEER COUNSELOR PROGRAM FUNDING

- A. The State WIC Office reimburses the local WIC agency for Peer Counselor salaries, fringe benefits and employment expenses on a scale determined by the local agency in accordance with agency standards. The local agency WIC Coordinator must notify the State WIC Breastfeeding Coordinator of any salary, fringe benefit, and employment expense modifications affecting the Peer Counselor within one week of the change.
- B. The State WIC Office recommends a starting PC salary rate equivalent to or higher than a starting WIC clerk rate and routine pay raises in accordance with agency standards.
- C. To retain funding for the PC position, the local WIC agency must adhere to these program guidelines and submit required paperwork, including an internal PC job description and an internal Breastfeeding Peer Counselor Program description (see Paperwork section), to the State WIC Breastfeeding Coordinator. Ongoing state support of the PC Program also depends on the availability of adequate federal funding.

SECTION 700

MONITORING

MONITORING
(Goals - VII, Operations - 7)

Introduction

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

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

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

710 - Local Agency Review

711 **Procedures**

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

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

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

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

- C. The local agency review process is intended to be a way to identify both strengths and weaknesses of the WIC Program. Local agency staff should respond to the process in a

constructive, objective, and professional manner that will result in conclusions that are useful to the local agency. State and local staff will begin to identify local agency needs and deficiencies, and feasible corrections and improvements.

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

712 Follow-up

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

713 Penalties

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

714 Ongoing Monitoring

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

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

720 - Local Agency Self Assessment

721 Additional Monitoring

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

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

730 - Participant Interviews

Introduction

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

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

731 Procedures

- A. Local agency staff should assist state agency liaison staff in scheduling participant interviews and coordinating the interviews with other required participant visits.
- B. A representative sample of foreign-speaking participants should be arranged, if possible, including arrangements for translation resources.
- C. The interview is for Program improvement purposes and is, therefore, voluntary and not associated with Program eligibility. Local agencies should, however, seek to arrange for participant comfort and cooperation.

- D. As appropriate, the state liaison will bring issues, complaints, or questions on behalf of participants to local agency staff which should be responded to and followed up as appropriate.

732 Follow-up

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

733 Related Local Agency Activities

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

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

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.

- 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 800

CIVIL RIGHTS AND APPEAL PROCEDURES

(Goals - VIII, Operations - 8)

SECTION 800

CIVIL RIGHTS AND APPEAL PROCEDURES

(Goals - VIII, Operations - 8)

810 - Civil Rights

Local agency staff play key front line roles in ensuring the absence of discriminatory attitudes and practices in WIC. In compliance with the requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, USDA Regulations 7 CFR 15, and Regulations for the Special Supplemental Food Program for Women, Infants and Children, the Governor's Executive Orders and and the Department of Health's Affirmative Action Plan, discrimination in the Rhode Island WIC Program is prohibited.

811 Local Agency Practices

- A. The local WIC agency must ensure that no person shall, on the grounds of race, color, national origin, age, sex, or handicap, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the WIC Program.
- B. If there are physical barriers to the handicapped, the local agency should identify reasonable alternative means of access, alternative means for certification off-site, or referral to the nearest accessible facility.
- C. Program information and guidelines should be made available to the public, especially applicants, participants, grassroots organizations, and minority groups.
- D. The local agency must inform Program applicants and participants of the procedure for filing discrimination complaints (see Complaints below), and rights and responsibilities of participants and applicants.
- E. The local agency must ensure that for those participants who are non-English speaking and limited English speaking, there is required Program information, other than certification forms, provided in the appropriate language, either orally or in writing. Also, all rights and responsibilities on the application form are read to the applicant in the appropriate language. Volunteer interpreters can be used instead of bilingual staff members. There must, however, be assurances of the reliability and availability, when needed, of the volunteers.

As appropriate, local agencies may request Spanish language versions of the WIC Power Point Orientation-Outreach presentation.

- F. The local agency should be aware of, and utilize resources for providing Program information to the visually and hearing impaired.
- G. Public Notification Materials - The local agency must display in a prominent place the poster "...and justice for all."

Rev. 5/00 as required by FNS Memo 2000-4 "Nondiscrimination Statement for WIC Materials"

- H. All Program materials for public information developed or distributed by the local agency must include the statement:

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

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

If the material is too small to permit the full statement to be included, the material will, at a minimum, include the statement, in print size no smaller than the text, that *"This institution is an equal opportunity provider."*

The statement should also be included on all notices that serve as notice of condition to continued eligibility and convey the intent of fairness in the processing of the action. The statement should be in a prominent place and in bold type print, if possible.

- I. Local Agency Training - The local agency must provide specific training to employees in the principles of nondiscrimination, and agency and WIC civil rights policies, in order to assure absence of obvious or subtle discriminatory practices. Such training shall be provided through orientation for new employees, and, where no specific training has been provided, through in-service training to present employees.

Local agency staff must attend any civil rights training provided by, or under the auspices

of, the state agency or the USDA.

- J. Data Reporting - Racial/Ethnic data needed by FNS or the state agency to evaluate participation ratios must be collected and forwarded as required.
- K. The local agency must assist the regular compliance review process and cooperate in any special compliance reviews. Findings and recommendations of the compliance review must be responded to and implemented as appropriate.
- L. Information regarding vendor practices which might be discriminatory should be forwarded to the state agency via the most expeditious route. The first contact would usually be the state liaison.

812 Complaints

- A. Any complaints of discrimination received by the state or local agency must be forwarded immediately.
 - 1. Right to File - Any person alleging discrimination based on race, color, national origin, age, sex, or handicap has a right to file a complaint within 180 days of the alleged discriminatory action.
 - 2. Forwarding Complaints - All complaints, written or verbal, based on race, color, national origin or age shall be accepted and forwarded to:

USDA
Director, Office of Civil Rights
Room 326-W
Whitten Building
1400 Independence Avenue, SW
Washington, DC 20250-9410

A copy should also be sent to:

Regional Civil Rights Director
Food and Nutrition Service, USDA
Northeast Region
10 Causeway Street, Room 501
Boston, MA 02222-1063

All complaints based on sex or handicap shall be accepted by completing a Discrimination

Complaint Form EEO-WIC (appendix). Keep a copy of the form in agency files and forward the original to:

Rhode Island State Equal Opportunity Office
289 Promenade Street
Providence, RI 02908

It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of violation. Anonymous complaints may be handled just like any other complaint.

3. Verbal Complaint - In the event that a complainant makes an allegation verbally or through a telephone conversation and refuses, or is not inclined, to place such allegations in writing, the person to whom the allegations are made should write up the elements of the complaint for the complainant. Every effort will be made to have the complainant provide the following information:
 - (a) Name, address, and telephone number of the complainant or other means of contacting the complainant.
 - (b) The specific location and name of the entity delivering the service or benefit.
 - (c) The nature of the incident or action that led the complainant to feel discrimination was a factor or an example of the method of administration which is alleged to have a discriminatory effect on the public or potential or actual participants.
 - (d) The basis on which the complainant feels discrimination exists (race, color, national origin, age, sex, or handicap).
 - (e) The names, titles, and business addresses of persons who may have knowledge of a discriminatory action.
 - (f) The dates during which the alleged discriminatory actions occurred, or, if continuing, the duration of such actions.

RI STATE EQUAL OPPORTUNITY OFFICE

TELEPHONE 222-3090 TDD 277-3092

WIC PROGRAM GRIEVANCE PROCEDURE

The State Equal Opportunity Office will accept from WIC Program employees and applicants for WIC Program employment, WIC participants, potentially eligible persons and former participants complaints of discrimination that are based on sex and physical or mental handicap, related to WIC Program employees, the State Agency or WIC local agencies.

1. A complaint may be filed formally on the "Complaint of Discrimination Form" available through the state Equal Opportunity Office, within 180 days of the alleged incident of discrimination, unless it is an ongoing discrimination.

Verbal complaints shall be accepted and the person to whom the allegations are made shall write up the elements of the complaint for the complainant.

2. An Equal Opportunity Officer will be assigned to investigate the complaint. Complaints will usually be investigated within thirty days. There are exceptions, depending upon the number of witnesses and extent of cooperation.
3. The Executive Director or Chief Executive Officer (Respondent) will be notified of the alleged charge. When the RIDH is not the respondent, the Associate Director, Management and Support Services, RIDH, shall also be notified.
4. Upon the completion of the investigation, the State Equal Opportunity Office will make a determination as to probable cause, based on the summary of facts. Determinations are made as a result of meetings with the Administrator, Assistant Administrator and Investigating Officer. If there is no probable cause the concerned parties will be notified within five (5) days.
5. When probable cause is not evident, the parties are so informed by the State Equal Opportunity Office.
6. When there is probable cause of discrimination, Administrator of the State Equal Opportunity Office will try to conciliate the complaint with concerned parties.
7. If an agreement between both parties is not reached, an amicable date for a formal hearing, within thirty (30) days of conciliation attempt, will be scheduled and a Hearing Officer will be assigned by the State Equal Opportunity Office.
8. The Hearing Officer is requested to make a decision within fifteen days of receipt of the hearing transcript. Within five days after the decision of the Hearing Officer, the State Equal Opportunity Office will then, by written notification, present the findings

and recommended corrective action to both parties.

Implementation of the decision shall be within thirty (30) days. If the corrective action is not implemented within the specified time frame, the State Equal Opportunity Office will notify the Governor.

All complaints will remain confidential except to the extent necessary to conduct a review of the facts.

When the RIDH is not a party to the complaint, the RIDH shall be kept informed of the status of the complaint and any resolution, recommendation or action related to the complaint.

820 - Fair Hearing Procedures

821 Grounds for a Fair Hearing

An individual may request a Fair Hearing to appeal a State or local agency action which results in the individual's denial of participation, disqualification, termination from the Program, or the attempted recovery of the cash value of benefits issued to such individual.

822 Local Agency Responsibilities

- A. Inform each WIC applicant of his/her right to a Fair Hearing during the initial contact with the local agency.
- B. Assure an applicant (or participant), against whom sanctions have been imposed, of unrestricted freedom to request a Fair Hearing.
- C. Offer assistance to help the applicant prepare and submit the Fair Hearing Request.
- D. Inform the applicant that he/she may request copies of any documents in his/her WIC record, in advance of the Fair Hearing.
- E. Inform each applicant (or participant), against whom sanctions have been imposed, in writing, at the time the sanction is imposed, of the reason for the sanction, the right to a Fair Hearing, and how to request a Fair Hearing. This written information is contained in a separate form, "Fair Hearing Information," WIC-14, given to participants at the time of initial certification and at the time of

denial, termination from the Program or other sanction.

823 Processing the Request

- A. A request for a Fair Hearing must be made within sixty (60) days of the date of the notification of denial or termination of benefits or of other sanction imposed.
- B. The request may be oral or written, but a formal written record of any request must be secured or prepared by the local agency on the "Request for Fair Hearing" form WIC-15.
- C. Forward to the State agency any Fair Hearing Requests within two (2) days of their receipt.
- D. Copies of appropriate documents or notes from the participant's record must also be sent to the state agency immediately.
- E. The hearings will be held within three weeks from the date of receipt of request.
- F. At least ten (10) days prior to the hearing, the applicant will receive written notice from the state agency as to the time, date, and site for hearing.

824 Assisting the Appellant

A reasonable attempt should be made to inform the applicant of what they might expect at a Fair Hearing, their responsibilities to present their case, the need to be on time, that any request to withdraw must be in writing (Appendix, Withdrawal of Appeal, WIC-15W), and other relevant, helpful information.

830 - Mandatory No-smoking Policy

The Fiscal Year 1994 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act (Public Law 103-111) stipulates that each local WIC agency and/or WIC clinic must have an announced, posted public policy against smoking in any area where WIC Program functions are performed, in order to be eligible to receive WIC administrative funds.

This prohibition against smoking applies only during the times that the WIC Program is actually operating at a clinic site. For example, satellite operations where WIC services may only be offered once or twice a week, would not have to announce and implement the non-smoking policy for those time periods when the WIC Program is not operating.

Immunization Registries (Kidsnet)

Requires WIC applicants written consent on separate document

Consent not a condition for WIC services (cannot be offered for signature until eligibility for WIC has been determined).

Denials must be tracked

Consent allows WIC information to be shared with 3rd parties (i.e. Head Start)

Limited Disclosure of Information/Use of Written Agreement (optional)

Used to facilitate coordination of all health and social service needs of an individual

This information on the certification form is only a statement of action, which may be taken by the State agency. States are not required to secure the permission of applicants to share information with authorized programs. Applicants do not have the option of declining to permit such information sharing if they wish to participate in the program.

Chief of DOH (through MOU's) designates which health or welfare programs that serve persons categorically eligible for the WIC Program

- ◆ DHA (Rite Care, FS, Cash Assistance)
- ◆ URI Cooperative Extension
- ◆ Programs participant agrees to be referred to by the local WIC agency
- ◆ Participants health care provider for coordination of care

Receiving agency/program may only use WIC info to establish eligibility of WIC participant for health or welfare program and conducting outreach to WIC application and participants for such programs.

On WIC certification form – state required that information provided by applicants in connection with WIC application may be provided to designated health or welfare program representatives that serve persons categorically eligible for WIC for the purposed of

- ◆ Determining eligibility for programs administered by the recipient organizations
- ◆ Conducting outreach for such programs

RHODE ISLAND DEPARTMENT OF HEALTH

WIC PROGRAM

WIC FEDERAL INCOME GUIDELINES

In Effect from April 2010 to June 30, 2011

Based on Income before Deductions or Gross

<u>Family Size</u>	<u>Annual</u>	<u>*Monthly</u>	<u>Twice-Monthly</u>	<u>Bi-weekly</u>	<u>*Weekly</u>
1	\$20,036	\$1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional Family member	+ \$6,919	+ \$577	+ \$289	+ \$267	+ \$134

* Figures are rounded upward to the nearest dollar

Effect on Family Size with a Pregnancy

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

Note: Proof of multiple births is required following standard procedure.

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

VOLUME 3 of RI WIC STATE PLAN
STATE OPERATIONS MANUAL

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Rhode Island WIC Program
Operations Manual

The Hon. Donald L. Carcieri, Governor

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

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, Chief
WIC Program

(401) 222-4604

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

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

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

WHAT ARE THE ELIGIBILITY CRITERIA FOR INDIVIDUAL PARTICIPANTS?

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

WHAT SUPPLEMENTAL FOODS DO THE PARTICIPANTS RECEIVE?

Under the WIC Program, infants up to one year old receive iron-fortified formula, cereal which is high in iron, and infant fruits and vegetables. Participating women and children receive fortified milk and/or cheese, eggs, hot or cold cereal which is high in iron, concentrated juice, whole grains, fruits and vegetables and peanut butter or legumes. Women and children with special dietary problems may receive special formula by request of the physician. Fully Breastfeeding women will receive an enhanced food package.

HOW DO PARTICIPANTS RECEIVE SUPPLEMENTAL FOODS?

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

HOW ARE LOCAL AGENCIES SELECTED?

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

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

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

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

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

STATE OF RHODE ISLAND
RHODE ISLAND DEPARTMENT OF HEALTH

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

FISCAL YEAR 2011 ?? _____

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</u>	<u>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 = $\frac{\text{Pregnancies (ages 20-40 yrs.)}}{\text{Live births}}$ x 1,000
- b) ____ Teenage Pregnancies = $\frac{\text{Pregnancies (ages 10-19 yrs.)}}{\text{Live births}}$ 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 = $\frac{\text{Live births dying under 28 days of age}}{\text{Live births}}$ x 1,000
- h) ____ Premature rate = $\frac{\text{Birth between 20 \& 36 wks gestation}}{\text{Live births}}$ x 1,000
- I) ____ Low income persons = $\frac{\text{Low income persons within program area}}{\text{Live births}}$ 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)? Please note consistent with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, staff providing translation services should have their skills assessed with opportunities for training when needed.

19. Describe your agency's procedures for handling customer service, mistreatment or inadequate/inappropriate treatment/service complaints or grievances.

20. A brief description of method of making supplemental foods available to expected participants.

21. A brief description of any non-WIC supplemental type feeding program for the benefit of pregnant or lactating women, infants or children which is already in operation in the project area. Include an estimate in the number of participants in project target group served, type of food provided, and an explanation of the expected relationship between any such program and the WIC program.

22. Please describe method of providing Nutrition Education, including staffing.

23. Please describe method and source of obtaining dietary assessments, anthropometric and hematological measurement, and eligibility related medical data for each category of applicant.

24. Please describe MIS equipment, software and support to be provided.

25. Please describe measuring equipment, furnishings, space and clerical support to be provided.

26. Identify each location where WIC related services will be rendered and specify services offered at each.

The applicant proposes to implement the described grant program within the proposed budget in accordance

Rhode Island WIC Program

Operations Manual Sec. 1

with the guidelines established by the Department of Health. The applicant recognizes that any departure from the stated program objectives of this grant or of the budget, as approved, is not authorized and that procedures for modification of this grant, if they become necessary, are provisions of this grant application, or its modifications will be the liability of the applicant. The information furnished in this application is true and accurate to the knowledge of the signer.

Applicant:

(Name of Applying Agency) _____

(Address) _____

Signature:

(Authorized Agency Official) _____

(Title) _____

Date _____

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

S-1 SELECTION OF LOCAL AGENCIES

GOAL

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

GENERAL

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

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

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

INDIVIDUAL AGENCY SELECTION

Application Of Local Agencies

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

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

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

Program Initiation And Expansion

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

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

* SOLICITATION FOR NEW AGENCIES

Solicitation of Local Agency Providers

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

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

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

Local Agency Proposals

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

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

Evaluation of proposals

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

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

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

Agreement to provide WIC services

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

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

Term of Agreement

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

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

Extension of Existing Agreements

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

Response to Unacceptable Local Agency Proposals

In the event that a current WIC local agency submits a Proposal which in the judgement of the HEALTH

fails to meet the requirements of the RFP or is evaluated as an unacceptable Proposal or if there appears to be a likelihood that the agency will not be accepted as a WIC provider after the evaluation process, the State agency will advise the local agency as to the deficiencies in its Proposal. The HEALTH may offer suggestions to the local agency regarding how it may revise its Proposal to be acceptable and satisfactory and provide the local agency with a reasonable opportunity to modify its Proposal. The State will set what it determines to be a reasonable deadline by which time the local agency must submit a modified and acceptable Proposal or have its Proposal rejected.

Advertisement of Request For Proposal

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

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

S-2 DISQUALIFICATION OF LOCAL AGENCIES

- A. The State agency may disqualify a local agency:
 - 1. When the State agency determines serious noncompliance with Program regulations and the Local Agency Agreement which the local agency has been unable to correct, given reasonable opportunity to do so.
 - 2. When the State's Program funds are insufficient to support the continued operation of all its existing local agencies;
 - 3. When the State agency determines, following a review of local agency credentials, that another local agency can operate the Program more effectively and efficiently;
 - 4. When a local agency fails to meet such standards used in the selection of local agencies described above as are appropriate and applicable; or
 - 5. When a local agency is debarred and/or suspended from participating in any transactions involving federal funds or other assistance under the terms of 7 CFR Part 3017.

- B. The State agency shall notify the local agency of any additional State-established criteria. In addition to any State established criteria, the State agency shall consider, at a minimum:
 - 1. The availability of other community resources to participants and the cost efficiency and cost effectiveness of the local agency in terms of both food and administrative and program services costs;
 - 2. The percentages of participants in each priority level being served by the local agency and the percentage of need being met in each participant category;
 - 3. The relative position of the area or special population served by the local agency in the Affirmative Action Plan;
 - 4. The local agency's place in the local agency priority system; and
 - 5. The capability of another local agency or agencies to accept the local agency's participants.

- C. When disqualifying a local agency from the Program, the State agency shall:
 - 1. Make every effort to transfer affected participants to other local agencies without benefit disruption;
 - 2. Provide the affected local agency with written notice not less than 60 days in advance of the pending action which includes an explanation of the reasons for disqualification, the date of expiration of a local agency's agreement, the local agency's right to appeal; and
 - 3. Ensure that the action is not in conflict with any existing written agreements between the State and

the local agency.

S-3 PERIODIC REVIEW OF LOCAL AGENCY QUALIFICATION

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

S-4 PRESENT SITUATION

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

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

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

LIMITATION OF LOCAL AGENCIES

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

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

OPERATION OF ADDITIONAL CLINICS

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

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

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

C-1 CASELOAD ALLOCATION AND 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).

RI Law <i>Confidentiality of Health Care Communications and Information Act</i>	Appendix 2-1
RI KIDSNET Policy Handbook	Appendix 2-2
RI KIDSNET Provider Agreement	Appendix 2-3
RI Department of Health Agreement to Share Information with a Third Party	Appendix 2-4
RI WIC Participant Eligibility Agreement	Appendix 2-5
RI WIC Program's Request for Release of Information to Third Party	Appendix 2-6
RI WIC Confidentiality Matrix	Appendix 2-7

*RI Law Confidentiality of Health Care
Communications and Information Act*

Appendix 2-1

RI Department of Health Agreement to
Share Information with a Third Party

Appendix 2-4

RI WIC Program's Request for Release of
Information to Third Party

Appendix 2-6

SECTION 3

Food Delivery System

FOOD DELIVERY SYSTEM

(Goals - III, Procedures - 300)

Description of System

Department of HEALTH WIC Program

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

In June, 2006 the Rhode Island WIC Program converted to a Web Enabled computer system (RIWEBS) Food Instruments are tailored more to meet the nutritional needs of each individual client. Data is inputted into the system at the clinic and one, two or three months worth of benefits are printed for each qualifying household member. September 26, 2009 the new interim food package was deployed into the RI WEBS system.

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

1. Reject payment of all checks over sixty days old.
2. Reject and pay over the maximum value of the checks through ACH payments.
3. Stop payment on checks at HEALTH WIC PROGRAM request.
4. Provide web based records of all WIC transactions.
5. 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.
 - 1.
 - 2.
- C. If replacement checks are requested and authorized by the State Agency, reissued check numbers must be entered into the computer Register. The replacement food package must be prorated to reflect the remaining days of the check month period minus one week to notify vendors and the bank and/or minus any redeemed checks for the period. Local agencies will call those reissued numbers in to the State agency or send them on a WIC-10 form.
- D. If a "stop payment" order is to be placed on checks, the responsible staff person will coordinate with Vendor Staff to alert stores. The Program Chief will be notified. A "Stop Payment" WIC Checks Notice will be prepared and mailed to all WIC Vendors.
- E. Local agency will notify the police department of any theft from the agency.
- F. Liaison will verify that the appropriate police department has been notified of any possible theft.
- G. When a completed WIC-10 (WIC CHECK ALERT ORDER) is received from a Local Agency, the responsible person will file it in the Check Alert Log Book. If a form is not returned within a week, that person will follow up with the Local Agency.

H. Replacement of Checks

1. Checks that have been received by the participant or alternate shopper, may not be replaced except as set forth below (I.2).
2. Local agency will notify the participant that if lost or stolen checks are found they cannot be used. The checks should be returned to the local agency. If dates are still valid, checks may be reissued based on number of checks returned.

I. Assistance to Participants

1. When a local agency requests State Agency assistance due to Inadequate Participant Access, the liaison will help the local agency to identify available food resources (ex: formula supplies, food closets.)
2. No replacement checks may be issued unless the Program Chief or his/her designee authorizes such issuance under exceptional circumstances. Evaluating exceptional circumstances shall include, but not be limited to, consideration of the following factors:
 - a. There is local agency documented undue hardship to the participant. Undue hardship is considered:
 - * loss of formula checks which is a direct threat to the nutritional status of the participant
 - * high risk status of participant
 - * chronic illness or medical condition
 - * difficult guardian situation
 - * others determined by the Program Chief
 - * family income below 185 percent of poverty level
 - b. There is corroborative evidence that the loss was the result of unavoidable catastrophe or crime, and evidence that the receiver(s) of the checks took reasonable steps to safeguard the checks.
 - c. Bank records have been reviewed to see if originals were redeemed.
 - d. Liaison and Local Agency have investigated whether participant (or agent) redeemed originals.
 - e. Any possible theft was reported to police.
 - f. The payee's history of check loss. Consider whether the payee is responsible enough to provide the WIC food to the infant or child. Consider if another payee should be assigned. Replacement checks should not be issued to a payee more than once in any twenty-four month period.
 - g. The payee signs a witnessed statement giving details of loss, and stating the payee:

Did not authorize anyone to receive or redeem the checks.
Did not receive any benefit therefrom.
Is willing to appear in court to give evidence regarding the loss.
Is making the statement for the purpose of obtaining replacement check(s).

J. Reimbursement To Vendors

Any voided or reported lost, stolen or damaged checks submitted for reimbursement and rejected by the bank will be evaluated by the Program Chief or his/her designee, to determine whether reimbursement will be made. There is no obligation to reimburse vendors for any voided or stop payment check. Such a decision will be based on consideration of relevant factors including, but not limited to:

1. Whether all proper redemption procedures had been followed.
2. The vendor's efforts to validate each of the redemptions at the time of the redemption.
3. The vendor's justification for having participated in the redemption.
4. The vendor's witness credibility and willingness to cooperate in any subsequent investigation and prosecutions.
5. Whether a notice of stop payment had been sent to vendors.

Any such exceptions, furthermore, must be in the interests of the Program's accountability and protection of funds to serve the optimal number of eligible persons.

K. Follow-up - Questionable Redemptions

The State Agency data, liaison and vendor staff will continue to monitor for redemptions of original or replacement checks. If the original checks are redeemed the state and local agency will confer on an appropriate course of action:

1. Determine which checks were redeemed and by whom.
2. Determine whether all proper redemption procedures were followed.
3. Determine how to prevent any improper redemptions from reoccurring, either by the particular participant/family or payee, or at the local agency in general.
4. Determine appropriate participant or vendor education and/or warning notice, or agency corrective steps.
5. Determine sanctions as appropriate (see Procedures Sec. 242 and Operations Sec. 3, Vendor Monitoring).
6. Place payee on monthly check pickup schedule for at least the next six consecutive certified months (term doubled for a second occurrence for a payee).

OPERATION OF THE RETAIL VENDOR MANAGEMENT SYSTEM

The objective of the state's retail vendor management system is to prevent, detect and correct or sanction possible or actual fraud, waste and error; to efficiently and effectively deliver food benefits to insure participant convenience and access; to select, authorize and maintain the authorization of only those vendors who demonstrate that they are, will be and continue to be a benefit to the Program and to train vendors so that they may better comply with WIC Program requirements in order that each vendor will be a benefit to the Program. In this way, the fiscal and nutritional integrity of the Program is protected.

8/99 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

Section 3 Appendix - 1

FY 2011 Vendor Policies

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.

Revised 6-08

- 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. Quarterly reconciliation tax forms for last four quarters (T – 204 or T204CIG, both sides)
- e. Copy of a recent driver's license or other positive photo identification, and
- f. 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,

Section 3 Appendix - 2

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.

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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 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” (A50%V), they will not be authorized by WIC.

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

The “Above 50% Vendor” (A50%V) Peer group will be applied to those Vendors whose total WIC sales comprise 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) If 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.

Added 3/2009

If vendor derive more than 50 percent of their annual food sales revenue from WIC food instruments "above-50-percent vendors" and which provide incentive items or other free merchandise, except food or merchandise of nominal value, to Program participants or customers unless the vendor provides the SA with proof that the vendor obtained the incentive items or merchandise at no cost, the State agency must disqualify a vendor for one year for a pattern of an above-50-percent vendor providing prohibited incentive items to customers.

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.

Added 3/2009

The State maintains a list of State-licensed wholesalers, distributors, retailers and infant formula manufacturers registered with the Food and Drug Administration (FDA). WIC-authorize retail vendors are require to purchase infants formula only from sources on the list.

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

1. Application form WIC-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. 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 6-09

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:

Revised 6-09

- (a) For a grocery or food store, the WIC-Approved Food Groups are milk, cereal, cheese, juice, eggs, infant formula, baby foods, beans, peanut butter, fruits and vegetables, whole grains, canned fish and infant cereal. For the categories of milk and eggs, two types are preferred but not required. Contract brands are required for baby foods, formula and Infant cereal.

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.

Revised 6-09

- (d) Stores with three or less cash registers are not required to carry contract Soy formula as part of minimum inventory. Those stores shall obtain and make available within two working days contract soy formula requested by a WIC shopper.

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,

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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.

Rev.6/10

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 \$11,000 for each violation, and provided further that the civil money penalty in lieu

of permanent disqualification shall be \$11,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed \$44,000.

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).

Revised 6/10

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 \$11,000 / \$44,000 limits.

Revised 2/06

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

Added 3/09

The State agency sanctions may no longer be based on a single violation. A pattern of violation incidences must be established in order to impose a State agency sanction.

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

a) Other Disqualifications

Additional items that can lead to or extend a disqualification period are:

- (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.*
- (2) Added 3/2009*

If vendor derive more than 50 percent of their annual food sales revenue from WIC food Instruments "above-50-percent vendors" and which provide incentive items or other free merchandise, except food or merchandise of nominal value, to Program participants or customers unless the vendor provides the SA with proof that the vendor obtained the incentive items or merchandise at no cost, the State agency must disqualify a vendor for one year for a pattern of an above-50-percent vendor providing prohibited incentive items to customers.

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 ACH processing fee is \$.50/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.

Updated 3/2009

3. A civil money penalty or fine shall not exceed \$11,000 for each violation, and shall not exceed \$44,000 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 the 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.

Revised 6/10

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 \$11,000 for each violation, and provided further that the civil money penalty in lieu of permanent disqualification shall be \$11,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed \$44,000.

- 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 \$11,000 / \$44,000 limits.
- d. When a vendor, who had previously been assessed two mandatory sanctions [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the third violation. The HEALTH WIC Program shall not impose a civil money penalty in lieu of disqualification for the third mandatory violation. A fourth or subsequent violation shall be treated in the same manner as the third; the sanction for the fourth or subsequent violation shall be doubled and civil money penalties shall not be substituted for disqualification.
- e. The HEALTH WIC Program shall not provide prior warning that violations were occurring before imposing mandatory sanctions.

D. Prosecution

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

E. Delegation

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

F. Appeal of Sanctions

Federal Appeal Conditions

- 1. The vendor may appeal the denial of an application for authorization or if, during the course of a contract, the vendor is disqualified or any other adverse action is taken, except that expiration of the contract and the HEALTH WIC Program's participant access determination for a mandatory or HEALTH WIC Program violation shall not be subject to administrative appeal.
- 2. Disqualification of a vendor from FSP may result in disqualification from WIC. Such disqualification from WIC shall not be subject to administrative or judicial appeal under the WIC Program. A WIC disqualification based on an FSP civil money penalty is subject to appeal, although not with respect to the participant access decision; also, the appeal of the

reciprocal WIC disqualification may not challenge the FSP decision to impose the civil money penalty.

- 3 Disqualification from the WIC Program may result in disqualification as a retailer in the Food Stamp Program. Such disqualification may not be subject to administrative or judicial review under the Food Stamp Program
4. Except for disqualifications based on convictions for trafficking / illegal sales, which shall be effective on the date of receipt of the notice, the HEALTH WIC Program may take adverse action against the vendor 15 days after the HEALTH WIC Program provides the vendor with written notice.

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

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

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

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

Policy V-5: VENDOR MONITORING VISITS

Goal

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

Procedure

I. Regular Visits

- A. The vendor monitoring staff shall regularly schedule monitoring visits each week.
 - 1. Primary emphasis shall be on potential for 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

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 6/2010*

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

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

*Peer Group 5
Commissary (military)*

*Peer Group 6
Farmers Market*

*Peer Group 7
Independent Pharmacy*

*Peer Group 8
National Chain Pharmacy*

*Peer Group 9
Current Above 50% Stores*

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

*Peer Group 10
Potential Above 50% Stores*

New Stores with no data to analyze

*Peer Group 11
Farmers accepting F&V checks*

*Approved Farmers who will accept
Fruits and Vegetables checks*

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.

**1. 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 that \$2)*
 - c. *Food sales and specials which:*
 - i. *Involve no cost, or only a nominal cost for the vendor*
 - ii. *Do not result in a charge to a WIC food instrument for foods in excess of the foods listed on the food instrument.*
- C. *This applies to for-profit vendors for which more than 50% of their annual food sales result from WIC sale (ie, "Above- 50%-Vendors.") or new vendor applicants likely to be "Above- 50%- Vendors.*

Policy V-11: VENDOR PAYMENT PROCESS

Goal

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

Procedure

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

General

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. (ACH Payment apply) 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 HEATH 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.*

Section 4

Supplemental Foods

Section 4 -1

SUPPLEMENTAL FOODS

(Goals - IV, Procedures - 420)

B-1: SELECTION OF WIC ALLOWED FOODS

GOAL

To ensure that supplemental foods provided are good sources of nutrients lacking in the diet of the target population, contain food costs and administrative burdens and take into account the different nutritional needs and food preferences of participants.

PROCEDURE

Once per year, or as needed for the efficient and effective operation of the WIC Program, as determined by the Program Chief, the allowed foods will be reviewed for inclusion of additional items and removal of items which no longer meet federal and state criteria. The decision to include or exclude any item(s) will be made by the Program Chief. To be included, foods must meet the following criteria:

Acceptance as an allowed food will be based upon reasonable determination of whether or not the food promotes the effective and efficient operation of the Program including such factors as nutrient composition, relative cost, product availability, appropriateness to the operations of the food delivery system, the purpose, goals and objectives of the Program, and the nutrition, health and well-being of participants. Foods must meet the requirements specified for supplemental foods in Federal WIC Program rules as well as other criteria described in this Policy.

Food products must have been on the market in Rhode Island, statewide, for at least one year, at the time of the review, be available statewide and not include artificial sweeteners.

Single serving or individual portion packages, containers etc. will not be allowed. Cereal packages must contain at least thirteen (13) ounces, net weight and cheese packages must contain at least twelve (12) ounces, net weight. Only the lowest price brand of milk and eggs available at each vendor will be allowed for purchase with WIC checks (eg. generic or store brand or lowest price label brand).

The product packages should not contradict the Program's goals of positive nutrition and health practices, nor should promotional messages. If a product is a WIC allowed item or is being considered for inclusion, the front or most prominent side of the package must be clearly labeled in a manner that permits it to be distinguished by most participants from similar products which are not, or are not being considered for inclusion as, WIC allowed foods.

Products which no longer meet federal or state selection criteria may be removed from the WIC Allowed Foods List, as soon as practicable.

Certain high priced types, or brands or packages (some percent above the average price for the type, as determined by the state agency) may be removed from the allowed list or denied inclusion. As long as at least one food from a food package group is approved, the Rhode Island WIC Program is under no obligation to approve additional foods.

Section 6

Financial Management

Section 6-1

FINANCIAL MANAGEMENT

(Procedures Sec. 600)

Description of Financial Management System

11/99

Letters of Credit

The Rhode Island Department of Health is notified of the amount of funds available by Letter of Credit. This figure usually represents one quarter (1/4) of the State's yearly allocation, plus or minus any amount of reallocation. This approved funding level can then be drawn upon to fund the WIC Program for the succeeding quarter. The Automated Standard Application for Payments (ASAP) system is used to initiate drawdown of funds.

Monies are requested on a projected need basis according to the daily collected balance report as reported to Financial Staff of the WIC Program by the contracted bank. This report is used to eliminate excess cash on hand by the State Agency. A direct wire transfer is performed to transmit monies from the Federal Reserve Bank to the contracted bank for deposit. Once completed, the drawdown request is receipted via computer with the General Treasurer. A corresponding adjustment is performed each month to offset the cumulative amount of state receipts of these funds transfers with their expenditure at the bank.

Local Agency Allocations

The Rhode Island Department of Health WIC Program provides each of its local agencies with a quarterly allocation based upon assigned caseload that represents the maximum quarterly reimbursable expenditure for each agency. Allocations may be adjusted in relation to caseload maintained, as directed by the RIDH.

Allocations are made in accordance with Goals I, and VI, other provisions of this Section, and the Local Agency Agreement.

The Rhode Island Department of Health WIC Program requires the local agencies to submit a monthly WIC Actual Expenditure Report, supported by two additional reports: 1) Staff Time for Nutrition Education and Nutrition Services and Administration; 2) Monthly Nutrition Education Expenditure Report, and Monthly Nutrition Services Administration Report (See Procedure Manual, Section 612 for description of use of reports). These reports are used by the RIDH as a monitoring tool to observe how WIC monies are spent. Reimbursement to local agencies will be made upon review and approval by the RIDH for allowable costs reported on a monthly basis, in relation to

Rhode Island WIC Program caseload actually maintained.

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All local agencies have been instructed that documentation must be kept for NSA Costs being charged. Ongoing assistance and monitoring of reporting procedures is provided via telephone and/or site visit conferences between RIDH and local agency WIC staff.

All local agencies have been instructed by Health department staff on the purpose of Federal Management Circular FMS-74-4, "Cost principles applicable to grants and contracts with State and local governments." The intent of this circular is designed to provide the basis for a uniform approach to the problem of determining costs and to promote efficiency and better relationships between grantees and the Federal Government.

Disbursement Procedures

Local Agencies

Local Agencies are reimbursed to cover one month's operating costs. No monies are disbursed to local programs to cover food or food delivery computer system costs; both these costs are handled centrally by the State.

Reimbursement is made on a monthly basis by the state on an invoice voucher. The RIDH WIC Program prepares the invoice voucher after verification of the charges being requested has been done. This form is signed by the proper designated authority in the Health Department's Division of Management Services, logged into a computer billing system, and then processed through the state Division of Accounts and Control, which in turn processes the voucher to the General Treasury Department, where the check is completed and mailed out to the vendor.

* State Computer Costs

The computer services are rendered in-house on a DOS 80586 microcomputer with a backup PC. Access to state mainframe files (fiscal and RI Dept. of Human Services) is provided through the state Office of Information and Data Processing which is presently providing the WIC Program with access to the Johnston mainframe. Charges for these services are processed on State Form A-12T (Services Rendered) by IDP. No actual check or cash disbursements are being made within the State. Transfer of charges or expenditures are made directly to the established WIC account.

Bank Contract Costs

Method of reimbursement is described under "Food Delivery System."

Outstanding Obligations

Federal requirements mandate the reporting of outstanding obligations. Funds are maintained to

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ensure that payment can be made when these obligations are redeemed. At the State level, administrative costs are reported on a modified accrual basis according to State Agency policy.

In addition, outstanding food obligations are available through the automated check reconciliation system and are reported on a monthly accrual basis to the Regional Office on Form FNS-498, WIC Monthly Financial and Program Status Report.

Management and Program Income

Administrative interest income earned on funds held by the WIC bank is deducted from the bank's monthly service charge for the system maintenance.

Food Rebate Funds See Goals VI,

Indirect Cost Rate

The WIC Program is required to pay indirect costs, on state office operating expenses in accordance with the federally approved indirect cost rate.

Nutrition Education Costs - State Agency

The RIDH has its Nutrition Education Program directed by a State WIC Nutrition Coordinator. In addition to salary, funds are set aside at the State level for printing of nutrition education materials, for purchase of films, texts, and equipment, for a portion of the state office administrative salaries for monitoring of nutrition education and for travel and other costs.

These total expenditures plus nutrition education expenditures at local agencies are budgeted to amount to at least one-sixth of total administrative funds. The state fiscal staff monitor expenditures on a monthly basis to ensure the one-sixth requirement is met.

Nutrition Education Costs - Local Agency

The RIDH has developed a format for documenting that one-sixth of administrative funds is spent on Nutrition Education activities as delineated in the Federal regulations. These regulations now require all staff funded through WIC to perform periodic time studies that illustrate time devoted to the major WIC activities. Technical assistance is available to local agencies to assist them in documenting nutrition education and other costs. These forms have been integrated into the reports submitted by local agencies (see Procedure Manual, Sections 613 & 614 for description of use of reports).

Breastfeeding Promotion Costs

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The RIDH has earmarked funds at the state level for a Breastfeeding Promotion Program directed by the State WIC Breastfeeding Coordinator. Allowable breastfeeding costs include, breastfeeding aids, salaries and benefits for training, education and development, a portion of state office administrative salaries for the monitoring of breastfeeding promotion, travel and other costs.

Total state and local agency breastfeeding expenditures are a budgeted amount in addition to the 1/6th nutrition education expenditure requirement. RIDH's breastfeeding budget is determined based on the number of pregnant and breastfeeding women in the state, as a percentage of the number of pregnant and breastfeeding women in all states. The state fiscal staff monitors expenditures on a monthly basis to ensure breastfeeding funds are expended.

Breastfeeding Promotion Costs - Local Agency

The RIDH has developed a format for documenting local agency salaries for time spent on breastfeeding promotion and for other breastfeeding activities. The state fiscal staff tracks breastfeeding expenditures using the monthly and annual expenditure reports submitted by the local agencies.

Allocation Standards

Presently, WIC NSA funds are allocated to local agencies on the basis of assigned caseload but are adjusted in relation to an agency's maintenance of enrolled caseload as directed by RIDH. In the event of an agency's failure to maintain caseload as directed, payments may be reduced or withheld. The agency may be held liable for any over expenditures, in food or administrative costs, related to such failure. Future payments to the agency may be reduced to offset the amount of any claim.

If there is a danger that statewide caseload conversion earnings will be insufficient to support allocated levels allocations may be made at 90% assured and the balance allowed for caseload actually maintained between 90% and 100% of allocation.

Nutrition Services and Administration Funding Procedure

As part of the WIC State Plan development process each year, the RIDH establishes a State Plan Committee to provide an opportunity for WIC local agencies to participate in the development of the State Plan. The committee generally includes a representative sample of local agencies; large and small, rural and urban and of diverse organizational makeup. These locals also represent a range of racial/ethnic groups. This committee reviews the area of local agency administrative and program services funding as well as other aspects of Program functioning.

The state agency has also been guided by the considerations of previous state plans and public hearing comments on the method of administrative funding procedure. The criteria considered were:

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Type and ratio of staff needed to serve the estimated numbers of participants. The number of participants served by the Local Agency. Salary variations of personnel among Local Agencies. The types of equipment needed to be purchased for certification.

Local agency costs incurred for providing bilingual services and material. Costs related to special population groups.

Costs related to demographic composition. Costs related to financial and inkind resources and other program funds available to local agencies. Costs related to caseload activity levels.

The advantage of a "negotiated" determination of administrative funding for local agencies has been extensively considered. Although a "negotiated" administrative funding theoretically can address on a very individualistic basis the needs and capacities of local agencies, the problem of applying a fair standard acceptable to all locals is a very prohibitive concern. It has been decided, therefore, to forego a negotiated determination, in favor of a more objective formulation.

After consideration of the above, the RIDH has determined that the allocation to each local agency will be predicated on the assigned caseload with total administrative funding allocated by the following formula:

Total Number		Admin. Cost		Quarterly
Of Assigned	X	Allocated per	=	Admin.
Slots		Enrollee		Allocation
				per Quarter

In addition to the assigned number of slots, and related administration allocation, the state may permit an agency (ies) to enroll additional persons and may reimburse the agency (ies) on the basis of persons enrolled. In order to ensure service to the number of persons permitted by available food funds, the state agency may make adjustments to a local agency quarterly caseload and/or administrative and program service allocations, and/or may limit reimbursement in relation to caseload actually maintained.

Recovery of Vendor Claims

The state agency shall retain funds collected by the recovery of claims assessed against food vendors or funds not paid to food vendors as a result of reviews of food instruments prior to payment. The State agency may use ~~up to 50 percent of~~ these funds for administrative and program services purposes, provided that the base amount from which the percentage may be taken is not established until after the vendor has had opportunity to correct or justify the error or apparent overcharge. The State agency shall not transfer any such funds from its food account to its administrative and program services account until after the vendor has exercised this right, if the vendor chooses to do so. After such funds have been transferred, the remainder shall be used to pay food costs. When these funds are used for administrative and program services purposes, the State agency shall report such expenditures to FNS through routine reporting procedures.

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6/99 *Money received by the State as a result of civil money penalties or fines assessed a vendor and any interest charged in the collection of these penalties and fines shall be considered as program income.*

The state agency shall maintain documentation to support the level of funds retained under this paragraph by the State agency for administrative and program services purposes.

Backspending and Carry-Forward

Backspending

The state may, at its option, expend state or federal funds allocated to the state agency for food costs incurred in the preceding fiscal year.

Carry-Forward

The state agency may, at its option, carry-forward a portion of the state or federal funds allocated to the state agency for food costs and for administrative costs in any fiscal year, and to expend funds carried forward in the immediately following fiscal year.

Any backspending or carrying forward of funds under this policy shall be in conformance with federal and state law, regulation and administrative instruction.

Basis of Accounting

The State of Rhode Island uses a modified accrual basis of accounting. Monthly administrative outlays for the RIDH WIC Program are taken directly from the state's central accounting system, RISAIL and are listed by payee, account number, voucher number and payment amount.

A review of outstanding obligations is conducted on a monthly basis and reported on the WIC 798 report.

Proposed Budget

The proposed budget will be submitted no later than thirty days after the state's annual grant level, including any negotiated amount, is announced. The USDA budget format will be used.

AUDITS

Section 6-7

Goal

To assure the financial integrity of WIC Program operations and to use audit reports as a basis for formulating guidance and directions issued to local agencies in the area of financial management.

Background

In order to comply with Federal WIC Regulations, Section 246.20 which mandates audits of State and local agencies every two years, the following audit procedures have been followed:

The Rhode Island Department of Health WIC Program, as well as three of the local agencies, were audited by the State Bureau of Audits during FY 78, and the Rhode Island Department of Health received approval on this audit. However, due to other personnel commitments, the State Bureau of Audit was unable to audit the remaining eleven local agencies. Therefore, M.D. Oppenheim & Co. performed the financial audit of these eleven agencies. Audit findings were received 8 June 1979. Audit findings were forwarded to the USDA Regional Office.

The findings of the audit were transmitted to the local agencies and corrective actions were taken as planned. The Rhode Island Department of Health performed followup visits to verify that corrective actions were taken and were adequate to prevent recurrence of the findings. This was accomplished during periodic program monitoring by the State Agency.

Peat, Marwick, Mitchell, and Co., an independent certified public accounting firm, performed an audit of the State Agency for FY 78. Corrective followup was implemented as appropriate.

The same accounting firm also audited the following local agencies: Women & Infants Hospital, Memorial Hospital, Blackstone Valley Community Action Program, Allen Berry Health Center (satellite of Providence Health Center), East Providence Community Health Center (satellite of Self-Help, Inc.) and Bristol Health center (satellite of Self-Help, Inc.). Corrective plans were implemented.

To assist and prepare each local agency for audit requirements, a copy of "Audit Guide 8270.13" was distributed to each agency prior to the audit process.

Results were forwarded to the appropriate agencies. Technical assistance was provided by State staff and corrective measures were implemented.

Site visits were made to all local agencies to assist fiscal personnel in the area of financial management. A copy of the Federal Management Circular FMC-74-4; "Cost principles applicable to grants and contracts with State and local governments", was given and reviewed with each local agency fiscal person. Guidance was also provided for preparation of the annual budget and monthly

Single Audit Act

Under this Act, WIC has been audited annually since FY83, on a rotating basis, by the State Office of the Auditor General and the Bureau of Audits. Findings have been addressed as necessary.

Annually, the state agency reviews the organization-wide audit report of each local agency for significant findings having a bearing on WIC and for compliance with the requirements of the local agency agreement and OMB Circulars A-110, A-122, A-128 and A-133 and regulations 7CFR3015, 3016, and 3017 Said circulars have been provided to local agencies for guidance.

Future Audits (See Goals, VI)

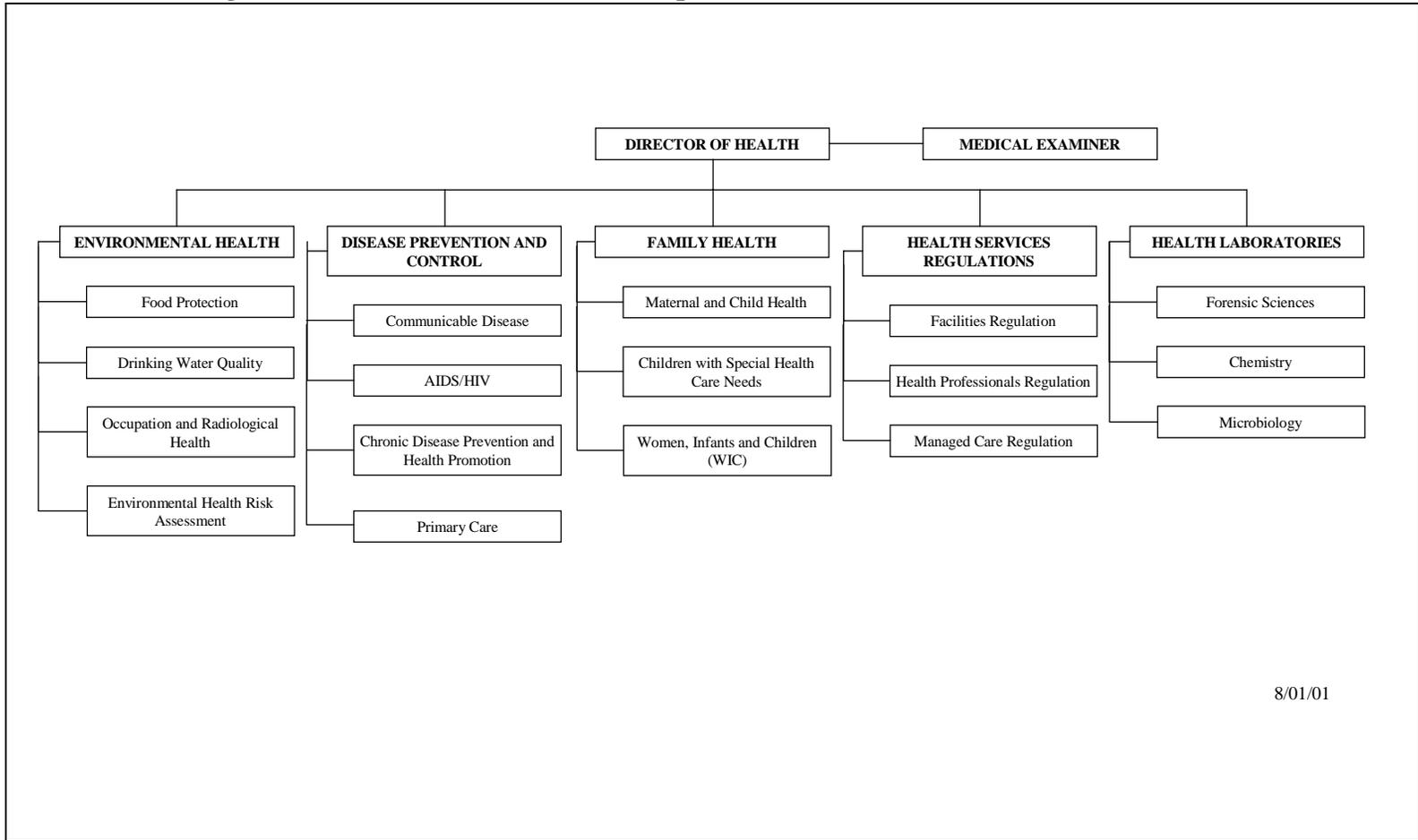
Financial Records

The State Agency works with each local WIC agency to establish uniform financial procedures to provide sufficient documentation for Program costs reported on their monthly expenditure reports and a clear audit trail for purposes of accountability.

Audit Exceptions

In the event it becomes necessary to reclaim funds as a result of audit findings, several methods are employed as appropriate. The amount of the claim may be withheld from payments to the local agency. If this procedure cannot be used, the local agency is required to submit a check in the amount of the claim. If the local agency refuses to comply, the matter is turned over to the Office of the Attorney General to seek claims action against that agency.

All prior Federal Fiscal Year reclaim amounts will be returned to FNS. Payment will be made either directly from local agency to FNS (documented to SA) or by transfer through the State or by offset. Details would be worked out by between FNS and SA.



8/01/01

State Staffing Resources

Position and Description of Duties

Chief - Responsible for the overall direction, implementation, and coordination of the WIC Program.

Health Policy Analyst (State WIC Nutrition Coordinator) - Responsible for relationships with local agencies and monitoring compliance with regulations; for supervision of community liaison, Parent Consultants and Program Nutritionist (see SPHPS); for outreach and coordination with health and human service agencies and for educational programs and materials and community relations; responsible for developing and evaluating the Nutrition Education Plan; for reviewing and ensuring development and implementation of local agency nutrition education plans and for providing consultation, training, and resource materials to local agencies in all aspects of WIC nutrition and nutrition education.

Sr. Public Health Promotion Specialist (1 FTE) - Assists the State WIC Nutrition Coordinator, especially in areas of nutrition services monitoring, local staff training and education, developing client educational materials, and recruitment and retention; serves as the State WIC Breastfeeding Coordinator.

Community Health Liaison - Maintains regular and frequent contacts with local agencies to explain and review WIC procedures and to evaluate local agency program operations; conducts outreach activities and fosters relationships with allied professionals and organizations; interviews WIC participants to obtain feedback concerning program services and operations.

Asst. Health Program Administrator (Food Delivery/MIS) – Responsible for fiscal, caseload, and program data and reporting; coordinates with state computer system; responsible for in-house computer system; organizes and oversees or supervises work of data processing and distribution staff.

Principal Systems Analyst - Assists the Asst. H. P. A./Data Operations and Planning; Performs system enhancements, hardware and software maintenance, support and troubleshooting to state and local WIC staff; programs new data reports and modifications; identifies problem areas in system operations; prepares instructions and guides for users and provides training to users.

Asst. Health Program Administrator - Responsible for vendor selection, authorization, monitoring and education: investigations and sanctions and supervises staff involved in conducting vendor related activities. Prepares food expenditure reports and forecasts; and manages the Farmers Market Nutrition Program.

Sr. Public Health Promotion Specialist - Responsible for financial management, operations and reporting state agency level fiscal operations; records, monitors and reconciles expenditures; prepares federal and state fiscal reports; manages procurement and Office equipment needs.

Management Services Chief - Special Projects (.5FTE) – Conducts local agency financial audits, assists in financial management activities; completes special projects in financial analysis, clinic productivity and procedures review.

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Fiscal Clerk (.5FTE) - Prepares financial reports and reviews financial reports and records of local agencies; processes local agency reimbursement claims; provides technical assistance to local agencies in preparing fiscal reports; responsible for procurement and payment requisitions, invoices and vouchers; and perform filing activities and fill supplies.

Chief Field Investigator - Carries out vendor monitoring and education activities; evaluates vendor applicants; investigates complaints about vendors; monitors participating vendors and develops corrective measures as appropriate; identifies high risk vendors and organizes vendor investigations. Provides interpreting and interviewing services in the Spanish language; maintains relationships with Hispanic organizations, persons and community.

Community Vendor Liaison - Maintains regular and frequent contacts with vendors to explain and review WIC procedures and to monitor their WIC operations; investigates complaints, provides training, fosters relationships with vendor community

System Support Specialist III - Works directly with local clinic WIC staff in relation to operating the QWIC PC computer system; provides training, oversight and "Helpline assistance; accounts for WIC checks "voided" at local agencies; coordinates delivery of materials and checks to local agencies and generates computerized vendor reports; conducts computer/FI security portion of annual agency evaluations; responsible for inventory management.

Property Management and Control Officer - Responsible for location, whereabouts, condition and inventory of all property purchased with WIC or Department funds; arranges repair or replacement; fills clinic orders for forms, educational materials and supplies and assists with vendor field visits.

Administrative Aide (1.6) - Perform clerical and secretarial tasks including word processing and filling agency supply requests; support for vendor monitoring activities.

FISCAL PROCEDURES AND CONTROLS

COST MONITORING

SF-1: AVERAGE CHECK PRICE MONITORING

Goal

To monitor the average value of a WIC check on a daily basis.

Procedure

A. Financial Services Management Corporation (FSMC) reports daily and the following data are obtained.

- (1) Rhode Island WIC Program balance of funds on hand at bank.
- (2) Number of checks redeemed to date for the specific month.
- (3) Dollar amount of the number of checks redeemed to date for the specific month.

B. To derive the cost per check the following derivation is performed:

$$\frac{\$ \text{ amount of the } \# \text{ of checks redeemed}}{\# \text{ of checks redeemed to date for the specific month}}$$

- C. Once the cost per check is derived, the amount is charted on a spreadsheet maintained by the Assistant Health Program Administrator.
- D. Any abnormal rise (except for the first eight days of the month) shall be reported to the Chief, WIC Program.
- E. A significant increase may require revision of food cost projections.

* SF-2: MONTHLY COMPUTER CHECK RECONCILIATION REPORT

Goal

Verification of the Monthly Computer Check Reconciliation Report with the monthly bank statement.

Procedure

A. Monthly Computer Check Reconciliation

1. Add next month's redemption total plus reporting month's redemption total plus one month's redemption total plus two month's prior redemption total. To this amount subtract the prior month's redemption charge to the reporting month.
2. This amount should equal the "Value of Checks Redeemed" total reported on the Monthly Computer Reconciliation Report.
3. To the "Value of Checks Redeemed:" total add the amount of dollars expended on the "Unmatched Check redemption report." This total should correspond with the amount reported on the fiche total of the monthly bank statement.
4. See attached forms A, B, C for example. Add figures from Form A redemptions: $a + b + c + d$ - Form C, line e = Form B, line f.

B. Monthly Bank Statement

1. Verify the return credits and credit memos listed on the bank statement.
2. Utilizing the bank statement total
 - Less: Return credits
 - Less: see Credit Memos
 - Less: see Debit Memos
 - Less: Credit Memo next statement
 - Plus: Debit memos next statement
 - Equal: Fiche total

3. Fiche Total
 - Less: Unmatched Redemption Total
 - Equal: Total derived when Monthly Check Redemption Report was verified

4. See attached Form D:
 - Add: Line g
 - Minus: Lines h, i, j and k
 - Plus: Line l

 - Equal: Line n

 - Line m Fiche total
 - Minus: Form A, l line n

 - Equal: Form B, line f

*** SF-3: METHOD FOR ESTIMATING WEEKLY
FOOD EXPENDITURES**

Goal

To transmit an appropriate amount of funds to Financial Management Services Corporation (FSMC) to cover food check disbursements.

Procedure

1. This procedure utilizes the month-to-date expenditures at FSMC to determine the rate of Rhode Island WIC Program spending.
2. Daily, the month-to-date figure for the check redemption is received from FSMC via FAX transmission.
3. This total is then divided by the number of banking days to arrive at an average daily expenditure.
4. The amount is divided by 5 to derive an average weekly rate of spending.
5. A direct wire transfer is performed, if required, to transmit adequate funds to FSMC.

**SF-4: METHOD FOR PROJECTION OF FISCAL YEAR
FOOD EXPENDITURES**

GOAL

To accurately project utilization of food grant to provide direction for caseload management, policy, and strategy.

PROCEDURE

A. Determination of Monthly Projection

1. On the Rhode Island WIC Program microcomputer, the projection spreadsheet is called up by logging in as "peter" and then selecting item "2" on the menu.
2. The previous months final obligations are input at the middle of the month along with the value of the checks deobligated for that month. Also the prior month's average check price is entered. The current month's average check price to date is placed by the figures received from phone calls to the contracted bank. These are placed in the positions on the spreadsheet.
3. The closed out month's final redemptions are placed in the final expenditures locations.
4. Based upon these data, the program derives an estimated figure for the month's redemptions.
5. Each quarter, the last six months of closed out rate or redemptions and percentage change data are run on a linear regression to reflect any extraneous factors affecting the rate of redemption.
6. Each year the annual food budget award is placed in the cell under the first month on row 61 so that the monthly allotment and variance can be computed.

B. Projecting Balance of Fiscal Year Expenditures

1. On the Rhode Island WIC Program microcomputer, the projection spreadsheet is called up by logging in as "peter" and then selecting item "P" on the menu.
2. The closed out totals and the current estimates are then placed in the model for projecting for the rest of the fiscal year. In addition, the average caseload for each month and the participation must be entered. The model then extrapolates an expected balance based upon the inflation rate and caseload estimates that are entered.

SF-5: CHECK RECONCILIATION STATEMENT - MONTHLY REPORT

Goal

To reconcile each check to participant to tell if cashed, voided, or unclaimed and the date cashed or deobligated.

Procedure

- A. Staff will take the reconciliation performed by the computer.
- B. Staff will visually scale for checks redeemed at greater than sixty days from date of issue.
- C. Staff will compose letter to go to the FSMC, advising them of these checks which were not refused as described by the agreement of the State of Rhode Island and FSMC.

SF-7: WIC PROGRAM ANNUAL CLOSEOUT REPORT (FNS 227)

Goal

Beginning with the preparation of the FY94 WIC Annual Closeout, the RI State WIC Program will access the electronic FNS-227 spreadsheet, as informed by FNS.

Procedure

- A. Utilize requirements as established by FNS effective February 1994.
- B. Refer to fiscal year instructions and information papers for completing the WIC Program Annual Closeout Report.

SF 7A: MONTHLY FINANCIAL AND PROGRAM STATUS REPORT (FNS-798)

Goal:

Revised 11/03

Beginning August 1994, the WIC Monthly Financial and Program Status Report (FNS-498) was utilized by accessing the on-line State Cooperative Data Exchange (SCDEX) System. Beginning in FY 2001 the FNS-498 was replaced by the FNS-798 report, which is accessed in the same manner.

Procedure:

- A. As outlined by FNS, NESF-062-4
- B. Utilize the state agency user manual, which provides descriptions and detailed instructions for the Special Nutrition Programs Integrated Information System (SNPIIS).

CASELOAD MONITORING

SF-8: CHARTING - CASELOAD MONITORING

Goal

Revised 11/03

To maintain a daily count of local agency caseloads.

Procedure

- A. The MIS Unit runs the caseload report from WEBS. This determines a calculated caseload (number of Active participants beings served at an agency and/or specific clinic) by calculating the actual current caseload by adjusting the previous caseload figure (adding any new adds, reinstates, and subtracting terminations, transfers).*
- D. This calculated caseload is utilized for monitoring purposes.*
- E. If a local agency exceeds its caseload, the Client Services Manager will speak to the local agency coordinator to request prompt reduction of the excessive caseload and inform the Chief, WIC Program.*

SF-9: MONITORING OF NUMBER OF ADMISSIONS TO PROGRAM

Revised 11/03

Goal

To track the level of admissions to each local clinic.

Procedure

- A. On a daily basis, WEBS will generate a report, by local agency, which will calculate the number of admissions which were added to the Program during the particular time frame.*
- B. The total admissions to the Program are charted for each cycle by the MIS Manager.*
- C. Any abnormal patterns shall be reviewed by the MIS and Client Services Managers and the Chief, WIC Program.*

SF-10: COMPLETION OF FNS-798 Report –(MONTHLY PARTICIPATION CALCULATIONS)

Revised 11/03

Goal

Required Federal report.

Procedure

A. *Number of Participants*

This data is generated by WEBS by the MIS unit and automatically entered in to the 798 Report.

SF-11: (RESERVED)

SF-13: Allocation of State Office Salaries and Fringe Benefits

GOAL

To establish a reliable and accurate method of allocating personnel costs according to function and purpose.

Procedure

Semiannually, the supervisory staff of the Rhode Island WIC Program meet with the Chief of the WIC Program to determine the rates to be used to allocate state office salaries of the Program to three activities, namely, Administration, Food Delivery and Nutrition Education. This is done for each individual position and includes supervisory positions. These rates are then listed on the WIC-57, rates For Allocation of State Office Salaries (Appendix).

When these individual rates are determined they are applied to salaries for each of these positions. When this is completed for each of the positions, the amount of salaries assigned to each activity is totaled and a total rate is computed for Administration, Food Delivery and Nutrition Education, respectfully. Allocation of salaries is recorded on the WIC-58, Allocation of State Office Salaries.

The total nutrition education rate, is applied to monthly state office salaries and is used for the WIC Monthly Financial and Program Status Report (Form FNS-798). Along with this, the actual monthly fringe benefit rate is applied to this amount.

All rates are also used for other federal reports when allocation of state office salaries is required.

**SF-14: NONPROCUREMENT OF GOODS AND SERVICES
FROM ENTITIES DEBARRED OR SUSPENDED**

Goal

To ensure a system for nonprocurement of goods and services from entities debarred or suspended under 7CFR Part 3017.

Procedure

In compliance with the requirements of 7CFR Part 3017 the state agency will before entering into any contracts or agreements require that applicable entities certify that they and their principals have not been debarred or suspended. The state agency will also review the Nonprocurement List distributed by the General Services Administration and not enter into a contract or agreement with any entity on the list, for the appropriate period of time.

SF-15 Capital Equipment Acquisition and Inventory Control

Goal

To ensure appropriate management of procurement, logging and tracking of capital equipment.

Procedure

A. Procurement

1. The request is originated from a WIC staff person on a Departmental Requisition (MS-14).
2. The Administrative Aide routes the MS-14 to the Chief for approval, files the pink copy in the fiscal files under the appropriate budget object code and fiscal year (with the name of the originator in the upper right-hand corner), and forwards the other copies to Management Services.
3. Once the Purchase Order is awarded, the Administrative Aide gives a copy to the originator and files the original with the pink copy.
4. Once the equipment arrives, the originator checks the order for accuracy, completeness, and lack of damage.
5. The originator then initials the bill or gives a note to the Administrative Aide to process payment.
6. The Administrative Aide completes the Purchase Order and fills out a Report of Equipment Acquired and Traded In (A-59). The P.O. and A-59 are forwarded to Management Services, and a copy of the A-59 is given to the Senior Administrative Aide.

B. Inventory Control

1. The Senior Administrative Aide logs the equipment on the WIC Computerized Inventory System from the A-59. If the equipment is to be located outside of the office, the originator completes a WIC-17 for each item and gives it to the Senior Administrative Aide. The WIC-17, after entry is then filed in the agency's inventory folder.
2. The Senior Administrative Aide tags the equipment with the Rhode Island WIC Program inventory tags. These numbers are also logged on the computer.
3. When the state inventory tags are received, the Administrative Aide gives the Senior Administrative Aide the tags which are affixed on the equipment and logged in the computer.
4. When items are acquired by the Local Agency, the WIC-17 is filed in the agency's inventory folder and a copy given to the Senior Administrative Aide for entry on the system.

C. Transfer of Equipment

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1. When any equipment is relocated to an agency, returned from an agency, or relocated in the office, the Senior Administrative Aide must be notified with a copy of the WIC-17. As a courtesy, the originator should also be informed.
 2. The Senior Administrative Aide logs the transfer on the computer and notes the changes on the file copy of the WIC-17.
 3. If the equipment will no longer be at the original Local Agency, a copy of the original WIC-17 will be made and put in the folder of the new agency.
- D. Retirement or Disposal
1. The agency will notify the Rhode Island WIC Program office prior to the disposal of equipment. If approved, the Senior Administrative Aide notes the retirement on the computer system.
 2. If the equipment has a state tag, the Senior Administrative Aide asks the Administrative Aide to prepare an A-60. This is placed in the state or agency inventory folder with the other paperwork.

Added 11/2006

SF - 16

Tests and Provisions – Disposition of Food Instruments

Purpose

To ensure: The reconciliation of all food instruments (within 150 days) issued under the WIC Food Benefit Program (WIC) are in compliance with the Federal regulations governing the accountability of all issued Food Instruments.

Policy

Food Instruments which the local agency (LA) has in its possession which have been issued and are unusable, or which were issued to a participant and returned to the clinic unusable/unwanted shall be appropriately coded in the system as “voided”. Redeemed Food Instruments must be identified as one of the following: (1) Voided / Issued, (2) Lost/Stolen, (3) Expired, (4) Duplicate, (5) Unmatched. All redeemed Food Instruments will be reconciled to issued Food Instruments on a one- to-one basis.

Procedures

Reconciliation

The Rhode Island WIC Program, accessing WEBS and banking reports, will utilize a series of monthly reports that provide complete tracking for every check issued. These include:

Bank Transaction Listing: *Lists each check cleared by the bank during the processing month, date cleared, dollar amount and transaction code.*

Bank Exception Report: *Identifies checks that cannot be reconciled to the issue records either because the check number is not recognized as currently valid, or because the check was not identified as voided/issued, lost/stolen, expired, duplicate or unmatched. These checks are researched to determine their final disposition.*

Closeout Reconciliation Report: *Provides a one-to-one reconciliation report that shows, at a detailed check level, the disposition of each check that was created during the month being closed out.*

Checks Rejected by the Bank Report: *Lists detailed data of checks rejected by the bank during the screening and prepayment audit.*

In addition, the state WIC Office receives check image records of all checks processed during the month. This combination of reports and check images allows the WIC Program to track every check and determine its final disposition. (See attached reports).

added 11/2006

SF – 17 *Management of Equipment Acquired with Federal Funds- Property Management*

Purpose

To assure Compliance with Sub-part C of 7CRF Part 3016

Policy

The Local WIC Agencies will maintain complete accountability and security for all equipment purchased with WIC Program Funds, (computer, printers, etc.) placed in their care. The Local WIC Agencies will be held financially responsible for all equipment lost, damaged, or stolen.

Procedures

All equipment purchased by the State WIC Program will be inventoried on the WIC computer data base system.

- > Once a year a physical inventory will be conducted of equipment purchased with WIC Program Funds and placed in custody of the Local WIC Program.*
- > The inventory will be reconciled with the property records to verify the existence, current utilization, and continued need for the equipment. Any discrepancies between quantities determined by the physical inspection and those shown in the accounting records will be investigated to determine the causes of the differences.*
- > Any loss, damaged, or theft of equipment will be investigated by the Local WIC Site and fully documented.*
- > Stolen equipment will be reported to the State WIC Office as soon after it is discovered as missing as possible. Phone call reports should be followed up in writing including a copy of a police report.*

Equipment Inventory

- >> Documentation of expenditures more than \$5,000.00 will be sent to DOA Inventory Control. Inventory Control will assign an equipment number and add the item to the DOA Inventory Listing. An equipment number tag will be forwarded to the location of the equipment and permanently affixed to the item.*
- >> A computerized inventory listing is printed semi-annually for each equipment location showing all equipment numbers, equipment description, cost, date acquired, and the funding source which purchased the equipment.*

Section 7
Monitoring

7

Monitoring

(Goals-VII, Procedures-700)

M-1 Local Agency Monitoring

Goal

Ensure the quality and integrity of the WIC operations of each local agency and to develop corrective actions.

Procedure

The State agency for the WIC Program, administered by the Rhode Island Department of Health, is required by Federal regulations (7CFR Section 246.19) 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. 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 the local agency agreement and Program procedures such as certification, notification, nutrition education, civil rights compliance, accountability, financial management, food delivery, coordination with other programs, outreach, and fair hearings.

The effective monitoring of local agency operations includes consideration of many kinds of communication and interactions between State agency and local agency. These include staff visits, telephone contacts, written correspondence, formal and informal meetings involving members of the respective staffs, and on-site fiscal reviews, both periodic and as needed, as well as operations records.

Biennial Agency Review

The "biennial local agency review" is one specific vehicle for monitoring the local agency. The review is conducted according to these procedures:

Procedures

- A. The review format is organized according to major areas of WIC functioning. Within each area are questions designed to assess local agency functioning as compared to contractual and procedural requirements and to Federal regulations.

- B. The State agency will contact the local agency chief administrative officer and local WIC staff to mutually establish a time for the team to conduct an on-site review. A visit will begin with a discussion of the purpose, format and procedures to be followed.
- C. At the established time, the review team will meet with the local agency WIC staff to go over the areas covered in the review format and secure answers to the questions. Review team members will utilize a combination of discussion with local agency staff, observation of local agency procedures, review of local agency records, and participant interviews, in securing the information needed for the review.
- D. The local agency review process is intended to be a way to identify both strengths and weaknesses of the WIC Program. The review team will conduct the process in a constructive, objective, and professional manner that will result in information that is useful to the local agency. In the course of the review, the team will be sensitive to local needs and deficiencies, and endeavor to suggest feasible corrections and improvements.
- E. If the agency corrects a deficiency before the review visit(s) is completed, the reviewer will decide whether to delete the deficiency, note its correction, or cite the deficiency. Such a decision would be based on the thoroughness and permanence of the correction.
- F. At the completion of the local agency review, the review team will meet with the local agency administrator (and other staff at the administrator's discretion) in an exit conference, giving a verbal summary of findings and recommendations.
- G. Following the exit conference, the WIC State agency will submit a letter to the local agency administrator presenting a formal statement of review findings and recommendations. Positive program aspects, as well as areas in need of further attention to meet contractual, procedural, and regulatory obligations, will be listed. Technical assistance and counsel will be offered to the local agency as needed for the establishment of plans of correction.
- H. Within thirty (30) days of the letter of review findings, the local agency executive director must submit to the State agency a response to the findings, including specific plans of correction and projected dates of implementation (and dates of corrections that have already been made).
- I. The state agency may accept and approve the plan of correction or require revisions in accordance with regulatory, procedural, and contractual requirements.
- J. The local agency review, including plans of correction and follow up findings, will be kept on file in the State agency, and will be used as a reference for the next review.
- * K. At the option of the State Agency the local agency review may be conducted more frequently

than biennially if needed to determine the quality and effectiveness of agency operations, implementation of corrective actions, etc.

- L. The state agency shall require local agencies to establish management self evaluation systems to review their operations and those of associated clinics or contractors.

Format and Content

The local agency review format is organized according to functional areas. The content of the questions within each area reflects specific contractual, procedural, or regulatory obligations. In answering the questions, an objective basis is established to arrive at a fair judgment of the local agency's performance and compliance with requirements. State agency and local agency staff will also begin to determine mutually acceptable solutions to problems.

M-2 WIC Participant Interviews

Revised 10 / 97

Introduction

State staff or WIC Parent Consultants 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.

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.

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.

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.

M - 3 Monitoring: Segregation of Duties

Implemented 1/97

Goal

Ensure compliance with Segregation of Duties (SOD) procedures, thereby reducing the opportunity for any one individual to both perpetrate and conceal errors or irregularities in the normal course of his or her duties during certification / recertification of WIC participants.

Procedure

Local WIC Agencies are responsible for determining program eligibility, the amount of benefits received, and the actual distribution of WIC checks. Segregation of duties at the local agency level is important so that no individual performs both the intake/eligibility determining function, the nutritional risk assessment/food package assignment function and check printing functions.

The State Agency will review SOD procedures submitted by local agencies. SOD compliance will be monitored through a variety of mechanisms including the biennial program / fiscal management evaluation process, during local agency site contacts (ie, supply deliveries), site visits, and as indicated (follow-up, reports received, etc...). A minimum of two SOD visits will be made yearly at each WIC local agency. (WIC - 90 form 1/97)

Appendix Section 7
Local WIC Agency Program and Financial Monitoring

Form Information

Forms related to Local WIC Agency Financial Management Review

SFME Financial Management Review Format

Forms related to Local WIC Agency Program Management Review

WICme.1 State Office Chart Review
WICme.2 Anthropometric/Hematological Procedures
WICme.3 Clinic Chart Review
WICme.7 Agency Coordinator Interview
WICme.8 Nutritionist Observation/Evaluation
WICme.9 Clinic Observations
WICme.10 Participant Survey
WICme.A Rhode Island WIC ME Checklist
WICme.B Peer Counselor Competency Checklist
WICme.C Breastfeeding Support Chart Review
WICme.D Breastfeeding Support Management Evaluation Form

Date: _____
WIC Site: _____
Reviewer: _____
Cert Start Date: _____
WIC HH ID: _____
Type of Charts: _____

Rhode Island WIC Management Evaluation
State Office Chart Review

YES NO Comments

	YES	NO	Comments
Appropriate Food Package			
Growth Chart Makes Sense			
SOAP Notes appropriate			
General Notes			
Blood work recorded appropriately			
High Risk/SNEC documentation			
Linked infants			
Linked households			
Premature Infant Risk Appropriately Assigned			
Health history accuracy			
Demo tab overview			

Rhode Island WIC Management Evaluation
Anthropometric/Hematological Procedures

	Yes	No	N/A	Comments
Scales Calibrated				
Scales Balanced (WIC-86)				
Weights Correctly Measured (Observe 3)				
Height Board Mounted Correctly				
Heights Correctly Measured (Observe 3)				
Lengths Correctly Measured (Observe 3)				
Microcuvette Inventory Accurate (WIC-86)				
Blood Work Coordinated with Providers				
Area Clean/Sanitized				
Hazardous Waste Receptacle				
Disposable Gloves Used				
Alcohol Wipe Used				
Stick Technique Acceptable				
Second Blood Drop Used for Screening				
Waste Discarded Appropriately				

Rhode Island WIC Management Evaluation
Clinic Chart Review

Correct Incorrect Comments

Reapplication Notice			
WIC -5			
Termination Notice			
Proof of Pregnancy			
Special Formula Documentation			
Level 5 Formula Log Signatures			
Proxy			

Rhode Island WIC Management Evaluation

Nutritionist Evaluation

CPA: _____ Part. Category _____

Area of Observation	Comments
Limits interruptions; ensures confidentiality: introduces self	
Is prepared for appointment (reviewed record, ht/wt, blood)	
Explains purpose/length of visit; makes sure they are acceptable to client	
Ask if participant has immediate questions or concerns	
Asks open-ended questions	
Listens attentively and acknowledges concerns; allows participant to respond and ask questions	
Uses non-verbal signals to encourage participant to continue (nods, etc), maintains eye contact	
Spends minimum of time writing or focusing on the computer	
Determines dietary, social and medical history before initiating counseling	
Discusses participant driven topics	
Nutritionist encourages participant to discuss/explain any relevant issues and counsels accordingly	
Avoids too much/complex information; uses appropriate language level	
Nutritionist facilitates participant's action for change using critical thinking and reflective listening	
Provides accurate and culturally-appropriate information and education	
Shows respect for participant; does not impose value judgments	
Plans and explains follow-up nutrition	
Makes appropriate referrals, has referral list at desk	

Rhode Island WIC Management Evaluation
Observations

Task	Satisfactory	Comments
SOD observations		
SNECS		
Explain Basic Program Information		
Explain Supplemental Program		
Explain ID Folders and Check Use		
Explain WIC Allowed Foods		
Explain Sanctions for Program Abuse		
Explain Reasons for Termination		
Issue WIC Checks (Check ID Folder)		
Check Storage Secure		
Hardware Storage Secure		
And Justice for All Poster in Place		
Clinic Environment has Positive Nutrition Messages		
Clinic Environment Supports Breastfeeding		
Clinic Hours/Late Policy Posted		

ME-A

Date: _____
WIC Site: _____
Reviewer: _____

Rhode Island WIC Management Evaluation
Checklist

Item	Completed	Comments
ME-1 State Chart Review		
ME-2 Anthropometrics/ Hematology		
ME-3 Clinic Chart Review		
ME-7 Coordinator Interview		
ME-8 Nutritionist Observations		
ME-9 Observations		
ME-10 Participant Survey		



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:

Three horizontal lines for text input.

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.

Four horizontal lines for text input.

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

- ___ Yes ___ No

If not, what was not answered?

Three horizontal lines for text input.

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

- ___ Yes ___ No

Why or Why not?

Three horizontal lines for text input.

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

- ___ Excellent ___ Good ___ Fair ___ Poor

Please write any additional comments you may have:

Two horizontal lines for text input.

ME-B

Date: _____

Site: _____

Reviewer: _____

Rhode Island WIC Program
Peer Counselor Competency Checklist

PC: _____

Participant Category: PN PP

Evaluation Codes

C = Commendable

A = Adequate

NI = Needs Improvement

NO = Not Observed

Area of Observation	Evaluation	Comments	Needs F/U?
Is prepared for appointment (reviewed referral, record)			Y N
Limits interruptions; ensures confidentiality			Y N
Introduces self; explains purpose/length of visit; makes sure plan is acceptable to client			Y N
Ask if participant has immediate questions or concerns			Y N
Finds out what participant knows before initiating counseling			Y N
Asks open-ended questions			Y N
Listens attentively, acknowledges concerns; allows participant to respond and ask questions			Y N
Uses non-verbal signals to engage participant (nods, etc); maintains eye contact			Y N
Uses appropriate terminology and provides accurate info			Y N
Uses culturally appropriate materials for counseling			Y N
Makes appropriate referrals/ provides relevant resources			Y N

ME-C

**Rhode Island WIC Program
Breastfeeding Support
Chart Review**

Date: _____
WIC Site: _____
PC: _____
Reviewer: _____
WIC ID: _____

Competencies	Y	N	Comments
PC appropriately documents client contacts in RI WEBS			
Nutritionists appropriately documents client contacts and referrals in RI WEBS			
Mother and child correctly linked in RI WEBS			
"Ever Breastfed" checked in RI WEBS			
"Breastfeeding Now" reflects current status in RI WEBS			
PC contacts clients at intervals outlined in PC Protocol			
First PC client contact date			
Last PC client contact date			
Duration of client contact			

ME-D

**Rhode Island WIC Program
Breastfeeding Support
Management Evaluation Form**

Date:
Agency:
Reviewer:

Staff/Site Competencies	N	SS	Comments
Staff appropriately asks whether clients are breastfeeding			
System utilized for retrieving and responding to LC referrals; LC referrals in client chart			
Staff appropriately responds to early postpartum and other immediate breastfeeding questions and concerns			
Staff makes appropriate breastfeeding referrals			
Staff refers client requests to increase formula in BF food packages to nutritionist prior to scheduling appointment			
Clinic environment and practices support breastfeeding			

Comments:

Section 8

Civil Rights and Appeal Procedures

CIVIL RIGHTS AND APPEAL PROCEDURES

Civil Rights Compliance

(Goals-VIII, Procedures-810)

The Rhode Island Department of Health WIC Program is open to all persons without regard to race, color, national origin, age, sex, handicap, creed, or political beliefs. The fundamental basis of this policy is contained in Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. Applicable regulations include USDA Regulations for the Special Supplemental Nutrition Program for Women, Infants, and Children. As an agency of the Rhode Island State Government, the Rhode Island Department of Health WIC Program operates in compliance with the Governor's Executive Orders concerning Equal Opportunity and non-discrimination. The Department of Health's Affirmative Action Plan also binds the WIC Program.

Public Notification

In Rhode Island, local WIC agencies are located in, or adjacent to, most of the areas populated by ethnic and language minorities. All of the local agencies focus their health care delivery directly to the low income and minority groups present in their areas. The composition of their caseloads documents that outreach from these agencies is reaching the minority population. Each local agency has been issued “. . . and justice for all” posters and has posted them in conspicuous locations within each clinic. Minority oriented media are utilized in outreach and information activities.

Program materials, for public information or display, advise of the nondiscriminatory policy of the WIC Program and of the procedure for filing discrimination complaints. The nondiscrimination statement is available in translated versions.

Whenever it is determined that a substantial portion of the potentially eligible population of a local agency speaks a language other than English, essential Program materials are made available in the appropriate foreign language. Program posters, nondiscrimination posters, and information forms have also been translated and distributed. The WIC information brochure for participants and potential participants is available in appropriate foreign languages. Media items should be published in languages other than English to the extent feasible. An informational telephone line to the Department of Health has been established for the hearing impaired.

A slide/tape presentation about the Program is available from the state and all local agencies. This presentation contains not only the nondiscrimination statement, but many of the participants and staff members in the photographs are observably members of minority groups. As the need becomes known, the presentation will be translated into foreign languages.

Through the use of bilingual local staff members, volunteer translators, and resettlement agencies, all reasonable efforts are made to provide participants and applicants with translator services in order that they may benefit from the Program.

Because local agencies may be at maximum caseload, many public notification materials are aimed at advising the public, not only of the availability of the Program, but also of the priority system and waiting list.

Data Collection and Reporting

For the purpose of insuring that the WIC Program equitably serves all minority populations in the state, the state and local agencies cooperate in obtaining minority population data at all points relevant to the WIC Program.

A. Potential Eligible Data

2000 Census data on population, race, income, and recent five-year vital statistics data are available. If directed by the USDA, estimates of potential eligible by minority group will be attempted.

B. Actual Participation Data

Local agencies determine the racial/ethnic identity of WIC applicants by asking each applicant what his/her racial or ethnic identity is. All information collected is entered into the automated RIWEBS computer system. The computer can generate reports on racial/ethnic data at any time. Data is maintained using safeguards that prevent its use for discriminatory purposes through restricting access, coding, and using aggregate data in reports.

Handicapped Access

The Department of Health's Affirmative Action Plan prohibits discrimination and ensures access in affirmative action, program services, contract compliance, minority business inclusion, and grievance processing. FNS guidance on USDA regulations pertaining to Section 504 of the Rehabilitation Act of 1973 has been issued to all local agencies. Access for the handicapped is reviewed through the Annual Local Agency Evaluation.

Most local clinics have been recently built or renovated. These clinics have included provisions for handicapped access. The Health Department has implemented a telephone line for the hearing impaired and the number is listed on Department letterhead.

Compliance Review

Local agencies and applicant local agencies will be objectively reviewed for any discriminatory practices and for the presence of adequate procedures and safeguards to ensure against any discriminatory practices.

A. Pre-award Compliance Reviews

In evaluating applications from local agencies that participate in the WIC Program, the state agency will ensure that:

1. The local agency has corrected all past substantiated civil rights problems or noncompliance situations.
2. The Civil Rights Assurance is included in the State-Local Agency Agreement.
3. Civil Rights complaints are being handled in accordance with procedures outlined in Section XI, FNS Instruction 113-2.
4. Clinic sites, certification offices, vendors, and other food distribution sites do not deny access to any person because of his or her race, color, national origin, age, sex, or handicap.
5. Appropriate staff, volunteers or other translation resources are available in areas where a significant proportion of non-English or limited English speaking persons reside.
6. The description of the racial/ethnic makeup of the service area is included in the application.

B. Routine Compliance Reviews

State agency staff conducts Civil Rights Compliance Reviews as part of the annual local agency review procedure (see Section VII, Monitoring). This review specifically seeks to document the absence of any discriminatory practices, and the presence of safeguards to ensure against any such practices, through observation of staff and facilities, review of participant records, and direct participant interviews.

1. On-Site Review - Specific review procedures are set forth in Management Evaluation Review Format.

2. Data Review

Information from data collection and compliance reviews will be analyzed by the state agency WIC staff through several mechanisms:

- a. Statistical data will be analyzed by liaison and administrative staff with the Supervising Planner for quantitative patterns of ethnic population/ participation variance.
- b. Liaison and supervisory staff will review the findings of the local agency compliance review for questionable practices, and schedule follow-up reviews when the information indicates a need.
- c. Liaison and supervisory staff will review field visit observations and participant interview results for any suspected visible or subtle discriminatory practices.
- d. Any complaint pertaining to eligibility determination or personnel or vendor behavior and attitudes will be investigated and analyzed for possible civil rights implications.

3. Additional Review

Throughout and following the evaluation of data, the state agency will initiate closer scrutiny whenever such is indicated:

- a. When statistical comparisons reveal population/participation variance:
 - (1) Additional data may be sought through further local agency population reviews, with the local agencies responsible for reconciling discrepancies.
 - (2) Program changes (in data collection, personnel training, outreach, etc.) can be implemented.
 - (3) Ongoing and periodic reviews will be initiated.
- b. When the Compliance Review reveals lack of information or the presence of deficiencies:

- (1) Further investigation will be done by state staff.
 - (2) Corrective recommendations will be made.
 - (3) Follow-up activities will be performed.
- c. When actual or potential discriminatory practices are observed:
- (1) Corrective recommendations will be issued and compliance monitored.
 - (2) Sanctions may be imposed if practices continue.
 - (3) Close monitoring will be maintained.
- d. All instances of actual or probable noncompliance will be brought to the attention of FNS for possible regional compliance review. Compliance Reviews will be conducted at all local agencies as part of the annual local agency evaluation.

Training

- A. Compliance review staff have been trained by the state agency and FNS in regulation provisions and in utilizing the Civil Rights/Fair Hearing portion of the Rhode Island WIC local agency review format.
- B. Field staff conferences will focus on utilization of the review format and on observation techniques in agencies and participant contacts.
- C. As needed, State and local agency workshops can review civil rights policies and practices and monitoring practices.
- D. Local agencies shall train WIC staff in civil rights requirements through orientation for new employees and, where no specific training has been provided, through in-service training to existing employees.

Noncompliance

Any instance of noncompliance discovered or reported must be corrected and monitored for non-recurrence. All Program materials must be monitored for compliance.

Assurances

The required assurances by the state agency that it will comply with Title VI will be submitted to FNS.

Vendor Monitoring

A significant amount of interaction in the WIC Program occurs at the participant/vendor level. It is the policy of the Rhode Island WIC Program to ensure that its contracted vendors serve all participants equally, with respect, and on a nondiscriminatory basis (see Section 3, Vendor Monitoring).

- A. The vendor monitoring staff of the Rhode Island WIC Program is trained in all WIC nondiscrimination requirements.
- B. The vendor monitoring staff will train vendors in these requirements and monitor for vendor practices, presence of nondiscrimination displays, and training of vendor employees.
- C. Liaison meetings with local agency staff and participant interviews are geared to also elicit information concerning vendor practices of a possibly discriminatory nature.
- D. Any questions of any actual or possible discriminatory attitudes or practices are referred to the appropriate supervisor, who will follow through with the vendor monitoring staff.
- E. If such practices are documented, legal and program sanctions will be applied as appropriate.

Complaints

Refer to:
Grievance Procedure, following page
Procedure Manual, Sec. 810

Decision-Making Process

A. Hearing Officer Independence

The decision of the hearing officer shall be final and binding on the local agency. The officer's decision shall not be subject to review or approval by any official or employee of the local agency. No official or any other employee of the local agency shall review, interfere with, change or attempt to influence any hearing decision. The decision shall become part of the record.

B. Time Limits

The hearing officer shall render and issue his/her decision in writing within forty-five days of the date of receipt of request for a hearing. In the case where the appellant requests and is granted delay or continuance prior to or at the hearing, the period of delay shall be added onto the forty-five days.

C. Judicial Review

If the appellant is dissatisfied with the decision of the hearing officer, the hearing officer shall explain the appellant's rights to pursue judicial relief from the State Superior Court.

FAIR HEARING AND ADMINISTRATIVE APPEAL

A - 1 FAIR HEARING PROCEDURE

In accordance with section 246.23 of USDA Regulations governing the administration of the Special Supplemental Food Program for Women, Infants and Children (WIC), the Rhode Island Department of Health has established a procedure which guarantees each potential WIC recipient the right to a fair hearing to appeal a decision made by a local or state agency which results in the individual's denial of participation, suspension or termination from the Program or which results in other sanctions against the individual. In order to comply with this regulation, the Rhode Island Department of Health, Office of Fiscal Assistance, sets forth the following fair hearing procedures:

General Provisions

A. Definitions

1. "Appellant" means an applicant or participant who is determined to be ineligible (or their parent or guardian) and who requests a fair hearing.
2. "Applicant" means a person who has applied or attempted to apply for the WIC Program.
3. "Fair Hearing Officer" means an impartial person within the Rhode Island Department of Health designated to conduct hearings and render decisions pursuant to the regulations governing the WIC Program. This person is impartial in that he/she did not participate in making the decision under appeal nor has he/she held any previous conference between local agency staff and the appellant. Additionally, he/she must attempt to secure equitable treatment for all parties.
4. "Local Agency" means a health or welfare agency or a private, non-profit agency which directly, or through an agency with which it has contracted, operates and administers a WIC Program.
5. "Participant" means pregnant women, breastfeeding women, post-partum women, infants and children who are receiving supplemental foods or food instruments under the Program.
6. "State Agency" means the Rhode Island Department of Health, Office of Fiscal

Assistance - WIC Program.

B. General Description of the Fair Hearing Process

The fair hearing process is an administrative proceeding through which a person can appeal a local or state agency's decision which denies participation in the WIC Program or initiates other sanctions against the person. The process is designed to secure and protect the interests of both the appellant and the appropriate agency personnel to ensure equitable treatment for all involved.

C. Fair Hearing Officer

The fair hearing officer shall be appointed by the Director of Health. The fair hearing officer will administer the fair hearing process, holding hearings and rendering decisions. The fair hearing officer must be impartial and must be qualified to evaluate all evidence fairly and realistically to explain to the claimant the laws and regulations.

D. Local Agency Responsibility

The local agency's responsibility is to assure an applicant, who is determined ineligible to participate or against whom other sanctions have been imposed, unrestricted freedom to request a fair hearing. Every effort must be made to help the appellant submit and process the fair hearing request.

Each WIC participant shall be informed of his/her right to a fair hearing during the initial contact with the local agency.

Each applicant/participant denied benefits shall be informed in writing, at the time sanctions have been imposed upon them, of the following:

1. Reason for ineligibility.
2. Right to a fair hearing as described in the regulations.
3. How to request a fair hearing.
4. Right to representation by a lawyer or another person of his/her choosing.
5. Right to examine prior to and during the hearing, any documents and records presented to support the decision under appeal.

6. Right to cross-examine all witnesses and bring witnesses.
7. Right to question evidence and present evidence.
8. Benefits shall continue to be provided to participants until a hearing decision is reached only for those individuals who are to be terminated during their certification period and who appeal within 15 days after notification of termination. An appeal after the 15 day time limit will not result in continued benefits. Applicants who are denied benefits at the initial certification or at a subsequent certification may appeal the denial but shall not receive benefits while awaiting the hearing.

The local agency will retain documentation of each case for a minimum of three year.

E. Other Liabilities and Sanctions

Federal Regulations provide that: "The provision of sanctions for program abuse to be imposed on food vendors and recipients shall not be construed as excluding or replacing any criminal or civil sanctions or other remedies that may be applicable under Federal and State statute or local ordinance."

Request for a Fair Hearing

A. Grounds for Appeal

An applicant or participant who is determined ineligible to participate in the program or against whom other sanctions have been imposed has the right to request a fair hearing. The program does not provide appeals due to reduction in benefits.

B. Publicity of Request for Fair Hearing

The local agency must employ a simple, publicly announced method for a person to make an oral or written request for a hearing. Each participant, at the time of initial certification and at the time of denial or termination from the program or when other sanctions have been imposed will be given the Fair Hearing information form and the Request for Fair Hearing form and the appropriate notice. These forms will be made available to recipients at every local agency.

C. Request for Fair Hearing

A request for a fair hearing is defined as an oral or written statement by the appellant or his/her authorized representative which asks for the opportunity to present his/her case to

higher authority. This request may be made to personnel of the local agency or presented directly to the state agency.

D. Time limits for Steps in Fair Hearing Process

The date of request for a fair hearing is the day on which the state agency receives the appellant's oral or written statement requesting the opportunity to present a grievance to higher authority. The appellant must make his/her request within 60 days from the date the agency gives or mails the applicant or participant the notice of adverse action.

The hearing must be held within three weeks from the date of receipt of such a request. At least ten days prior to the hearing, the appellant will receive written notice as to the time, date and site for hearing.

E. Receipt of Benefits

Except for participants whose certification period has expired, participants who appeal the termination of benefits within the 15 day advance adverse notification period shall continue to receive Program benefits until the hearing official reaches a decision or the certification period expires, whichever occurs first.

F. Denial or Dismissal of Request

The State and local agencies shall not deny or dismiss a request for a hearing unless:

1. The request is not received within the time limit set by the State agency.
2. The request is withdrawn in writing by the appellant or a representative of the appellant.
3. The appellant or representative fails, without good cause, to appear at the scheduled hearing.
4. The appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to Program eligibility have changed in such a way as to justify a hearing.

Prehearing Procedure

A. Scheduling

Upon receipt of a request for a fair hearing, the state agency in conjunction with the fair

hearing officer shall set up a date for a hearing and so notify the appellant and the applicable local agency. If the applicant has a handicap or there is another circumstance that prevents his/her appearance at the designated site, then at his/her request the hearing may be held at his/her home or other designated place as determined by the hearing officer.

B. Notice of Fair Hearing

Written notice must be given to the appellant at least ten days prior to the hearing and must specify the date, time, and site of the hearing.

C. Examination of Records and Documents

The local agency shall provide the appellant or his/her representative adequate opportunity to examine all records and documents to be presented at the fair hearing in support of the decision under appeal at any time after the request for fair hearing has been made. An appellant's representative shall have written authorization from the appellant to examine such records.

D. Request for Rescheduling

Prior to the day on which the fair hearing is scheduled, the hearing officer may change the date, time or place of the hearing upon reasonable notice to the parties involved; or he shall, at the request of the appellant or local agency, continue the hearing to another date within ten days.

Any continuance granted by the fair hearing officer at his own instance, or at the instance of the local agency, may not waive the time limits set by regulations.

Fair Hearing

A. Description of Fair Hearing

The fair hearing provides an opportunity for the appellant and the local agency to present all materials relevant to the decision under appeal. A hearing is conducted by a hearing officer appointed by the Director of Health. The decision is based only on those matters which are presented in the hearing. The officer examines the facts and regulations and other appropriate circumstances of the case presented by the parties to determine the appropriateness of the local agency's action. The decision of the hearing officer is the final administrative adjudicatory decision of the Office of Fiscal Assistance WIC Program. It is binding upon all employees of the Division and local agency.

B. Participation at the Fair Hearing

The following will participate at the fair hearing although others may attend at the discretion of the hearing officer:

1. Appellant, and his/her authorized representative(s) and witness (es).
2. A staff person (or persons) from the local agency assigned by the director or his/her designee.
3. A Division or local agency attorney to represent the Division or local agency when requested by the Division or local agency and/or a staff member of the Division.
4. The hearing officer and his/her staff.

C. Appellant's Rights

The appellant at his/her option can present his/her own case or can be assisted by authorized representative(s) and shall have the right to:

1. Bring witnesses.
2. Present and establish all relevant facts and circumstances by oral testimony and documentary evidence.
3. Advance any pertinent arguments without any undue interference.
4. Question or refute any testimony including an opportunity to confront and cross-examine adverse witnesses.
5. Examine the documents and records presented to support the decision under appeal and introduce any pertinent records or other evidence in support of his/her case.

D. Local Agency's Rights

The local agency can present its own case or can be assisted by a local agency attorney and:

1. Is responsible for an adequate investigation before reaching a decision as to eligibility.
2. Is responsible for submitting at the hearing complete information on which any decision at issue is based.

3. Should introduce into the hearing only the material which pertains to the issues.
4. Must designate and send a staff person (or persons) from the local agency to the hearing to justify the action of the local agency.
5. Must ensure that the documents and records pertinent to the decision under appeal are present at the hearing and that the appellant has adequate opportunity to examine prior to and at the hearing.
6. May bring witnesses.
7. May present and establish all relevant facts and circumstances by oral testimony and documentary evidence.
8. May advance any pertinent arguments without any undue interference.
9. May question or refute any testimony, and have an opportunity to confront and cross-examine adverse witnesses.
10. May examine and introduce the documents and records produced to support the decision under appeal and examine any other pertinent documents produced by the appellant.

E. Responsibilities of the Division or Local Agency Attorney

1. The division or local agency's attorney may appear at the request of the local agency or division whenever appropriate.
2. Costs for the attorney of local agency may be part of, but must not exceed, the allowed administrative funds available to the local agency for the month in which the hearing is conducted.
3. Whenever they appear, such attorneys shall represent the position of the division, or the local agency, but do not represent the position of the Hearing Officer.

F. Hearing Officer's Duties and Powers at Fair Hearing

Duties: The Hearing Officer shall have the duty to conduct a Fair Hearing to ensure that the rights of the appellant and the local agency are secured expeditiously. She/he shall conduct the proceedings in a manner which is not unduly complex or legalistic, and shall take into consideration the appellant's

background and education. She/he shall consider issues, receive and consider all relevant and reliable evidence and exclude irrelevant evidence and reach a fair, independent and impartial decision based upon the issues and evidence presented at the hearing. She/he shall have the following specific duties:

1. Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing.
2. Administer the oath to all people who are going to testify at the hearing.
3. Assist all those present in making a full and free statement of the facts in order to bring out all the information necessary to decide the issues involved.
4. Ensure that all parties have a full opportunity to present their claims orally, or in writing and to secure witnesses and evidence to establish their claims.
5. Review, rule on, exclude or limit evidence pursuant to Section H below.
6. Introduce into the record any regulations, memoranda or other materials she/he believes to be relevant to the issues at the hearing.

Powers: The Hearing Officer shall have the following specific powers:

1. Change the date, time and place of the hearing on his/her own motion or on request of any party upon reasonable notice to the parties.
2. Request a statement of the issue(s) and define the issue(s).
3. Regulate the presentation of the evidence and the participation of the parties.
4. Examine witnesses and ensure that relevant evidence is secured and introduced.
5. Order, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to appellant and the state agency.
6. Continue the hearing to a subsequent date to permit either party to produce additional evidence, witnesses or materials.
7. Render a hearing decision based exclusively on the hearing record.

G. Defaults

If either the appellant or the local agency fails to appear at the hearing, the WIC Program director, at the request of the hearing officer, shall notify the non-appearing party in writing that if said party fails to request a rescheduled hearing within ten days of the notice, a default will be entered against the party. If pursuant to said notice from the WIC Program director, the non-appearing party requests and is granted a rescheduled hearing and again fails to appear at the rescheduled hearing, a default will be entered against the non-appearing party, provided, however, that the default may be removed for good cause by the hearing officer, but the WIC Program director at the direction of the hearing officer shall grant another rescheduled hearing only for good cause.

H. Evidence and Testimony

All evidence and testimony, materials and regulations on which a decision is based, must be presented at the hearing. Oral testimony must be given under oath at the hearing. Witnesses shall be available for cross-examination.

The rules of evidence observed by courts shall not apply but the hearing officer shall observe the rules of privilege recognized by law. The hearing officer shall consider all evidence and testimony which is pertinent and shall exclude unduly repetitious or clearly irrelevant evidence.

All regulations, memoranda and other relevant documents must be placed into evidence by reference to the citation or by a copy of the regulations. Memoranda or other material may be put into evidence by a copy of the memoranda or other material.

All documents and other evidence offered or taken for the record shall be open to examination by the parties and opportunity shall be given to refute facts and arguments advanced on either side of the issues. The appellant or his/her representative shall have reasonable opportunity prior to and during the hearing to examine all records and documents to be used by the local agency at the hearing.

A written record shall be prepared which shall include the decision under appeal and documentary evidence admitted and a summary of any oral testimony presented at the hearing; the decision of the hearing officer, including reasons therefore, and a copy of notification to the appellant of the decision of the hearing officer. Such written record shall be preserved for a period of three years and shall be available for examination by the appellant or his/her representative at any reasonable time and place during such period.

I. Reopening Prior to Decision

After the close of the hearing and prior to a decision, the hearing officer, if she/he finds need

to consider further testimony, evidence, materials or regulations before rendering a decision, may reopen the hearing to consider such further information. If she/he so decides, she/he must send seven days written notice to all parties of the reopening and his/her reasons therefore, including the date, time and place of the resumed hearing, which shall be held at a location accessible to the appellant.

J. Hearing Officer Independence

The decision of the hearing officer shall be final and binding on the state or local agency. The officer's decision shall not be subject to review or approval by any official or employee of the state or local agency. No official or any other employee of the state or local agency shall review, interfere with, change or attempt to influence any hearing decision. The decision shall become part of the record.

K. Time Limits

The hearing officer shall render and issue his/her decision in writing within forty-five days of the date of receipt of request for a hearing. In the case where the appellant requests and is granted delay or continuance prior to or at the hearing, the period of delay shall be added onto the forty-five days.

L. Judicial Review

If the appellant is dissatisfied with the decision of the hearing officer, the hearing officer shall explain the appellant's rights to pursue judicial relief from the State Superior Court.

M. Basis of Fair Hearing Decision

The hearing officer may take a number of courses of action in his/her decision.

1. Find in favor of the appellant.
2. Uphold the action of the local agency.
3. Accept written withdrawal of the appeal by the appellant.
4. Accept settlement of the issues agreed to by the parties.
5. Default any party who fails to appear and does not request a rescheduling of the appeal within the allotted time period after the hearing date.

The hearing officer's decision is based upon the evidence, testimony, materials and regulations referenced or presented at the hearing. Any evidence, testimony, materials and regulations presented after the close of the hearing will be excluded unless the hearing is reopened by the hearing officer for the taking of said evidence.

The hearing officer's decision must be rendered in accordance with the regulations governing the WIC Program. The officer, however, shall not render decisions which require his/her determination of the legality of the regulations. Such matters shall be decided by the courts without any necessity of going through the fair hearing process. In administrative hearings involving the legality of the regulations, the officer will render a decision that she/he cannot consider the legality or illegality of a regulation and base his/her decision on the applicable regulation.

N. Findings, Rulings and Orders

The decision itself shall be a comprehensive statement of the hearing officer and shall include:

1. A statement of the issues involved in the hearing.
2. A summarization of the facts.
3. A statement of the relevant regulations upon which his/her decision was based.
4. A statement of the conclusions drawn from the findings of fact and regulations, including the reasoning used by the officer in reaching the decision.
5. If the decision is in favor of the appellant, a precise, clear order to the appropriate official of the local agency to take necessary corrective action.
6. In the decision, all parties shall be notified of their right to a judicial review.

Post-Decision Process

A. Access to the record

The fair hearing record shall be preserved for a period of three years and shall be available for examination by the appellant and his/her representative at any reasonable time and place during such period.

B. Implementation

The signed decision of the hearing officer is final and binding on the local agency.

The local agency must fully implement the decision within seven days of receipt of the appeal decision. No official or any other employee of the local agency shall interfere with, review, change or attempt to influence the implementation of the fair hearing decision.

In the notice of decision, the officer shall notify the appellant of his/her right to full and prompt implementation within the seven day period and advise him/her to contact the WIC Program director if there is no prompt or full compliance.

A-2 Administrative Appeal of State Agency Decisions

In accordance with U.S.D.A. Regulations governing the administration of the Special Supplemental Food Program for Women, Infants and Children (WIC), the Rhode Island Department of Health is required to establish a procedure whereby a food vendor or local agency whose participation is adversely affected by a State or local agency action may appeal the action. In order to comply with this regulation, the Rhode Island Department of Health, Office of Supplemental Nutrition, WIC Program, sets forth the following hearing procedures:

A. Definitions

"Agency" means a public health or welfare agency or a private, non-profit health or welfare agency which directly, or through an agency or physician with which it has contracted, submits application for approval as a local WIC agency.

"Hearing Official" means an impartial person within the Rhode Island Department of Health who is the designated representative for the Department to conduct hearings and to render decisions pursuant to the regulations governing the WIC Program. This person is impartial in that she/he did not participate in making the decision under appeal, nor has she/he held any previous conference between the agency staff or food vendor and the state agency. She/he must attempt to secure equitable treatment for all parties.

"Local Agency" means a public health or welfare agency or a private, non-profit health or welfare agency which directly, or through an agency or physician with which it has contracted, operates and administers a WIC Program.

"State Agency" means the Rhode Island Department of Health, Office of Supplemental Nutrition.

"Vendor" means a provider of any or all of the Special Supplemental Food Program

(WIC) foods who has entered into agreement with the State agency to accept WIC food checks for same, or a person or entity which has made a request to be a participating WIC vendor.

B. General Description of the Hearing Process

The hearing process is the administrative proceeding through which the adversely affected agency or vendor may appeal the decision. The process is designed to secure and to protect the interests of both the agency or food vendor and the State agency to ensure equitable treatment for all involved.

C. State Agency Responsibility

Each agency or food vendor whose participation is adversely affected by a state agency action shall be informed in writing of the right to a hearing as described in the regulations (246.18) including:

1. Adequate advance notice of time and place of the hearing to provide sufficient time to prepare for hearing;
2. An opportunity for the aggrieved agency or food vendor or its representatives to present its case.
3. The opportunity for the agency or food vendor to confront and cross examine adverse witnesses;
4. The opportunity for the agency or food vendor to be represented by counsel, if desired;
5. The opportunity to review the case record prior to the hearing;
6. An impartial decision-maker, whose decision as to the validity of the state agency's action shall rest solely on the evidence presented at the hearing and the statutory and regulatory provisions governing the Program. The basis for the conclusion shall be stated in writing, though it need not amount to a full opinion or contain formal findings of fact and conclusions of law;
7. The agency or food vendor shall be notified in writing of the decision concerning the appeal within sixty days from the date of receipt of the request for a hearing.

If, after exhausting all stated rights, a food vendor is found to have committed any violations of Program rules, the State agency shall ensure that the food vendor is denied,

or disqualified from, participation in the Program for such period of time as provided for in vendor selection and compliance policies as set forth in this State Operations Manual.

Request for a Hearing

A. Grounds for Appeal

The right of appeal shall be granted when a local agency's or a food vendor's application to participate is denied or, during the course of an agreement or contract, when an agency or vendor is disqualified or whenever any adverse action which affects participation is taken. Expiration of a contract or agreement with a food vendor or local agency shall not be subject to appeal.

B. Request for Hearing

A request for a hearing is defined as a written statement by the agency or vendor or its authorized representatives which asks for the opportunity to present its case to a higher authority. This request should be made to the Chief, WIC Program.

C. Time Limit for Date of Hearing and for Rendering Decisions

The date of request for a hearing is the day on which the agency or vendor presents its written statement to the State agency asking for the opportunity to present a grievance to a higher authority. A vendor has up to thirty days from the date of action causing dissatisfaction to request a hearing. A local agency shall be provided a period of sixty days from the date of the action to appeal the decision.

Written notice of the hearing officer's decision will be sent to the agency or vendor and any designated representative within sixty days from the date of receipt of the request for a hearing. A copy of this written notice will be forwarded to the State agency.

D. Rescheduling

The local agency or vendor shall have at least one opportunity to reschedule, upon specific request. A minimum of two hearing dates shall be allowed. Additional rescheduling shall only be allowed for good cause, at the discretion of the Hearing Official.

E. Postponing of Action

1. The adverse action affecting a participating local agency shall be postponed until a hearing decision is reached.

2. The State agency may take adverse action against a vendor after a 15-day advance notification period has elapsed. In deciding whether or not to postpone or suspend the adverse action until a hearing decision is rendered, the State agency shall consider whether participants would be unduly inconvenienced (Refer to Policy V-4 Vendor Compliance, Participant Hardship) and may consider other relevant criteria, such as delay in the appeal process on the part of the State agency, whether the action is proper and warranted and the weight of the evidence.

F. Continuing Responsibilities

Appealing an action does not relieve a local agency, or a food vendor, permitted to continue in the Program while its appeal is in process, from the responsibility of continued compliance with the terms of any written agreement or contract with the state agency.

Procedure

A. Scheduling

The hearing officer will set a date for the hearing and so notify the agency or vendor. The hearing officer will designate a date and site for the hearing which is accessible to the agency or vendor.

B. Notice of Hearing

Ten day's written notice will be given to the agency or vendor prior to the hearing which will specify the date, time and site of the hearing. An explanation of the hearing procedure and the agency's or vendor's right to representation shall be included with the notice. If fees are charged by legal counsel, the agency or vendor is responsible for payment.

C. Evidence and Testimony

All evidence and testimony, materials and regulations on which a decision is to be based must be presented at the hearing. Witnesses shall be available for cross-examination. The hearing officer shall consider all evidence which is pertinent and shall exclude unduly repetitious or clearly irrelevant evidence.

All documents and other evidence offered or taken for the record shall be open to examination by the parties and opportunity shall be given to refute arguments advanced on either side of the issue.

A written record shall be prepared which includes the decision under appeal, documentary evidence admitted and summary of any oral testimony presented at the hearing; the decision of the hearing officer (including his reasons for the decision), and a copy of the notification to the agency or vendor of the decision of the hearing officer. Such written record shall be preserved for a period of three years and shall be available for examination by the agency or vendor or its representative at any reasonable time and place during the period.

D. Findings, Rulings and Others

The decision itself shall be a comprehensive statement of the hearing officer, including:

1. A statement of the issues involved in the hearing.
2. Findings of fact on all relevant factual matters which are supported by evidence in the record.
3. A statement of all relevant regulations upon which his decision was based.
4. A statement of the conclusions drawn from the findings of fact and regulations, including the reasoning used by the officer in reaching the conclusions.
5. If the decision is in favor of the appellant, a precise, clear order to the appropriate official of the local agency or the State agency to take necessary corrective action.

E. Rendering the Decision

The signed decision of the hearing officer shall be final and binding on the State agency. Copies of the decision and reasons for it shall be forwarded to the State agency, the agency, or the food vendor and any authorized representative.

F. Other Sanctions and Liabilities

Federal Regulations state: "The State agency is allowed to disqualify a food vendor from the WIC Program who is currently disqualified from another FNS Program". The food vendor's privilege of serving the Program may not be reinstated until the other program with regard to which the food vendor was originally disqualified, reinstates the food vendor's privilege.

The provision of sanctions for Program abuse to be imposed on food vendors and recipients shall not be construed as excluding or replacing any criminal or civil sanctions or other remedies that may be applicable under any Federal and State statute or local ordinance.

G. Judicial Review

If a decision is rendered against the local agency or food vendor and it expresses an interest in pursuing a higher review of the decision, the hearing officer shall explain the right to pursue judicial review of the decision in the State Superior Court.

Estimated Rhode Island WIC Program FY- 2011 Food Expenditures

• <i>FY 2011 Grant</i>	<i>\$ 14,400,000.00</i>
• <i>NSA</i>	<i>\$ 6,245,000.00</i>
• <i>Estimated Rebates</i>	<i><u>\$ 4,500,000.00</u></i>
• <i>Est. Program Total</i>	<i>\$ 25,145,000.00</i>

Breastfeeding Peer Counseling Information that Must Be Included or Addressed in the FY 2011 State Plan:

Include an updated line item budget, *with written narrative*, demonstrating how peer counseling funds are being used for the peer counseling activities described in the State's Breastfeeding Peer Counseling Implementation Plan.

Peer Counselor time: \$241,403

Currently, all agencies have a Breastfeeding Peer Counselor working. The majority of the Peer Counseling funds will be used to support the salaries and fringe of the Peer Counselors.

Equipment: \$1,070

Several agencies have indicated that they need office furniture for use by their peer counselors.

Total: \$242,473

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:

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.

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

- Yes No

If not, what was not answered?

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

- Yes No

Why or Why not?

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

- Excellent Good Fair Poor

Please write any additional comments you may have:

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 2011

Proposal
Submitted to FNS / USDA
October 15, 2010

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Rhode Island WIC Program
Operations Manual

The Hon. Donald L. Carcieri, Governor

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

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, Chief
WIC Program

(401) 222-4604

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

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

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

WHAT ARE THE ELIGIBILITY CRITERIA FOR INDIVIDUAL PARTICIPANTS?

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

WHAT SUPPLEMENTAL FOODS DO THE PARTICIPANTS RECEIVE?

Under the WIC Program, infants up to one year old receive iron-fortified formula, cereal which is high in iron, and infant fruits and vegetables. Participating women and children receive fortified milk and/or cheese, eggs, hot or cold cereal which is high in iron, concentrated juice, whole grains, fruits and vegetables and peanut butter or legumes. Women and children with special dietary problems may receive special formula by request of the physician. Fully Breastfeeding women will receive an enhanced food package.

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 2011 ?? _____

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</u>	<u>Total Population</u>	<u>% Unserved by WIC</u>
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*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 = $\frac{\text{Pregnancies (ages 20-40 yrs.)}}{\text{Live births}}$ x 1,000
- b) ____ Teenage Pregnancies = $\frac{\text{Pregnancies (ages 10-19 yrs.)}}{\text{Live births}}$ 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 = $\frac{\text{Live births dying under 28 days of age}}{\text{Live births}}$ x 1,000
- h) ____ Premature rate = $\frac{\text{Birth between 20 \& 36 wks gestation}}{\text{Live births}}$ x 1,000
- I) ____ Low income persons = $\frac{\text{Low income persons within program area}}{\text{Live births}}$ 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)? Please note consistent with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, staff providing translation services should have their skills assessed with opportunities for training when needed.

19. Describe your agency's procedures for handling customer service, mistreatment or inadequate/inappropriate treatment/service complaints or grievances.

20. A brief description of method of making supplemental foods available to expected participants.

21. A brief description of any non-WIC supplemental type feeding program for the benefit of pregnant or lactating women, infants or children which is already in operation in the project area. Include an estimate in the number of participants in project target group served, type of food provided, and an explanation of the expected relationship between any such program and the WIC program.

22. Please describe method of providing Nutrition Education, including staffing.

23. Please describe method and source of obtaining dietary assessments, anthropometric and hematological measurement, and eligibility related medical data for each category of applicant.

24. Please describe MIS equipment, software and support to be provided.

25. Please describe measuring equipment, furnishings, space and clerical support to be provided.

26. Identify each location where WIC related services will be rendered and specify services offered at each.

The applicant proposes to implement the described grant program within the proposed budget in accordance

Rhode Island WIC Program

Operations Manual Sec. 1

with the guidelines established by the Department of Health. The applicant recognizes that any departure from the stated program objectives of this grant or of the budget, as approved, is not authorized and that procedures for modification of this grant, if they become necessary, are provisions of this grant application, or its modifications will be the liability of the applicant. The information furnished in this application is true and accurate to the knowledge of the signer.

Applicant:

(Name of Applying Agency) _____

(Address) _____

Signature:

(Authorized Agency Official) _____

(Title) _____

Date _____

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

S-1 SELECTION OF LOCAL AGENCIES

GOAL

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

GENERAL

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

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

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

INDIVIDUAL AGENCY SELECTION

Application Of Local Agencies

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

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

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

Program Initiation And Expansion

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

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

* SOLICITATION FOR NEW AGENCIES

Solicitation of Local Agency Providers

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

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

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

Local Agency Proposals

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

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

Evaluation of proposals

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

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

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

Agreement to provide WIC services

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

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

Term of Agreement

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

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

Extension of Existing Agreements

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

Response to Unacceptable Local Agency Proposals

In the event that a current WIC local agency submits a Proposal which in the judgement of the HEALTH

fails to meet the requirements of the RFP or is evaluated as an unacceptable Proposal or if there appears to be a likelihood that the agency will not be accepted as a WIC provider after the evaluation process, the State agency will advise the local agency as to the deficiencies in its Proposal. The HEALTH may offer suggestions to the local agency regarding how it may revise its Proposal to be acceptable and satisfactory and provide the local agency with a reasonable opportunity to modify its Proposal. The State will set what it determines to be a reasonable deadline by which time the local agency must submit a modified and acceptable Proposal or have its Proposal rejected.

Advertisement of Request For Proposal

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

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

S-2 DISQUALIFICATION OF LOCAL AGENCIES

- A. The State agency may disqualify a local agency:
 - 1. When the State agency determines serious noncompliance with Program regulations and the Local Agency Agreement which the local agency has been unable to correct, given reasonable opportunity to do so.
 - 2. When the State's Program funds are insufficient to support the continued operation of all its existing local agencies;
 - 3. When the State agency determines, following a review of local agency credentials, that another local agency can operate the Program more effectively and efficiently;
 - 4. When a local agency fails to meet such standards used in the selection of local agencies described above as are appropriate and applicable; or
 - 5. When a local agency is debarred and/or suspended from participating in any transactions involving federal funds or other assistance under the terms of 7 CFR Part 3017.

- B. The State agency shall notify the local agency of any additional State-established criteria. In addition to any State established criteria, the State agency shall consider, at a minimum:
 - 1. The availability of other community resources to participants and the cost efficiency and cost effectiveness of the local agency in terms of both food and administrative and program services costs;
 - 2. The percentages of participants in each priority level being served by the local agency and the percentage of need being met in each participant category;
 - 3. The relative position of the area or special population served by the local agency in the Affirmative Action Plan;
 - 4. The local agency's place in the local agency priority system; and
 - 5. The capability of another local agency or agencies to accept the local agency's participants.

- C. When disqualifying a local agency from the Program, the State agency shall:
 - 1. Make every effort to transfer affected participants to other local agencies without benefit disruption;
 - 2. Provide the affected local agency with written notice not less than 60 days in advance of the pending action which includes an explanation of the reasons for disqualification, the date of expiration of a local agency's agreement, the local agency's right to appeal; and
 - 3. Ensure that the action is not in conflict with any existing written agreements between the State and

the local agency.

S-3 PERIODIC REVIEW OF LOCAL AGENCY QUALIFICATION

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

S-4 PRESENT SITUATION

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

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

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

LIMITATION OF LOCAL AGENCIES

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

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

OPERATION OF ADDITIONAL CLINICS

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

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

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

C-1 CASELOAD ALLOCATION AND 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

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: The State Agency provided Grow and Glow training for three days in August, 2010 for improved Breastfeeding promotion and support for all WIC staff. Training was conducted on the new weight gain recommendations for pregnant women and the revision 10 changes to the risks in September 2010. Ongoing training was provided to support staff on measuring and weighing children, customer service, affirmative action and RIWEBS training. Nutritionist received training on reading the growth charts, identifying risks and appropriate follow up.

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 training to better impact integration of services within the healthcare facility as well as the community. This work will help staff to “connect the dots” for clients to improve health outcomes.

Objective 2: Conduct training

Evaluation: Local Agency staff are trained on an ongoing basis. Three Nutrition Education trainings, Three support staff trainings, Peer Counselor trainings occurred every other month. In addition, the SA supports LA staff attending the NWA annual conference as well as the nutrition & Breastfeeding conference. These standard trainings provide on-going support for education for all local agency staff. CLC opportunities as well as IBCLC certifications are offered annually to LA staff.

Plan: Breastfeeding Peer Counselors will attend bi-monthly training. The SA will conduct training for WIC support staffs three times annually, conduct three nutrition education training for WIC and community nutrition staff, and meet with WIC local agency coordinators bi-monthly. CLC recertifications and trainings will be offered to LA staff in FY' 11

Objective 3: Assure enrollment of high priority applicants

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

Plan: Continue outreach efforts in the community to target high-risk clients. Radio Disney will be providing 14 events throughout FY'11 in the state, to target high-risk eligible populations. An evaluation of the effectiveness of these activities will be obtained.

Objective 4: Streamline eligibility determination process

Evaluation: Local agency WIC staff is successfully using adjunctive eligibility for WIC income verification. RIWEBS has helped to streamline the eligibility criteria for those receiving Medicaid, food Stamps or SNAP. SA monitors sites on access to services and information required for an appointment, at ME's and calls to LA, as a client in need of services. These reports are fed back to the Coordinators and incorporated in the ME report.

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

Objective 5: Separation of Duties

Evaluation: The State Agency incorporates SOD monitoring into the biennial Management Evaluations performed. Five local agency management evaluations were completed in FY 2010. There were no WIC local agency sited for SOD non-compliance this year.

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

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

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

Plan: Continue coordination of work with Minority Health Office in addressing equity in healthcare within the WIC Program. Using the Equity framework as a toll to address issues and integration to better serve the community.

Nutrition Assessment

Objective 1: Dietary assessment tools

Evaluation: The design work for VENA enhancements to the RIWEBS system has been completed. Training has been provided to staff on appropriate follow up for clients.

Plan: RI will be revising and training staff on the circle documents to better address and identify the needs of clients. This is in conjunction with the ARRA funds to enhance the RIWEBS system to be VENA friendly.

Objective 2: Prompt implementation of revised risk criteria

Evaluation: Risk revision 10 was implemented for 10/1/10. Training on the changes to the risks was completed in September, 2010. RIWEBS was updated to reflect the changes.

Plan: Continued training will occur during FY'11 on the risks, and assessments of clients.

Minimize violations of Program rules and misuse of Program funds.

Objective 1: Warnings and sanctions

Evaluation: Explaining rights and responsibilities was reviewed with Support staff in a June 2010 training. The State Office monitors explanation of clients rights/Responsibilities during a ME visit.

Plan: Continue to monitor participant knowledge of rights and responsibilities during Management Evaluations through parent consultant / participant interview process and observations. This is also assessed on survey's at the clinics.

SECTION III

Food Delivery System

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

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

Food Delivery System Contracts

Objective 1: Continue efficient and effective banking services.

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

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

Automated Data Processing

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

Evaluation: Rhode Island fully implemented the Interim Food package rule with Covansys and in collaboration with Indiana WIC Program. Throughout 2010 as bugs were identified they were fixed, RI worked with Covansys to complete. RI also implemented the WIC cost Containment in RIWEBAS as well as WIC forecasting caseload, participation and expenditures.

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

Management Tools - Financial Reporting

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

Plan: Continue the 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: WIC continues to plan, test and implement the new VENA module in RI WEBS as well as to train staff on the appropriate use. UPC database place holder is beign

developed and implemented in the RI WEBS system.

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 250 authorized WIC retail grocery vendors in FY 2010.

Evaluation: Actual vendors as of 12/10, there were 45 large chain / extra large grocery stores, 22 large or small chain stores, 16 medium grocery stores, 124 small grocery stores, 32 large pharmacies, 2 small pharmacies with 1 commissary. There were a total of 241 vendors; 209 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 an enrollment above the maximum. Peer group categories are based on gross food sales, # of registers, type of ownership and if the store is a potential 50% WIC vendor, or has been identified as an actual 50% WIC vendor.

Vendor Management

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

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

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

Vendor Education and Training

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

Evaluation: As part of the re-application process, all vendors were trained on the policies and procedures and regulatory requirements Vendors must follow. Since Farmers' also now accept CVV's farmers were required to attend the vendor training before the FMNP season started. On-going training events were held for all legacy vendors during the WIC reauthorization process. In addition, new vendor applicants received training, and current vendors received update training.

Monitoring and follow-up site visits were also made. Trainings are held every other month for new and existing vendors. This data will be reported in the 2010 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. The FFY' 11 training schedule will continue every other month and will be provided in both Spanish and English.

Excessive Price Limits

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

Evaluation: Peer group pricing analysis is in the Vendor Software Module. This allows more specific analysis of price data. Price surveys are inputted into the system at a minimum of a quarterly basis to ensure appropriate pricing.

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 continue to provide automatic generation of invoice letters in order to recover identified overcharges. Run cost neutrality test every month to identify high priced vendors.

Program Integrity

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

Evaluation: RIPIN employees were contracted and trained to provide compliance visits in FFY' 10. The required visits were conducted throughout the year. This data will be reported in the 2011 TIP Report.

Plan: Continue to 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 are streamlined to increase the accuracy of reporting, and decrease duplication of reporting, and to incorporate RI WEBS capability into the process. The community liaison provides the assignments to the investigators and oversees the process, training and follow-up.

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

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

Evaluation: Routine monitoring visits have been performed to meet the 30% for WIC authorized

stores in FY '10

Plan: Ensure required routine visits are conducted in FY 2011.

Objective 4: Strengthen sanctions related to violations

Plan: The WEBS vendor module assigns sanction points to specific program violations. This will be monitored for follow-up by the Vendor Manager.

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 SNAP 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 SNAP actions relating to Rhode Island vendors.

Community Relations

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

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

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

SECTION IV

State Agency Nutrition Education Plan

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

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

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

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

Evaluation: Local Agencies are being required to respond to entry into the program based on Trimester and adjusting processes if there appears to be barriers for entry into WIC.

Plan: The SA will continue to call Local Agencies acting as a pregnant woman to get an appointment. A report is given to coordinators for follow-up. Also the SA will provide each local agency with a profile to inform them of the trimester women are being entered into their program and relate it to statewide rates.

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: The SA will develop reports with Kidsnet to determine those agencies whose clients are not receiving routine healthcare and immunization. WIC programs are collaborating with home visiting to better follow-up on the needs of clients and ensure coordination of care.

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

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

Provision of Quality Nutrition services

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

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

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

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

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

Plan: Training for Local Agency nutritionist will continue over FFY' 11. The new weight gain recommendations are followed in RI, but training and monitoring will continue on an as needed basis.

R.I. WIC Objectives

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

Evaluation: Reviewed and evaluated FY 2011 Nutrition Education Plans submitted by the 11 local WIC agencies; ensured their consistency with federal and state rules and regulations and emphasized the development of quality assurance systems to monitor the provision of nutrition education to WIC clients. During Management Evaluations, the state agency is reviewing the quality assurance program used as local agency self-evaluation systems. The results of the self-assessment component have been incorporated into the Nutrition Education Plan to allow quick/consistent feed back to the agency. Some of the performance measures from the RFP have been provided to LA coordinators.

Plan: Continue with review and evaluation of Nutrition Education Plans, monitoring quality assurance and self-monitoring systems. Local Agencies will be provided with agency profiles so a comparison can be made to the statewide averages.

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

Evaluation: Training occurred on the risk changes for FFY' 11, VENA, food package issues, breastfeeding and special formula requirements and properly weighing and measuring participants.

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.

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: The 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 at ME's and community meetings..

Breastfeeding Promotion

Goal Increase breastfeeding initiation and duration

Evaluation: Breastfeeding duration has not increased within the WIC program in FFY' 10. The SA has been monitoring baseline duration rates, provided Grow and Glow training for staff, attend BF coalition meetings and support community activities around breastfeeding. The hospital grade electric pump program has been instituted in WIC to provide support for mothers returning to work or school who are fully breastfeeding.

Plan: The SA will provide LA with performance on BF duration, look at reasons why a woman may discontinue BF and support education to assist LA strategize effective BF promotion.

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: The implementation of the new food list was complete and training continued in FFY' 10.

Plan: WIC will continue to work with both the food dealers association as well as LA in

reviewing the food list and updating for 10/1/11.

SECTION V

Outreach and Coordination

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

V

Outreach and Coordination

OUTREACH PLAN

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

WIC Objectives

Objective 2: The State WIC office will share relevant needs data, with all 11 local agencies, including socioeconomic and demographic data 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. The SA has been modifying these reports to better tailor training for improved access, and education.

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

Objective 3: The State Agency will monitor outreach activities done at the Local Agency on a quarterly basis.

Evaluation: Local Agencies report on outreach activities on a quarterly basis. Local Agencies utilized the outreach material developed by the state WIC.

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 2010. 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 Populations 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 SA developed outreach brochures focused on outcomes and speak to both parents and providers on the benefits of being on WIC.

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

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

Evaluation: 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.

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: WIC continued to work with Kdsnet, home visiting, immunization to ensure clients are receiving healthcare. If a child is flagged in Kidsnet as not receiving healthcare or immunization a referral is provided to the family. Integration has been encouraged within the health care facility that houses WIC.

Plan: Monitor referral to Medicaid and providers.

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 the current income guidelines were effective April 1, 2010

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 - Development and analysis of the new food package was completed in FY'09. Per participant food costs increased a quarter % in FY 2010.

Plan: The SA continues to work on cost neutrality with the implementation of the new food package. Analysis of food package costs will continue in 2011

Limiting High Cost Food Items

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

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

Evaluation: Improved training of Vendors has increased consumer and vendor knowledge of the need to follow the approved foods. Vendor training was provided to all vendors in FFY' 2010.

Plan: The SA will begin reviewing the allowed food items and by 10/1/11. Ongoing training and monitoring will continue every other month.

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.

Evaluation: The contract with Gerber has been extended until FFY'12. RI will continue to only offer standard formula in the contract brand.

Plan: RI will be a part of the NEATO RFP that will be posted by March. 2011..

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 2011, 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: The required single Audit was performed in the Spring of 2010. .

Plan: Prepare for FY '11 audit cycle.

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

Evaluation: The findings of the Single audit was addressed to meet federal requirements.

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 '11 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.

Evaluation: Local Agency WIC program are monitored and informed of A-244 guidelines on an on-going basis.

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

General Administration

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

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

SECTION VII

Monitoring

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

VII MONITORING

Local Agency Reviews

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

Evaluation: All required financial and management evaluations were conducted for FY '10. Management evaluation findings were transmitted to executive directors and WIC Coordinators. Corrective plans were developed, reviewed and approved by the State agency. Development of VENA evaluation was developed and is undergoing a final revision for FY '11.

Plan: Schedule and complete monitoring visits as required. Focus will be placed on the appropriate risk assessment, client centered counseling techniques, appropriate use of computer software and overall customer service standards. Findings from previous evaluations will be used in assessing training needs of local agency staff. Additional VENA training and new materials will be finalized in FY' 11.

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: The SA uses help desk questions, visits and training to assess follow-up with corrective action plans. Clinics with additional needs are reviewed on a yearly basis.

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.

Evaluation: Provided feedback to coordinators in writing objectives for the Nutrition Education plan, basing their evaluations on performance measures and incorporating QA as it relates to their ME.

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.

Evaluation: Trainings for all WIC staff, have been determined based on the ME, Nutrition

Education Plan and questions from staff or the community. This is evaluated on an annual basis.

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

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

Evaluation: RI local agency staff still struggle with VENA skills. The LA coordinators also struggle with this concept. There continues to be the need for training in client centered interviewing.

Plan: The SA will focus training on VENA skills with LA staff. The training will involve critical thinking and client focused methods. Feedback will be provided to LA staff on honing skills.

SECTION VIII

Civil Rights and Appeal

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

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 three non-English languages. Program forms and outreach materials are translated in up to three languages. All SA WIC staff have been trained in CLAS standards.

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: There were no new agencies that applied to be a WIC Provider.

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

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

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

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

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

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

Support Staff meetings.

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

Objective 6: Assure public notification of nondiscrimination.

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

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

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

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

Plan: Continue with process outlined above.

FAIR HEARINGS
(Procedures 820, Operations - 8)

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

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

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

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

IX

Public Input / Notification

See WIC Operations Manual Section 9

**PUBLIC INPUT
(Operations - 9)**

In conjunction with the Division of Community Family Health and Equity, 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 2011, 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.

	2000 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: 2010 Rhode Island Kids Count Factbook (p39).

"Table 11. Children living below the Federal Poverty Threshold, Rhode Island, 2000"

	2010 Infant Mortality (rate/1,000)	Standard Score*
Barrington	3	-0.485
Bristol	2.2	-0.678
Burrillville	1.3	-0.896
Central Falls	8.4	0.819
Charlestown	0	-1.210
Coventry	5.3	0.071
Cranston	6.2	0.288
Cumberland	2.2	-0.678
East Greenwich	7.7	0.650
East Providence	6.5	0.360
Exeter	15.3	2.486
Foster	4.3	-0.171
Glocester	2.5	-0.606
Hopkinton	0	-1.210
Jamestown	0	-1.210
Johnston	3.6	-0.340
Lincoln	4.4	-0.147
Little Compton	0	-1.210
Middletown	4.1	-0.219
Narragansett	4.1	-0.219
Newport	4	-0.243
New Shoreham	20.4	3.718
N. Kingstown	7.1	0.505
North Providence	4.3	-0.171
North Smithfield	11.4	1.544
Pawtucket	6.7	0.409
Portsmouth	3.7	-0.316
Providence	9.3	1.037
Richmond	8.7	0.892
Scituate	2.4	-0.630
Smithfield	2.7	-0.557
S. Kingstown	5.2	0.046
Tiverton	1.6	-0.823
Warren	0	-1.210
Warwick	6	0.240
Westerly	7.5	0.602
West Greenwich	4.1	-0.219
West Warwick	4	-0.243
Woonsocket	5.1	0.022
town/city average	5.008	
standard deviation	4.1399	

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: 2010 Rhode Island Kids Count Factbook (p71).

"Table 21. Infant Deaths, Rhode Island, 2004-2008"

2010	Low Birthweight(%)	Standard Score*
Barrington	4.2	-2.212
Bristol	5.4	-1.269
Burrillville	7.3	0.226
Central Falls	6.9	-0.089
Charlestown	6.8	-0.167
Coventry	7.9	0.698
Cranston	7.7	0.540
Cumberland	6.5	-0.403
East Greenwich	7.5	0.383
East Providence	8.9	1.484
Exeter	9.6	2.035
Foster	6.9	-0.089
Glocester	7.3	0.226
Hopkinton	6.3	-0.561
Jamestown	5.9	-0.875
Johnston	6.4	-0.482
Lincoln	7	-0.010
Little Compton	5	-1.583
Middletown	6.3	-0.561
Narragansett	7.5	0.383
Newport	8	0.776
New Shoreham	8.2	0.934
N. Kingstown	6.1	-0.718
North Providence	7.7	0.540
North Smithfield	7.1	0.069
Pawtucket	8.5	1.170
Portsmouth	6.4	-0.482
Providence	9.4	1.878
Richmond	7.2	0.147
Scituate	5.5	-1.190
Smithfield	5.5	-1.190
S. Kingstown	6.7	-0.246
Tiverton	6.4	-0.482
Warren	5.7	-1.033
Warwick	7.8	0.619
Westerly	7.7	0.540
West Greenwich	5.3	-1.347
West Warwick	7	-0.010
Woonsocket	10	2.350
town/city average	7.013	
standard deviation	1.271	

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: 2010 Rhode Island Kids Count Factbook (p69).

"Table 20. Low Birthweight Infants, Rhode Island, 2004-2008"

2010	% delayed prenatal care	Standard Score*
Barrington	7.9	-0.691
Bristol	10	-0.085
Burrillville	8.1	-0.634
Central Falls	19	2.513
Charlestown	6.8	-1.009
Coventry	10.5	0.059
Cranston	12.9	0.752
Cumberland	8.4	-0.547
East Greenwich	7.5	-0.807
East Providence	10.9	0.175
Exeter	8.4	-0.547
Foster	11.6	0.377
Glocester	7.3	-0.865
Hopkinton	10.9	0.175
Jamestown	7.5	-0.807
Johnston	11.4	0.319
Lincoln	9.6	-0.201
Little Compton	7.8	-0.720
Middletown	9	-0.374
Narragansett	6.5	-1.096
Newport	11.5	0.348
New Shoreham	4.1	-1.788
N. Kingstown	10.0	-0.085
North Providence	11.7	0.406
North Smithfield	5	-1.529
Pawtucket	16.4	1.763
Portsmouth	10.1	-0.056
Providence	20.5	2.946
Richmond	7.4	-0.836
Scituate	10.3	0.001
Smithfield	8.1	-0.634
S. Kingstown	8	-0.663
Tiverton	12.2	0.550
Warren	13.3	0.868
Warwick	10.7	0.117
Westerly	9.6	-0.201
West Greenwich	10.2	-0.027
West Warwick	14.5	1.214
Woonsocket	15.9	1.618
town/city average	10.295	
standard deviation	3.464	

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: 2010 Rhode Island Kids Count Factbook (p65).

"Table 18. Delayed Prenatal Care, Rhode Island, 2004-2008"

2010	Teen Birth Rate (per 1000)	Standard Score*
Barrington	3.5	-0.925
Bristol	7.2	-0.729
Burrillville	10.2	-0.569
Central Falls	95.5	3.971
Charlestown	18.1	-0.148
Coventry	22.2	0.070
Cranston	23.8	0.155
Cumberland	14.8	-0.324
East Greenwich	4.7	-0.862
East Providence	24.9	0.213
Exeter	7.8	-0.697
Foster	17.9	-0.159
Glocester	16.1	-0.255
Hopkinton	18.8	-0.111
Jamestown	2.7	-0.968
Johnston	21.1	0.011
Lincoln	14.1	-0.361
Little Compton	18	-0.154
Middletown	22.9	0.107
Narragansett	8.1	-0.681
Newport	25.1	0.224
New Shoreham	0	-1.112
N. Kingstown	15.2	-0.303
North Providence	22.3	0.075
North Smithfield	10.8	-0.537
Pawtucket	58.7	2.012
Portsmouth	9.2	-0.622
Providence	48	1.443
Richmond	28.8	0.421
Scituate	6.4	-0.771
Smithfield	5.1	-0.840
S. Kingstown	4.7	-0.862
Tiverton	12	-0.473
Warren	22.2	0.070
Warwick	22.8	0.102
Westerly	29.9	0.480
West Greenwich	16.8	-0.218
West Warwick	39.1	0.969
Woonsocket	65.2	2.358
town/city average	20.890	
standard deviation	18.791	

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: 2010 Rhode Island Kids Count Factbook (p79).

"Table 24. Birth to Teens, Ages 15-19, Rhode Island, 2004-2008"

Summary Table of the 5 MCH Indicator Standard Scores by city/town, RI 2010

City/Town	Standard Score (teen birth)	S.S. (prenatal)	S.S. (IMR)	S.S. (Lo Birthwt)	S.S (poverty)	Total S.S.	Average S.S
Barrington	-0.925	-0.691	-0.485	-2.212	-0.709	-5.023	-1.005
Bristol	-0.729	-0.085	-0.678	-1.269	0.033	-2.727	-0.545
Burrillville	-0.569	-0.634	-0.896	0.226	-0.373	-2.246	-0.449
Central Falls	3.971	2.513	0.819	-0.089	3.175	10.390	2.078
Charlestown**	-0.148	-1.009	-1.210	-0.167	-0.506	-3.040	-0.608
Coventry	0.070	0.059	0.071	0.698	-0.384	0.514	0.103
Cranston	0.155	0.752	0.288	0.540	-0.058	1.677	0.335
Cumberland	-0.324	-0.547	-0.678	-0.403	-0.668	-2.621	-0.524
East Greenwich	-0.862	-0.807	0.650	0.383	-0.567	-1.201	-0.240
East Providence	0.213	0.175	0.360	1.484	0.115	2.348	0.470
Exeter**	-0.697	-0.547	2.486	2.035	-0.221	3.057	0.611
Foster**	-0.159	0.377	-0.171	-0.089	-0.689	-0.731	-0.146
Glocester**	-0.255	-0.865	-0.606	0.226	-0.302	-1.802	-0.360
Hopkinton**	-0.111	0.175	-1.210	-0.561	-0.384	-2.090	-0.418
Jamestown**	-0.968	-0.807	-1.210	-0.875	-0.841	-4.701	-0.940
Johnston	0.011	0.319	-0.340	-0.482	-0.068	-0.560	-0.112
Lincoln	-0.361	-0.201	-0.147	-0.010	-0.323	-1.041	-0.208
Little Compton**	-0.154	-0.720	-1.210	-1.583	-0.882	-4.549	-0.910
Middletown	0.107	-0.374	-0.219	-0.561	-0.353	-1.400	-0.280
Narragansett	-0.681	-1.096	-0.219	0.383	-0.109	-1.721	-0.344
Newport	0.224	0.348	-0.243	0.776	1.498	2.603	0.521
Newshoreham**	-1.112	-1.788	3.718	0.934	0.054	1.805	0.361
North Kingstown	-0.303	-0.085	0.505	-0.718	0.003	-0.598	-0.120
North Providence	0.075	0.406	-0.171	0.540	0.044	0.894	0.179
North Smithfield**	-0.537	-1.529	1.544	0.069	-0.678	-1.131	-0.226
Pawtucket	2.012	1.763	0.409	1.170	1.589	6.942	1.388
Portsmouth	-0.622	-0.056	-0.316	-0.482	-0.699	-2.175	-0.435
Providence	1.443	2.946	1.037	1.878	3.135	10.438	2.088
Richmond	0.421	-0.836	0.892	0.147	-0.556	0.068	0.014
Scituate**	-0.771	0.001	-0.630	-1.190	-0.546	-3.136	-0.627
Smithfield	-0.840	-0.634	-0.557	-1.190	-0.587	-3.808	-0.762
South Kingstown	-0.862	-0.663	0.046	-0.246	-0.445	-2.168	-0.434
Tiverton	-0.473	0.550	-0.823	-0.482	-0.699	-1.927	-0.385
Warren	0.070	0.868	-1.210	-1.033	-0.129	-1.434	-0.287
Warwick	0.102	0.117	0.240	0.619	-0.302	0.775	0.155
Westerly	0.480	-0.201	0.602	0.540	0.033	1.455	0.291
Westgreenwich**	-0.218	-0.027	-0.219	-1.347	-0.709	-2.520	-0.504
Westwarwick	0.969	1.214	-0.243	-0.010	0.857	2.787	0.557
Woonsocket	2.358	1.618	0.022	2.350	2.250	8.598	1.720

** indicates cities/towns with less than 500 births during 2004-2008, resulted in statistically unreliable MCH scores. These cities/towns are recommended to be excluded in ranking.

Medicaid Children Under 5 by Age as of: 07/01/2010 - per: RI Dept of Human Services, Medicaid Management Information System						
Age	Under 1	1 year	2 years	3 years	4 years	Total
Barrington	19	14	15	12	21	81
Bristol	57	44	60	62	51	274
Burrillville	56	51	57	42	54	260
Central Falls	301	306	312	293	285	1,497
Charlestown	21	15	18	18	29	101
Coventry	103	86	113	104	112	518
Cranston	328	297	325	343	305	1,598
Cumberland	77	75	78	76	81	387
East Greenwich	17	23	24	18	31	113
East Providence	231	206	206	208	178	1,029
Exeter	19	7	14	11	12	63
Foster	11	13	12	10	14	60
Glocester	21	14	20	16	19	90
Hopkinton	29	33	35	23	23	143
Jamestown	3	3	4	5	5	20
Johnston	99	100	103	100	75	477
Lincoln	69	56	62	57	60	304
Little Compton	6	6	5	3	8	28
Middletown	70	48	48	51	46	263
Narragansett	34	24	16	35	24	133
New Shoreham	4	1	1	4	2	12
Newport	149	125	121	137	118	650
North Kingstown	66	71	77	86	73	373
North Providence	130	128	118	103	107	586
North Smithfield	23	22	22	23	22	112
Pawtucket	676	635	650	653	591	3,205
Portsmouth	23	24	35	40	28	150
Providence	2,060	1,942	1,985	1,875	1,857	9,719
Richmond	12	19	25	18	14	88
Scituate	13	14	15	23	17	82
Smithfield	15	20	30	31	23	119
South Kingstown	70	68	57	57	50	302
Tiverton	46	38	40	40	41	205
Warren	49	32	44	41	41	207
Warwick	249	264	249	219	263	1,244
West Greenwich	11	17	10	12	7	57
West Warwick	191	162	177	183	155	868
Westerly	90	112	93	100	87	482
Woonsocket	447	439	436	447	373	2,142
Unknown	97	73	75	89	62	396
Total	5,992	5,627	5,787	5,668	5,364	28,438

Age Re-grouped		
Under 1	1-4 yrs	Total
19	62	81
57	217	274
56	204	260
301	1196	1497
21	80	101
103	415	518
328	1270	1598
77	310	387
17	96	113
231	798	1029
19	44	63
11	49	60
21	69	90
29	114	143
3	17	20
99	378	477
69	235	304
6	22	28
70	193	263
34	99	133
4	8	12
149	501	650
66	307	373
130	456	586
23	89	112
676	2529	3205
23	127	150
2,060	7659	9719
12	76	88
13	69	82
15	104	119
70	232	302
46	159	205
49	158	207
249	995	1244
11	46	57
191	677	868
90	392	482
447	1695	2142
97	299	396
5,992	22446	28438

Barrington
Bristol
Burrillville
Central Falls
Charlestown
Coventry
Cranston
Cumberland
East Greenwich
East Providence
Exeter
Foster
Glocester
Hopkinton
Jamestown
Johnston
Lincoln
Little Compton
Middletown
Narragansett
New Shoreham
Newport
North Kingstown
North Providence
North Smithfield
Pawtucket
Portsmouth
Providence
Richmond
Scituate
Smithfield
South Kingstown
Tiverton
Warren
Warwick
West Greenwich
West Warwick
Westerly
Woonsocket
Unknown
Total

Data Source: RI Dept of Human Services, Medicaid Management Information System, July 1, 2010.

C:\Documents and Settings\BillD\My Documents\HEALTH_RulesCoordinator\Regulations_WorkingDrafts\WIC_Plan_FY * To adjust the nu
 7% increases for e
 # Eligible Pregnan
 ## Eligible Postpa

Medods used for

2010 WIC Eligible Population Estimates

Under 1*	1-4 yrs*	Pregnant Women	Postpartum Women	Total
20	68	15	13	117
61	239	46	40	385
60	224	45	39	368
322	1316	242	209	2089
22	88	17	15	142
110	457	83	72	721
351	1397	263	228	2239
82	341	62	54	539
18	106	14	12	149
247	878	185	161	1471
20	48	15	13	97
12	54	9	8	82
22	76	17	15	130
31	125	23	20	200
3	19	2	2	26
106	416	79	69	670
74	259	55	48	436
6	24	5	4	40
75	212	56	49	392
36	109	27	24	196
4	9	3	3	19
159	551	120	104	934
71	338	53	46	507
139	502	104	90	835
25	98	18	16	157
723	2782	542	470	4518
25	140	18	16	199
2204	8425	1653	1433	13715
13	84	10	8	114
14	76	10	9	109
16	114	12	10	153
75	255	56	49	435
49	175	37	32	293
52	174	39	34	300
266	1095	200	173	1734
12	51	9	8	79
204	745	153	133	1235
96	431	72	63	662
478	1865	359	311	3012
104	329	78	67	578
6411	24691	4809	4167	40078

0

Estimation:

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

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

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

Table 3
Number and Percent of WIC Eligible Population Served by Each City and Town

	2010 Estimated WIC Eligible	2010 WIC Eligible Enrolled	2010 WIC Eligible Unservd	2010 Adjusted Eligible Unservd	2010 % WIC Eligible Unservd	2010 standard score of unserved*
Barrington	117	53	64	64	54.70%	1.368
Bristol	385	258	127	127	33.00%	-0.392
Burrilville	368	233	135	135	36.72%	-0.090
Central Falls	2089	1,660	429	429	20.52%	-1.405
Charlestown	142	71	71	71	49.97%	0.985
Coventry	721	426	295	295	40.92%	0.250
Cranston	2239	1,651	588	588	26.27%	-0.938
Cumberland	539	320	219	219	40.60%	0.225
East Greenwich	149	96	53	53	35.68%	-0.175
East Providence	1471	1069	402	402	27.33%	-0.852
Exeter	97	58	39	39	40.32%	0.202
Foster	82	49	33	33	40.35%	0.204
Glocester	130	64	66	66	50.70%	1.044
Hopkinton	200	128	72	72	35.96%	-0.152
Jamestown	26	10	16	16	62.13%	1.971
Johnston	670	530	140	140	20.90%	-1.374
Lincoln	436	148	288	288	66.03%	2.288
Little Compton	40	22	18	18	44.46%	0.537
Middletown	392	307	85	85	21.70%	-1.309
Narragansett	196	108	88	88	44.96%	0.578
Newport	934	631	303	303	32.42%	-0.439
New Shoreham	19	7	12	12	63.30%	2.066
North Kingstown	507	261	246	246	48.54%	0.869
North Providence	835	511	324	324	38.83%	0.081
North Smithfield	157	112	45	45	28.65%	-0.746
Pawtucket	4518	3,380	1138	1138	25.19%	-1.026
Portsmouth	199	121	78	78	39.12%	0.105
Providence	13715	10,759	2956	2956	21.55%	-1.321
Richmond	114	58	56	56	49.31%	0.931
Scituate	109	71	38	38	35.03%	-0.227
Smithfield	153	84	69	69	45.07%	0.587
South Kingstown	435	271	164	164	37.70%	-0.011
Tiverton	293	181	112	112	38.23%	0.032
Warren	300	209	91	91	30.25%	-0.616
Warwick	1734	1135	599	599	34.54%	-0.267
Westerly	662	369	293	293	44.29%	0.524
West Greenwich	79	71	8	8	9.95%	-2.262
West Warwick	1235	808	427	427	34.58%	-0.264
Woonsocket	3012	2,237	775	775	25.74%	-0.981
No town listed	578	139	439	439		
Total	40,078	28,676	11,402	11,402		

% of unserved among all WIC eligibles: **28.4%** (=11402/40078*100)

city/town average % of unserved: **37.83%** (average of column "% WIC Eligible Unserved")

Standard Deviation of % unserved: **12.32%** (SD of column "% WIC Eligible Unserved")

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

Data Source: "2010 Estimated WIC Eligibles": Department of Human Services, Medicaid Management Information System, 7/1/ 201
 "2010 WIC Eligible Enrolled": WIC Program, Rhode Island Department of Health, Sept. 2010.

WIC Needs Index and Rank, RI 2010

(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
	Col (1)	Col (1) x 2 Col (2)	WIC Unserved Col (3)	Needs Index* Col (2)+Col (3)	
Barrington	-1.005	-2.009	1.368	-0.641	23
Bristol	-0.545	-1.091	-0.392	-1.483	36
Burrilville	-0.449	-0.898	-0.090	-0.989	31
Central Falls	2.078	4.156	-1.405	2.751	3
Charlestown**	-0.608	-1.216	0.985	-0.231	21
Coventry	0.103	0.206	0.250	0.456	13
Cranston	0.335	0.671	-0.938	-0.267	22
Cumberland	-0.524	-1.048	0.225	-0.824	27
East Greenwich	-0.240	-0.481	-0.175	-0.655	24
East Providence	0.470	0.939	-0.852	0.087	17
Exeter**	0.611	1.223	0.202	1.425	7
Foster**	-0.146	-0.292	0.204	-0.088	19
Glocester**	-0.360	-0.721	1.044	0.324	15
Hopkinton**	-0.418	-0.836	-0.152	-0.988	30
Jamestown**	-0.940	-1.880	1.971	0.091	16
Johnston	-0.112	-0.224	-1.374	-1.598	37
Lincoln	-0.208	-0.417	2.288	1.872	5
Little Compton**	-0.910	-1.819	0.537	-1.282	34
Middletown	-0.280	-0.560	-1.309	-1.869	38
Narragansett	-0.344	-0.689	0.578	-0.110	20
New Shoreham**	0.361	0.722	2.066	2.788	2
Newport	0.521	1.041	-0.439	0.602	12
North Kingstown	-0.120	-0.239	0.869	0.630	11
North Providence	0.179	0.358	0.081	0.439	14
North Smithfield**	-0.226	-0.453	-0.746	-1.198	33
Pawtucket	1.388	2.777	-1.026	1.751	6
Portsmouth	-0.435	-0.870	0.105	-0.765	26
Providence	2.088	4.175	-1.321	2.854	1
Richmond	0.014	0.027	0.931	0.958	9
Scituate**	-0.627	-1.254	-0.227	-1.482	35
Smithfield	-0.762	-1.523	0.587	-0.936	29
South Kingstown	-0.434	-0.867	-0.011	-0.879	28
Tiverton	-0.385	-0.771	0.032	-0.739	25
Warren	-0.287	-0.574	-0.616	-1.189	32
Warwick	0.155	0.310	-0.267	0.043	18
West Greenwich**	-0.504	-1.008	-2.262	-3.270	39
West Warwick	0.557	1.115	-0.264	0.851	10
Westerly	0.291	0.582	0.524	1.106	8
Woonsocket	1.720	3.439	-0.981	2.458	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 2004-2008, 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 2010 Rhode Island Kids Count Factbook.

The source of WIC Unserved data is the WIC Program, Rhode Island Department of Health, Sept. 2010.

The source of Estimated WIC Eligibles is the Department of Human Services, Medicaid Management Information System, July 1, 2010.

Table # 6

WIC Needs Index and Rank, RI 2010

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

City/Town	Average Stand. Score	MCH Risk Index##	Standard Score of		Needs Rank
	of 5 MCH Indicators#	Col (1) x 2	WIC Unserved	Needs Index*	
	Col (1)	Col (2)	Col (3)	Col (2)+Col (3)	
Providence	2.088	4.175	-1.321	2.854	1
New Shoreham**	0.361	0.722	2.066	2.788	2
Central Falls	2.078	4.156	-1.405	2.751	3
Woonsocket	1.720	3.439	-0.981	2.458	4
Lincoln	-0.208	-0.417	2.288	1.872	5
Pawtucket	1.388	2.777	-1.026	1.751	6
Exeter**	0.611	1.223	0.202	1.425	7
Westerly	0.291	0.582	0.524	1.106	8
Richmond	0.014	0.027	0.931	0.958	9
West Warwick	0.557	1.115	-0.264	0.851	10
North Kingstown	-0.120	-0.239	0.869	0.630	11
Newport	0.521	1.041	-0.439	0.602	12
Coventry	0.103	0.206	0.250	0.456	13
North Providence	0.179	0.358	0.081	0.439	14
Glocester**	-0.360	-0.721	1.044	0.324	15
Jamestown**	-0.940	-1.880	1.971	0.091	16
East Providence	0.470	0.939	-0.852	0.087	17
Warwick	0.155	0.310	-0.267	0.043	18
Foster**	-0.146	-0.292	0.204	-0.088	19
Narragansett	-0.344	-0.689	0.578	-0.110	20
Charlestown**	-0.608	-1.216	0.985	-0.231	21
Cranston	0.335	0.671	-0.938	-0.267	22
Barrington	-1.005	-2.009	1.368	-0.641	23
East Greenwich	-0.240	-0.481	-0.175	-0.655	24
Tiverton	-0.385	-0.771	0.032	-0.739	25
Portsmouth	-0.435	-0.870	0.105	-0.765	26
Cumberland	-0.524	-1.048	0.225	-0.824	27
South Kingstown	-0.434	-0.867	-0.011	-0.879	28
Smithfield	-0.762	-1.523	0.587	-0.936	29
Hopkinton**	-0.418	-0.836	-0.152	-0.988	30
Burrilville	-0.449	-0.898	-0.090	-0.989	31
Warren	-0.287	-0.574	-0.616	-1.189	32
North Smithfield**	-0.226	-0.453	-0.746	-1.198	33
Little Compton**	-0.910	-1.819	0.537	-1.282	34
Scituate**	-0.627	-1.254	-0.227	-1.482	35
Bristol	-0.545	-1.091	-0.392	-1.483	36
Johnston	-0.112	-0.224	-1.374	-1.598	37
Middletown	-0.280	-0.560	-1.309	-1.869	38
West Greenwich**	-0.504	-1.008	-2.262	-3.270	39

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 2004-2008, 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 2010 Rhode Island Kids Count Factbook.

The source of "WIC Unserved" data is the WIC Program, Rhode Island Department of Health, Sept. 2010.

The source of Estimated WIC Eligibles is the Department of Human Services, Medicaid Management Information System, July 1, 2010

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FY 2011



State Plan of Operations

**WIC Farmers' Market
Nutrition Program**

WIC FARMERS' MARKET NUTRITION PROGRAM
State Plan of Operations
Fiscal Year 2011

Please identify clearly any attachments/addenda pages according to the numbering system used in this format.

State Agency: Rhode Island

I. Goals

1. Describe the State agency's plans to achieve the dual purposes of the FMNP as follows:
 - a. to provide resources in the form of fresh, nutritious, unprepared foods (fruits and vegetables) from farmers' markets to women, infants and children who are nutritionally at risk and who are participating in the WIC program or who are on a waiting list for the WIC program; and
 - b. to expand the awareness, use of, and sales at farmers' markets. Training local agency staff on the benefits of locally grown foods, prioritize the category of clients receiving the benefits and marketing with DEM and Johnson & Wales.

2. Describe how the State agency plans to target the program to areas with high concentrations of eligible persons with the greatest access to farmers' markets. Be sure to include any special features, such as the use of volunteers and community resources or specialized management information systems, which the State agency plans to implement to enhance its operation and administration of the FMNP. (§248.4(9)(i))
Outreach to participants as well as farmers. In collaboration with DEM and Johnson & Wales University, Rhode Island provides Veggin' Out sessions in core cities throughout the summer.

3. For State agencies submitting an **initial** application for funding, (i.e. State agencies that did not operate the FMNP in FY 2010), please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:
 - a. the number and category of recipients served;
 - b. the extent of the program; for example, was the program's service delivery area limited to a city, a county, or was it a statewide or ITO-wide program? and
 - c. the source of funding for the program.

Please include any data concerning the benefits or impact of the program(s).

FY 2011



State Plan of Operations

**WIC Farmers' Market
Nutrition Program**

II. General Administration

In light of recent changes in technology for both the WIC and SNAP Programs, it is important that State agencies clearly identify how FMNP benefits are provided to participants. Since the inception of the Program, FMNP benefits are most often provided using either coupons or checks. In the event that a State agency is using a different delivery method such as electronic benefits transfer (EBT), it is expected that where applicable, the State Agency address how it applies to FMNP.

1. Are any markets currently providing benefits using EBT? Yes No
 If Yes, for which programs? WIC SNAP FMNP SFMNP
2. Do you anticipate providing FMNP benefits using EBT? Yes No
 If yes, when? In two years, may be all the markets In all markets or in selected areas?
3. Estimated number of FMNP recipients in FY **2010** (if applicable): 17018
4. Estimated number of FMNP recipients for FY **2011**: 18000
5. Proposed months of FMNP operations: June through October
6. Proposed months of FMNP coupon issuance: June through September
7. Proposed months of coupon redemption by participants:
June through September
8. Proposed months of submission for payment by farmers/farmers' markets/roadside stands: June through December
9. Staffing
 - a. List all FMNP staff positions below, including both full and part-time positions. Attach job descriptions for each position. An organizational flow chart identifying levels of responsibility can be provided with this list.
 - b. Paid through Federal FMNP Administrative funds

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
<u>Farmer's market Coordinator</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

c. Paid through State/ITO FMNP funds

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

d. Paid through other funding source(s) – specify source(s)

<input type="checkbox"/>	<input type="checkbox"/>

10. 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.

- 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
- Manage WIC Cash Value Voucher (CVV's) issued to FMNP Participants

11. If the State agency and the partnering agency(ies) are different, include as an attachment a copy of the signed agreement between the agency(ies) (if different) clearly stating the functions to be performed as indicated above. The written agreement should delineate the responsibilities of and specific work activities to be performed by each agency, and should identify the responsible designated representative of each agency.
12. 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.

13. Indicate the basis on which program benefits will be issued to participants:
- Individuals Households
14. The lowest Federal benefit amount that any FMNP recipient will receive is \$ 15 and the highest is \$ 15. (Please note: Federal regulations at §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 §248.6(c) may not be less than \$10 per year or more than \$30 per year).
15. Are any markets currently accepting WIC Cash Value Vouchers (CVV's)?
 Yes No
 If yes, is this in all markets or in selected areas? Please attach a list. All.

16. Are any markets currently/planning to offer incentives? Yes No
If yes, please attach a list and explain.

a. How much is the incentive? _____

b. How does the market determine who receives the incentive? _____

c. How is the incentive funded? _____

-

FY 2011



State Plan of Operations

**WIC Farmers' Market
Nutrition Program**

III. Funding

1. Please attach a detailed description of the State agency's financial management system that will provide for accurate, current and complete disclosure of the financial status of the FMNP. At a minimum, include the following elements: See Operations Manual State WIC Plan
 - a. procedures to ensure prompt and accurate payment of allowable and allocable costs, and ensure that costs claimed are in accordance with A-87 (Cost Principles Applicable to Grants and Contracts with State/ITO and Local Governments) and FNS guidelines and instructions (see §248.12 of FMNP regulations and FMNP Policy Memorandum 2002-1);
 - b. procedures for obligating funds, including disbursing funds from the Letter of Credit;
 - c. descriptions of how farmers are paid, and claims procedures for overpayments to farmers, farmers' markets, roadside stands, and recipients; and
 - d. description of the time reporting system used to distribute employee salaries and related costs, and procedures and forms for conducting time studies.

2. Describe the funding source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$ 15,000.00 for your State/ITO in FY **2011** based on the Federal Funds Request and State/ITO Matching Funds Estimation worksheets on pages 30-33, per §248.14(a)(i-ii). **(Please note that the 30 percent minimum match requirement only applies to the total FMNP administrative cost of the program, although the State agency may meet this match requirement with State/ITO funds provided for food in addition to administrative costs):**

Type	Source	Amount
State/ITO and local funds		\$
Private funds		
In-kind Contributions	RI Dept. of Environmental Management	\$15,000
Similar Programs		
Program Income		
Total:		\$15,000

State/ITO and local funds. If available, attach documentation, such as a copy of Appropriation legislation, budget page containing this line item, etc.

Private Funds. Describe in detail or attach documentation of all cash donations or letters of commitment from organizations/individuals planning to make such donations.

N/A

In-kind Contributions. If any portion of the State agency's minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and include any supporting documentation. The in-kind is state funds from the Department of Environmental Management, Division of Agriculture state funds used to provide education and marketing at the Farmers' Markets.

\$15,000

Similar Programs. **Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates.

Program Income: Describe type(s) and amount(s). N/A

3. Is the State agency seeking approval to use up to 2 percent of its total program funds for market development or technical assistance to farmers' markets in FY 2011?

Yes No

NOTE: These funds are only available for farmers' markets in socially or economically disadvantaged areas, or remote rural areas, where individuals eligible for participation in the FMNP have limited access to locally grown fruits and vegetables.

If yes, describe in detail the justification for the market development and/or technical assistance funds, including documentation to support the qualifications of the areas to be targeted and specific plans to achieve the stated goals.

4. Describe in detail the State agency's record keeping system, per §248.23, for the FMNP addressing at a minimum the following areas:
- a. financial operations
 - b. coupon issuance and redemption and EBT, if applicable
 - c. FMNP participation reporting
 - d. tracking staff time and other administrative expenses to ensure that federal FMNP funds are only used for costs which are allowable and allocable for FMNP.

NOTE: A description of the State's financial management system is required earlier in Section III (1) above. If some of the same information has already been provided under that section, it is not necessary to duplicate that information. It may either be provided here or cross-referenced to the relevant section._____

If forms have been developed to facilitate any of these functions, an example of each form, along with a brief explanation should be attached to this document.

5. As required under §248.14(a)(i), there is a matching requirement of administrative funds equal to or not less than 30 percent. Detailed below are the FMNP Federal Funds Allocation Process and how the State/ITO match is calculated.

1. Total Federal funds requested (prior year's total Federal grant) X 17% (or 19%) = Federal administrative funds.

2. Federal administrative funds ÷ 70% = Estimated total administrative cost.

3. Estimated total administrative cost X 30 % = State/ITO match amount.

(A State agency may provide more in State funds to administer the program. However, the FNS allocation is based on the minimum amount that a State agency must match, not the total amount of funds/resources a State agency actually provides).

4. Total Federal funds requested (prior year's total Federal grant) + State/ITO match amount = Estimated total program cost.

6. Federal Funds Request and Budget Worksheets

I. FY 2011 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

This Worksheet summarizes the Federal food and administrative funds. **All State agencies must complete this worksheet.**

II. ADMINISTRATIVE BUDGET ESTIMATE

This worksheet summarizes administrative activities and related funding. **All State agencies must complete this worksheet.**

III. FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

This worksheet estimates either the amount of Federal funds based on the State/ITO match amount available, or for estimating the State/ITO match amount and total program funds based on the amount of Federal food funds requested. **All State agencies must complete either Part A or Part B of this worksheet as applicable.**

IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level. **All state agencies must complete either this worksheet or worksheet V,**

below.

V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories. **All state agencies must complete either this worksheet or worksheet IV, above.**

UNIVERSAL IDENTIFIER: 145310553

I. FY 2011 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

- 1. Total Federal Funds requested
(Prior Year's Total Federal Grant *or Less*): \$152,322
- 2. Plus: Expansion funds requested (if any): 0
- 3. Less: Federal Administrative Funds at 17% of total: \$25,894.74
- 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): \$126,427.26
*****OR*****
 - b. 81% (total with market development funds request): 0

II. FY 2011 FMNP ADMINISTRATIVE BUDGET ESTIMATE

Coupon Management	Market Management	Nutrition Education	Financial Management	Total
\$6,473.69	\$9,063.16	\$2,589.48	\$7768.42	\$25,894.74
%25	%35	%10	%30	100 %

Coupon Management: Printing and reconciling coupons, issuing coupons to recipients, and instructing recipients on the purpose of the program and proper use of coupons.

Market Management: Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers' markets.

Nutrition Education: Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

Financial Management: Preparing financial and recipient reports, issuing payments to farmers/farmers' markets and costs associated with FMNP audits.

III. FY 2011 FMNP FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

Part A of this worksheet should be completed by a State agency that knows the amount of State/ITO funds available to meet the matching requirement, and wants to estimate the level of Federal funds the State/ITO matching funds can support. Part B of this worksheet should be completed by a State agency that wishes to estimate its match amount and total program funds based on the amount of Federal food funds requested.

A: To estimate the Federal food and administrative funds based on the matching amount:

1. Matching Funds: \$_____

÷ .30

= \$_____ Total Administrative Funds

2. Total Administrative Funds: \$_____

- Matching Funds: \$_____

= \$_____ Federal Administrative Funds

3. Federal Administrative Funds: \$_____

÷ .17 (or .19)

= \$_____ Total Federal Funds

B. To estimate the matching and administrative amounts based on the Federal food funds requested:

1. Prior year's food grant: \$ 126,427.26

÷ .83 (or .81)

= \$153,322 Total Federal Funds Requested, Food and Administrative.

2. Total Federal Funds Requested: \$ 152,322.00

X .17 (or .19)

= \$25,894.74 Federal Administrative Funds.

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State Plan of Operations
WIC Farmers' Market
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IV. Certification

1. Describe the State agency's plans to target areas with a high concentration of eligible persons and access to farmers' markets within the broadest possible geographic area. For example, will the State/ITO concentrate on serving only a few areas where there are large numbers of WIC recipients who have access to farmers' markets, or will it provide State/ITO-wide coverage? Rhode Island provides Statewide coverage of FMNP for eligible WIC recipients.
 - a. Provide a detailed description of the service area(s), including the number and addresses of participating markets, roadside stands, and WIC clinics. (See Attached)
 - b. Attach a map outlining the service area(s) and proximity of markets and roadside stands to clinics. Attached
 - c. Estimated number of WIC recipients per clinic: There are Eleven Agencies that administers 27 clinics.

Clinic	# of Recipients
101	1476
111	1305
121	879
122	263
130	810
140	620
141	522
150	94
151	381
152	244
153	164
181	1028
183	94
200	597
400	611
401	148
500	828
501	265
600	1849
701	662
702	126
800	164
901	1334
902	1197

903	485
904	974
906	1439

2. Intended FMNP recipients:

(Excluding Expansion)	(Including Expansion)
<u>18000</u>	WIC recipients only
_____	WIC applicants on waiting lists only _____
<u>18000</u>	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)
<input checked="" type="checkbox"/>	Pregnant women <input type="checkbox"/>
<input checked="" type="checkbox"/>	Breastfeeding women <input type="checkbox"/>
<input type="checkbox"/>	Postpartum women <input type="checkbox"/>
<input type="checkbox"/>	Infants (over 4 months of age) <input type="checkbox"/>
<input checked="" type="checkbox"/>	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)RI provides to children 2-4 years old <input type="checkbox"/>
<input type="checkbox"/>	Other designation (e.g. only Priority I pregnant or breastfeeding women) <input type="checkbox"/>

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V. Coupon and Market Management

1. Issuing FMNP coupons to participants

- a. Describe the State agency's procedures for ensuring the secure transportation and storage of coupons/checks or check stock. Include the method used to transport coupons from the contractor who produces them to the State agency, and from the State agency to the local agencies. Include a description of how unissued FMNP coupons are stored, or how secure handling of check stock and electronic check numbers are ensured, at the State agency, local agency, and/or local issuing sites. Also include any type of reporting form used to gather data. Attached in WIC Operations and Procedure Manual
- b. Describe the coupon issuance system for participants. Include any reporting forms used to gather data. This description should include the automated processes as well as the manual processes used for issuance of coupons/checks to participants.

Automated system. Checks are issued based on participant status, age and category. Issued once for the season starting June 1st, three checks a participant, worth \$5 each. Checks are good from issue date to October 31st of that year

- c. Describe the State agency's system for instructing participants on the proper use of FMNP coupons. If this function is performed by the WIC local agency on behalf of the FMNP State agency, indicate who issues the coupons; what materials are provided during issuance; and who explains the use of the coupons and redemption procedures to the participant. Please include materials provided to participants instructing them on how to use FMNP coupons and any list of Farmers' Markets provided to participants. Performed by WIC local agency nutritionists and clerical staff as the checks are issued the staff person provides written materials and a verbal explanation is provided. Materials are attached.
- d. Attach a copy of the log or other form used to record coupon issuance to valid certified recipients.

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, as well as roadside stands. Only farmers and/or farmers' markets and roadside stands authorized by the State agency, as set forth in §248.10 in the FMNP regulations, may redeem FMNP coupons.

- a. Describe the State agency's general authorization procedures for farmers and/or

farmers' markets. Attached application, agreement and materials

- b. List or attach the criteria used to authorize farmers' markets. Examples of authorization criteria include: 1) permanent market location; 2) sufficient number of growers who participate in the market; 3) a wide selection of products; or 4) community support from non-FMNP sales. Attached
- c. List or attach the criteria used to authorize farmers. Examples of authorization criteria include: 1) grows a minimum percentage of the produce to be sold (please specify); 2) owns land within the State/ITO where produce is grown; 3) certified by the State Agriculture Department, ITO Cooperative Extension Agent or by a Farmers' Market Association within the State agency; 4) authorized to redeem SFMNP coupons; 5) offers locally grown produce; or 6) accessible to WIC service areas. Attached
- d. Per §248.2, how does the State agency define "eligible foods"? List or attach a list of the fruits, vegetables, and/or fresh herbs that may be purchased with FMNP checks or coupons. For the purposes of the FMNP, "eligible foods" means fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs. Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Honey, maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of the FMNP. State agencies can also describe eligible foods as "all fruits, vegetables and herbs locally grown except..." Attached
- e. Per §248.2, 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. Within state and areas in neighboring states adjacent to its borders.
- f. Per §248.10 (a)(2), 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. Attached policy
- g. Per §248.10 (b)(1), 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. Not Authorized
- h. Per §248.10(a)(7), describe how the State agency will ensure that no conflict of interest exists between the State or local agency and any participating farmer,

farmers' market or roadside stand. _____

- i. Indicate the number and type of farmers, farmers' markets, and/or roadside stands that will be authorized in FY 2011:

<u>70</u>	farmers
<u>31</u>	farmers' markets
<u>0</u>	roadside stands

- j. Does the State agency require that the Market Manager be bonded?
 Yes No

3. Farmers and/or Farmers' Market Agreements

***NOTE: Some State agencies administer the FMNP by executing agreements with farmers' market associations that are responsible for managing farmers' markets. In such instances, the provisions and requirements outlined in this section related to farmers' markets must also be applied to such State agency/farmers' market association agreements.**

Each State agency shall enter into a written agreement with all participating farmers and /or farmers' markets, and roadside stands including sanctions for non-compliance with FMNP requirements. This agreement as described in §248.10 must contain at a minimum the following specifications. Include the FMNP State agency—Farmers'/Farmers' Market /Roadside Stand Agreement in the addendum.

a. The farmer and/or farmers' market and roadside stand shall: §248.10 (b)(1)(i-xii)

- 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 FMNP 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 coupon in exchange for their produce, and their effective dates of participation.
- b. The farmer and/or farmer's market and roadside stand shall not: §248.10 (b)(2)(i-iii)
- i. collect sales tax on FMNP coupon purchases;
 - ii. seek restitution from FMNP recipients for coupon 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 coupon. 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. Expiration

of a contract or agreement shall not be subject to appeal through the FMNP State agency.

- h. Agreements may not exceed 3 years. The farmers and/or farmers' market and roadside stand agreements are valid for 1 years
4. Describe or attach other cooperative arrangements that may have been negotiated, such as with Cooperative Extension Service programs, or with a State Agriculture Department or ITO, to authorize farmers/farmers' markets or roadside stands.
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, per §248.10(d). **Attach or describe the procedures the State agency has in place or plans to implement for the annual training required for authorized farmers, and roadside stands and/or farmers' market managers.** Annual training at state agency, materials and onsite trainings
 - b. Further, the State agency shall conduct a **face-to-face** training for all farmers, roadside stands and farmers' market managers in the first year of participation in the FMNP. **Face-to-face** training refers to a format that offers the opportunity for interaction and exchange of questions and answers, which may include video conferencing as well as actual face-to-face training sessions. State agencies have discretion in determining the method used for future annual training purposes. At a minimum, annual training shall include instruction emphasizing: eligible food choices; coupon redemption procedures; equitable treatment of FMNP recipients; Civil Rights compliance and guidance; guidelines for storing coupons/EBT cards safely; and guidelines for canceling FMNP coupon, 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.

6. Coupon accountability

The coupon reconciliation process as contained in §248.15 is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each coupon, from the time it is issued through its final disposition. The State agency is responsible for reconciling validly redeemed coupons, as well as lost, stolen, voided, expired, or FMNP coupons that do not match issuance records. The process for reconciling lost and/or stolen coupons must ensure that farmers accepting such coupons in good faith, and through approved procedures, are not unfairly penalized.

- a. Describe or attach the State agency's system for identifying and reconciling

FMNP coupons that were redeemed, voided, expired, or reported lost or stolen and not matching issuance records. Validly redeemed FMNP coupons are those that are issued to a valid FMNP participant and redeemed by an authorized farmer or farmers' market or roadside stand within valid dates. They must include a valid recipient identifier based on the signature on the issuance log, and an unique and sequential serial number; be transacted within valid dates and; an authorized farmers' market; an authorized farmer operating under the auspices of the authorized market, or an authorized roadside stand.
Bank reports, system reports

- b. Describe the State agency's system for ensuring that coupons are redeemed only by authorized farmers, farmers' markets, or roadside stands for eligible foods.

Validation of authorized stamps and checks at the bank level, Monitoring and compliance, education and training

- c. Describe the State agency's system for identifying and disallowing coupons that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets or roadside stands. Bank edits rejects those checks, Trainings are provided to educate the Farmers and participants
- d. The coupon timeframes for State agencies are as follows:
 - i. Issuance to participants June 1st (no later than September 30)
 - ii. Redemption by recipients: October 31st (no later than November 30)
 - iii. Submission for payment by farmers/farmers' markets/roadside stands: November 30
 - iv. Payment by the State agency: December 31

All of the functions described above must be completed within a timeframe that allows the State agency to reconcile coupons, liquidate obligations, and submit its financial and program data reports (FNS-683 and FNS-203) to FNS **no later than January 31 of each year.**

Provide a copy of the coupon/check to be used in the FMNP in the Appendices Section.

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State Plan of Operations

**WIC Farmers' Market
Nutrition Program**

VI. Management Evaluations and Reviews

1. Describe or attach a description of the State agency's criteria for defining a high-risk farmer. Such criteria must include at a minimum:

- a. proportionately high volume of coupons redeemed within a farmers' market or roadside stand and within a State or ITO;
- b. recipient complaints; and
- c. new farmers, farmers' markets, and roadside stands in their first year of operation.

State agency's criteria for high-risk farmer is all (a), (b) and (c) above and also if there are high volume issues related to redemption errors or check cashing procedures.

1. Describe the State agency's plans (including any compliance purchase activities) for reviewing authorized farmers/farmers' markets/roadside stands (on-site) in FY 2011. §248.17(c)(1)(i) requires that at least 10 percent of farmers, 10 percent of farmers' markets, and 10 percent of roadside stands be monitored. For example, if there are five farmers' markets in a participating State/ITO and 40 farmers, the State agency shall monitor, at a minimum, one farmers' market and four farmers. These four farmers may or may not be participating within the one farmers' market being monitored.

a. Number of **farmers' markets reviewed in FY 2010** (minimum 10%):

- i. Markets with high-risk farmers 10(33 %)
- ii. Other markets 10(33%)

b. Number of **farmers' markets to be reviewed in FY 2011** (minimum 10%):

- i. Markets with high-risk farmers 10(33 %)
- ii. Other markets 6 (20%)

c. Number of **farmers reviewed in FY 2010** (minimum 10%): 70(100 %)

- i. High-risk farmers 20(28 %)
- ii. Other farmers 50(70 %)

d. Number of **farmers to be reviewed in FY 2011** (minimum 10%): 30
(40 %)

- i. High-risk farmers 15(20%)
- ii. Other farmers 15 (20%)

e. Number of **roadside stands reviewed in FY 2010** (minimum 10%): N/A

- i. High-risk farmers _____(_____%)
- ii. Other farmers _____(_____%)

f. Number of **roadside stands to be reviewed in FY 2011** (minimum 10%): N/A

(_____%)

- i. High-risk farmers (_____%)
- ii. Other farmers (_____%)

g. Attach a list of farmers, markets and roadside stands reviewed in FY 2010 along with the associated findings.

2. Describe or attach the State agency's policies and procedures for determining the type and level of sanctions to be applied against farmers, farmers' markets, and roadside stands which violate Federal and/or State agency FMNP requirements based upon the severity and nature of the FMNP violations.

3. Describe the State agency's plans for reviewing FMNP practices at local agencies in FY 2011. (§248.17(c)(1)(ii)) All local agencies participating in the FMNP must be reviewed at least once every two years by non-WIC FMNP State agency staff or WIC State agency staff. **Please attach a copy of the State agency's FMNP monitoring tool to review local agencies.**

- a. Number of local agencies to be reviewed in FY 2011: 8
- b. Number of local agencies reviewed in FY 2010 (if applicable): 5
- c. Briefly summarize findings and corrective action taken from any reviews conducted in FY 2010:

Excellent segregation of duties but struggling with client centered counseling, properly documenting and integration with other programs. Action: Provided tools and trainings. Distribution and handling of checks and procedures for documentation was followed at all agencies reviewed.

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State Plan of Operations
WIC Farmers' Market
Nutrition Program

VII. Nutrition Education Requirements

1. Describe, per §248.9, 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, attach a copy of the WIC State agency's nutrition education plans for FMNP participants. See attached

It is not mandatory that the FMNP State agency retain sole responsibility for providing nutrition education to Program recipients. Nor is it intended that the FMNP State agency duplicate the nutrition education that may be currently provided by the WIC local agency. The FMNP nutrition education requirement may be fulfilled directly by the farmer's markets or another branch of the State Department of Agriculture or ITO, or under agreement with the local WIC agency, area colleges and universities, the Expanded Food and Nutrition Education Program (EFNEP), the Cooperative Extension Service, and/or any number of other entities having the capability to address the particular nutritional benefits of fruits and vegetables that can be obtained at farmers' markets. Any costs associated with the provision of nutrition education by an entity other than the administering agency of the FMNP are allowable administrative expenses under FMNP funding (up to 17 percent of the total grant). This aspect of the program responds directly to the Congressional intent in establishing the FMNP as a way to increase recipients' awareness and use of farmers' markets.

Encourage Partnerships

FNS believes that the effectiveness of nutrition education can be greatly enhanced through collaboration with others interested in promoting health and nutrition in low-income populations. Therefore, FNS strongly encourages collaboration and coordination of efforts with state/ITO-wide public and private partners to enhance both the outreach and efficacy of the nutrition education efforts. FNS encourages such collaboration to facilitate development of long-term, coordinated nutrition education plans and sustainable infrastructures, foster an integrated approach to nutrition education across programs in the State or ITO, capitalize on promotional opportunities, coordinate and pool resources for material development, duplication, and dissemination, and insure development of science-based messages that are consistent with the U.S. Dietary Guidelines for Americans, the Food Guide Pyramid, and other federal guidance.

Promote the Dietary Guidelines Messages

To create a base of messages that may be reinforced across FNS programs, FNS encourages State agencies to incorporate the messages contained in the latest edition of the Dietary Guidelines for Americans into nutrition education plans. It is expected that nutrition education messages will logically be tailored to address the most urgent nutrition education needs of constituents. However, as opportunities arise, FNS strongly encourages State agencies to convey at a minimum four key messages

through WIC and other FNS programs so that program recipients have repeated exposure to these messages. The messages, all designed to promote food and physical activity choices for a healthy lifestyle, are as follows:

- Build a healthy base -- eat a variety of foods
- Add more fruits, vegetables and whole grains
- Eat lower fat foods more often
- Be physically active

These messages - derived from the Dietary Guidelines - are being consistently and prominently promoted in all of the FNS programs to advance an integrated, behavior-based, comprehensive nutrition education approach across FNS programs. Using these four core messages, nutrition education program administrators across the many FNS programs can collaborate and work jointly around these common themes for their nutrition education interventions, for example to pool resources to develop materials jointly, conduct social marketing campaigns, and reinforce the educational messages.

2. List or attach the locations or settings where nutrition education for FMNP is provided (e.g., WIC clinics, farmers' markets, community centers, child care facilities, or schools). See Attached listing of Local Agencies
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):

- SNAP 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): Senior Farmer's market
- 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): _____
- Industry (specify): _____
- Professional organizations (specify): _____
- Educational Institutions (specify): Johnson & Wales University (Veggin-out)
- Religious Institutions (specify): _____

Other (specify:_____

4. Describe how nutrition education for FMNP is coordinated with other nutrition education programs or services, such as WIC, SNAP, Extension Service, 5 A Day, or State/ITO initiatives. Cooking demonstrations and material sharing. WIC is a part of the SNAP Advisory counsel and coordinates nutrition education with the SNAP program. Local agencies collaborate with EFNEP to provide key nutrition messages while out at the markets.

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. Materials are developed and distributed at the local clinics and farmer’s markets. All materials are attached. The materials are required to be provided to all clients receiving FMNP checks.

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
Infant and Child feeding	Parents of WIC clients	June 2011
Tear Off hand outs	All categories in WIC	June 2011

7. If the State agency intends to collect survey information to assess the effects of the program on farmers’ markets and roadside stands and the change in consumption of fresh fruits and vegetables by FMNP recipients, **attach copies of survey forms.**

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State Plan of Operations

**WIC Farmers' Market
Nutrition Program**

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, per §248.7(b) 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. Rhode Island follows the procedures for fair hearings based on the procedure and Operations manuals for the WIC Program.

b. Does the State agency per §248.7(a)(1) use 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 Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (866) 632-9992 (voice), (800) 877-8339 (TTY) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.”

Yes No

c. State agencies are required to use 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.”

Yes No

d. State agencies are required to use the following statement in radio and television

public service announcements:

“The FMNP is an equal opportunity provider.”

Yes No

2. Hearing Procedures and Program Complaints - The State agency shall provide a fair hearing procedure whereby local agencies, recipients, farmers/farmers' markets and farmers' associations 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 (or farmers' association) may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. Expiration of a contract or agreement, and determination of ineligibility to receive WIC benefits (and therefore to receive FMNP coupons) shall not be subject to appeal through the FMNP State agency. The State agency shall also provide procedures for addressing complaints about program operations.

- a. Describe or attach the State agency's procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, recipients, markets/farmers and farmers' associations. The opportunity to request a fair hearing regarding certain adverse actions taken by the State agency must be provided to all farmers and/or farmers' markets and recipients against whom such adverse action is taken. See attached
- b. Describe or attach the State agency's procedures for handling program complaints from recipients, non-recipients, markets, farmers and farmers' associations. Provided in the Operations and procedure manual for the WIC Program_____

3. Drug Free Workplace - Describe or attach the State agency's plans to maintain a drug-free workplace and otherwise comply with 7 CFR 3021. Per 7 CFR 3021.230, the State agency must identify all of its known State agency workplaces where work under the federal FMNP grant will be performed; please attach a list of these workplace addresses. Attached in the RI state plan of Operations is a listing of each agency that has signed a contract with the Rhode Island Department of Health WIC Program in accordance with maintaining a Drug-free workplace.

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



FY 2011 Updated State Plan Information for

WIC Farmers' Market Nutrition Program

WIC FARMERS' MARKET NUTRITION PROGRAM
Updated State Plan Information
Fiscal Year 2011

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: RI

FMNP Participant Estimates:

A. Please summarize the previous Fiscal Year results: Estimated number of FMNP recipients (those issued FMNP coupons) served with FMNP Federal and State funds in FY **2010** (previously participating fiscal year): 17018

B. Please provide estimates for the current (coming) Fiscal Year:

1. Estimated number of FMNP recipients to be served with FMNP Federal and State agency funds in FY **2011**:

(Excluding Expansion)		(Including Expansion Request, if any)
<u>3200</u>	Pregnant women	<input type="text"/>
<u>1800</u>	Breastfeeding women	<input type="text"/>
0	Postpartum women	<input type="text"/>
<u>0</u>	Infants (over 4 months of age)	<input type="text"/>
<u>13000</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)	<input type="text"/>
<input type="text"/>	Other designation (e.g., only Priority I pregnant or breastfeeding women)	<input type="text"/>
<u>18000</u>	Total	<input type="text"/>

2. Mark (X) the type of FMNP recipients to whom benefits will be issued:

Individuals Households

3. The lowest Federal benefit amount that any FMNP recipient will receive in FY **2011** is \$15 and the highest is \$15.

Is this benefit level a change from last year? Yes No

(Please note: Federal regulations at §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 §248.6(c) may not be less than \$10 per year or more than \$30 per year.)

4. Do you plan to use non-Federal funds to provide FMNP benefits to non-WIC recipients?

No Yes; if YES, please describe this caseload; include the name(s) of the program(s) and the sources of non-Federal funds:

5. 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. Also indicate review activity below:

State Agency: RI

New Fiscal Year: 2011

<u>11</u>	Total # of Local Agencies
<u>8</u>	# of local agencies to be reviewed (all participating agencies reviewed by State agency staff at least once every two years)
<u>8</u>	# of local agencies to be reviewed
<u>31</u>	Total # of Farmers Markets Authorized
<u>10</u>	# of markets to be reviewed (minimum of 10%)
<u>68</u>	# of Farmers authorized
<u>30</u>	# of farmers to be reviewed (minimum of 10%)
<u>0</u>	# of Roadside stands authorized
<u>0</u>	# of Roadside stands to be reviewed (minimum of 10%)

Previous Fiscal Year: 2010

<u>11</u>	Total # Local Agencies
<u>5</u>	# of local agencies reviewed

<u>31</u>	Total # Farmers Markets Authorized
<u>20</u>	# of markets reviewed
<u>68</u>	Total # Farmers authorized
<u>70</u>	# of farmers reviewed
<u>0</u>	Total # Roadside stands authorized
<u>0</u>	# of Roadside stands reviewed

During monitoring areas identified was posting of prices, comparing signatures, correctly stamping the checks with the right Vendor stamp (Farmers' or CVV). Re-training was conducted on site for each deficiency identified.

6. Briefly summarize key findings and corrective actions taken as the result of local agency reviews.

Excellent delegation of duties but struggling with client centered counseling, properly documenting and integration with other programs. Action: Provided tools and trainings.

7. If fruits, vegetables, and/or fresh herbs have been **added** to/or **deleted** from the State agency's list of eligible foods for FY 2011, list (or attach a list) of those items.
NO

Funding Information:

State Agency: RI

8. Is the State agency requesting expansion funds?

No Yes

If **yes**, attach Expansion Request and list amount here: \$

9. 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 2011?

No Yes

If **yes**, provide the justification for requesting market development or technical assistance funds, meeting the criteria set forth in §248.14(h) of the Federal FMNP regulations. Include a detailed description of how the State agency plans to promote the development of farmers' markets.

10. 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 \$ for your State/ITO in FY 2011 based on the Federal Funds Request and State/ITO Matching Funds worksheet on page 31, per §248.14(a)(i-ii) (**Please note that the 30 percent minimum match requirement applies only to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO, local, or private funds provided for food as well as administrative costs**):

Type	Source	Amount
State/ITO and local funds	<u>N/A</u>	<u>\$0.00</u>

Private funds	<u>N/A</u>	<u>\$0.00</u>
In-kind Contributions	<u>RI Dept. of Environment Management</u>	<u>\$15,000</u>
Similar Programs	<u>N/A</u>	\$ <u> </u>
Program Income	<u>N/A</u>	\$ <u> </u>
		Total: <u>\$15,000</u>

State/ITO and local funds. If available, attach documentation, such as a copy of appropriations 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's 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.

Similar Programs. Include the title of the program, the source of funding and a brief description of how the program operates. Federal funds provided for SFMNP, any other FNS program, or any other Federal program (e.g., Specialty Crop or Farmers' Market Promotion Program grants awarded by USDA's Agricultural Marketing Service) **cannot** be used as a match source for the FMNP.

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 and included in the State Plan submission:

- I. FY **2011** FMNP Estimated Federal Budget Summary;
- II. Expansion Request for those State agencies requesting expansion funds;
- III. Other proposed procedural changes or attachments since the previous State Plan was approved, such as new months of program operation, new farmers' markets, roadside stands, and clinics (numbers, and addresses), new map showing the location of the all farmers' markets, roadside stands, and clinics.

*To submit **changes** to any of the appendices listed below, please identify clearly any revised documents using the Appendix lettering system shown below.*

Include all of your Appendices here. Please identify clearly any pages according to the lettering system used in this format.

Required Appendices

- A. Federal-State Agreement Special Supplemental Food Program Agreement (FNS-339)
- B. Job Descriptions
- C. Copies of signed agreements between the State Agency and another State Agency (delineating the functions to be performed)
- D. Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, and roadside stands (if applicable)
- E. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)
- F. Instructions to participants, including rights and responsibilities
- G. List of fruits, vegetables and/or fresh herbs that are eligible in the program
- H. Samples of reporting forms for record keeping (if available)
- I. Copy of the log or other forms used to record and report coupon issuance and inventory
- J. Facsimile of the FMNP coupon or check
- K. Map outlining service areas and proximity of farmers' markets, and/or roadside stands, from the prior year's operation to WIC clinics
- L. List of criteria used to authorize farmers' markets
- M. List of criteria used to authorize farmers
- N. List of criteria used to authorize roadside stands
- O. Copy of prototype agreements for farmers, markets, associations, and roadside stands (if applicable)
- P. Training materials for farmers, markets, and roadside stands (if applicable)
- Q. State agency's monitoring tool(s) to review farmers, farmers' markets, and roadside stands
- R. Sample State-wide application form
- S. Sample notification of ineligibility
- T. State agency's monitoring tool to review local agencies/clinics
- U. Justification for use of additional 2% administrative funds to support market promotion activities

Please list any other attachments or appendices:

FARMER'S MARKET CHECKS

ID # on the check must match the ID # on the ID Folder

Write the date accepted by participant

\$5.00 or amount purchased

Must read "Farm Fresh Check" Value \$5

Participant must sign in front of farmer

Apply black inked WIC stamp

FRUIT & VEGETABLE CHECKS

ID # on the check must match the ID # on the ID Folder

Write the date accepted by participant

\$6, \$10, \$15 or amount purchased

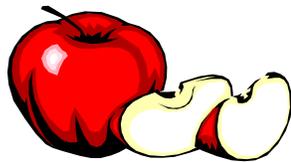
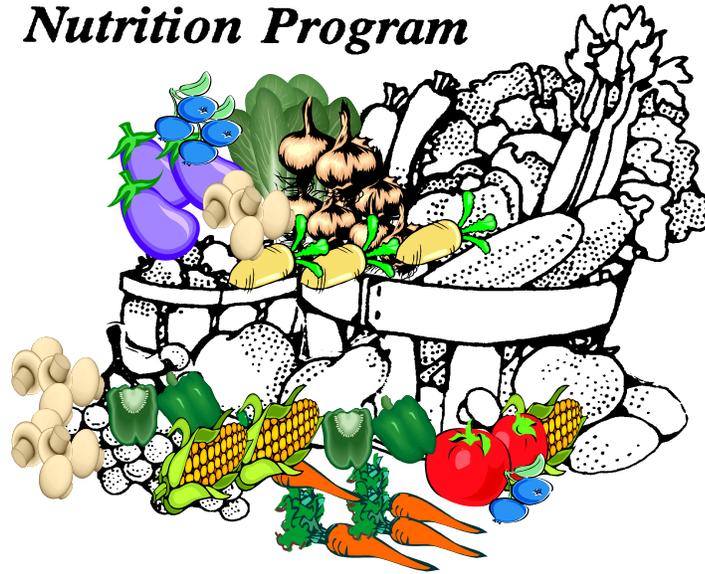
Maximum \$ value of check

Must read "Fruit and Vegetable" Check

Participant must sign in front of farmer

Apply black inked WIC stamp

*Farmers' Market
Nutrition Program*



*Rhode Island
WIC
Program*



**We Accept (Acceptamos)
WIC Farmers Market Checks
&
Fruit & Vegetable Checks**

**Sponsored by: State of Rhode Island
RI Department of Health**

**Food and Nutrition Services / USDA
RI Department of Environmental Management**

This institution is an equal opportunity provider 2010

**2010 WIC FARMERS MARKET PROGRAM
MARKET LOCATIONS**

Bristol

Colt State Park

Fridays: May 7 – October 29
2:00 PM – 6:00 PM

Burrillville

Levy School

135 Harrisville Main Street
Saturdays: May 15 – October 9
9:00 AM – 1:00 PM

Cranston

Pawtuxet Village, Rhodes on the Pawtuxet parking lot

Saturdays: May 8 – Nov 20
(June 12 only, William Hall Lib, Broad St)
9:00 AM – 12:00 PM

Pastore Complex, Department of Labor & Training

Fridays: July 23 - September 24
11:00 AM – 2:00 PM

Charlestown

Cross Mills Public Library

Fridays: June 25 – Sept 3
9:00 AM – 12:00 PM

East Providence

Haines Memorial Park, Rte. 103

Wednesdays: May 5 – October 27
2:00 PM – 6:00 PM

Johnston

Memorial Park (Hartford Ave. Rte 6)

Monday: July 19 – October 25
2:00 – 6:00 PM

Lincoln

Blackstone River Visitor Center, 295N

Tuesdays: July 20 – October 26
2:00 PM – 6:00 PM

Middletown

909 East Main Road
Newport Vineyards & Winery
Saturdays: June 5 – October 30
9:00 AM – 1:00 PM

Island Farmers' Mkt at Aquidneck

Grange, 499 East Main Road
Thursdays, June 3 – October 28
2:00 PM – 6:00 PM

Narragansett

Fisherman's Memorial Park

Route 108

Sundays: May 2 - October 31

9:00 AM to 1:00 PM

Newport

Memorial Blvd

(Between Edgar Crt. & Chapel St.)

Wednesdays: June 9 - October 27

2:00 PM – 6:00 PM

North Kingstown

Coastal Growers' Market at Casey Farm,

2325 Boston Neck

Saturdays: May 16 – October 27

9:00 AM – 12:00 PM

North Kingstown at Smith Castle

55 Richard Smith Way

Thursdays: June 3 – October 28

1:00 PM – 5:00 PM

Pawtucket

Slater Mill, Downtown

67 Roosevelt Ave

Sundays: July 11 – October 31

12:00 PM – 3:00 PM

Providence

Fruit Hill Market

RI College Parking Lot

Fridays: Aug 20 – October 15

3:30 PM – 6:00 PM

Hope Street Farmers Market

Lippit Park – Hope & Blackstone

Saturdays: June 5 – October 30

9:30 AM - 12:30 PM

Parade Street Market (Next to Cranston St. Armory)

Thursdays: June 3 - October 28

3:00 PM – 7:00 PM

Closes at dusk in late October

Broad Street Market

807 Broad Street

Saturdays: July 10 - October 30 9:00 AM- 12:00 PM

Capitol Hill, Outside Dept. of Health

Thursdays: July 22 – September 23

11:00 AM – 2:00 PM

Brown University, Wriston Quad (Corner of Thayer St & George St.)

Wednesdays: Sept 1 – October 27

11:00 AM – 2:00 PM

Kennedy Plaza

Fridays: June 14 - October 29

11:00 AM - 2:00 PM

Richmond

Richmond Farmer Market

Richmond Town Hall

5 Richmond Townhouse Road

Saturdays: May 15 – October 30

9:00 AM – 12:30 PM

Scituate

North Scituate Farmers' Market

(Route 116, Scituate Village)

Saturdays: May 8 – October 2

9:00 AM – 12:00 PM

South Kingstown

URI- East Farm

Saturdays: May 1 - October 30

8:30 AM - 12:00 PM

Tiverton

Sakonnet Growers' Market

Pardon Gray Preserve

Saturdays: June 19 - October 2 9:00 AM – 1:00 PM

One-Day - Saturday Nov 20th, 9-1

Wakefield

Marina Park, (off Route 1)

Tuesdays: May 4 - October 26

2:00 PM – 5:30 PM

Warwick

Goddard State Park

Fridays: June 4 - October 29

9:00 AM - 1:00 PM

West Warwick

Arctic Village, 122 Washington St.

Wednesdays: June 16 – Sept 22

4:00 PM – DUSK

Westerly

Westerly Farmers Market

37 Main Street (Up River Café Parking Lot)

Thursdays: June 17 – October 21

10:00 AM – 2:00 PM

Woonsocket

Heritage Place

719 Front Street

Tuesdays: July 6 –October 26

4:00 PM – 7:00 PM

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 the value of the check (i.e. \$5, \$6, \$10, \$15), 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 and Fruits & Vegetables 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 30th of the current year.

- e. Participating farmers do not discriminate against check recipients in price, quality or service.
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 222-4637 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 222-4637) 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 222-4637 or DEM at 222-2781.

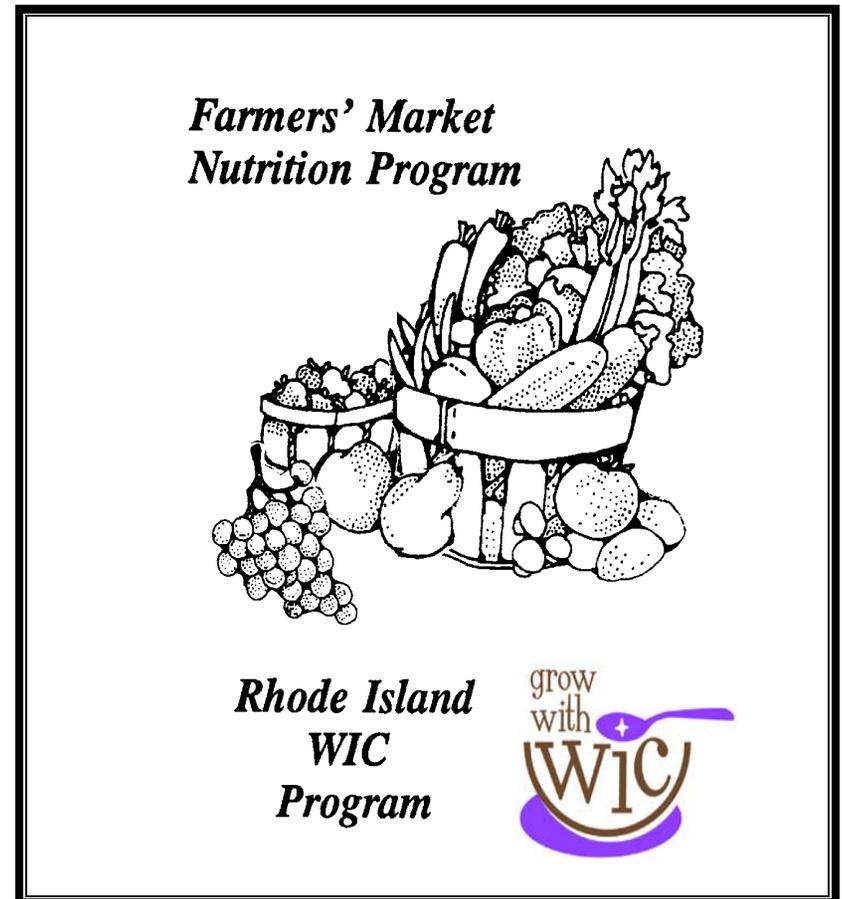
20. Market sponsors must provide suitable space in the market for nutrition education exhibits and demonstrations for check recipients by URI Cooperative Extension regarding the benefits of shopping at farmers markets and the selection and use of fresh fruits and vegetables. Where requested, market sponsors 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.

For Problems, Questions or Suggestions

Any problems, questions or suggestions that you may have regarding the market should be directed to the Department of Agriculture at 222-2781.

Any questions regarding the **WIC Farmer's Market Nutrition Program** should be directed to the FMNP Coordinator at **222-4637** or FMNP Manager at **222-4633**.

"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."



Guidelines and Procedures for FMNP Farmers

FMNP 11 rev. 03/01/2010

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.

Checks without amounts, dates or signatures will be returned to you from the bank. Do not accept a check if it was already signed prior to the transaction.

FMNP 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. Fruit & Vegetables checks are issued monthly and are valid within 30 days after the “last date” of use. Do not accept F&V checks before “first date” or after “last date.”

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 FMNP checks and F&V checks. Sell only authorized products grown in Rhode Island and adjacent states.

Do Not Charge Higher Prices

Offer WIC participant the same courtesies offered to any 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, 6, 10, or 15.

Do Not Give Change back to the participant if the purchase is less than the cash value of the check.

Hint: If the purchase is less than \$5.00, for example \$4.50, only enter amount of purchase. No change is given

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. F&V checks must be deposited within 30 days after the “Last Date of Use” that is posted on the check.

Watch the Participant Sign the Check after Selecting Produce

006 DOLLARS OR LESS OF FRESH FROZEN AND/OR CANNED FRUIT AND VEGETABLE CHECK
XXXX END OF ORDER XXXX

Pay To The Order of
The Authorized Rhode Island WIC Vendor
Stamped Below

Payable Through
Security State Bank
Howard Lane, MN
Account # 802007

75-1248
919

25355302

DATE USED
NOV 14, 2009

FIRST DAY TO USE
OCT 11, 2009

25355302

018/18

Rules and Procedures of the Program

Once authorized as a FMNP Farmer:

Accept **ONLY** FMNP checks for the purchase of locally grown fresh fruits, farm fresh vegetables (including non-painted pumpkins), and fresh cooking herbs. Accept **F&V** checks for all fresh fruits & vegetables. See lists on pages 6 and 7.

Accept checks only at authorized farmers markets, which has been included on your 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 cash value of the checks, only enter amount purchased. If multiple checks are used the same type of checks (FM or F&V) can be combined. (e.g.: 2 FM checks can be combined but a FM and a F&V check must be kept separate). If amount or purchase exceeds the value of the check, amount entered cannot exceed the value of each check (\$5, 6, 10, 15) and recipient can pay the difference. Different types of checks must be kept separate and stamped with specified stamp numbers.

Accept checks from check recipients only on or after "First Day To Use" and on or before the "Last Day to Use" printed on the check. Must write the date on the check in the "Date Used" box when accepting checks at the market.

Post "We Accept WIC Farmers Market and Fruit & Vegetable Checks" signs provided by the Department (or reproductions) at all times during market operations.

Stamp each check on the front right side with the assigned FMNP or F&V Stamp prior to deposit or checks will be rejected.

Ensure that all FMNP 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.

Using your F&V WIC vendor stamp

Use your F&V WIC stamp containing your Identifier vendor number. Stamp in the lower right hand box on the check before bank deposit. **Each vendor must have two separate stamps**, one for FM checks and the other for F&V checks. **Stamps cannot be duplicated.**

Visibly Post Your RI FNMP Sign

Post your sign so WIC participants can easily identify you.

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 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 222-5960, and assist the Department in any investigation.

Watch the Participant Sign the Check after Selecting Produce

Must say Farm Fresh Check

Make sure the ID number on the check matches the ID number on the WIC

Signature must match the ID Folder

Enter amount of purchase before participant signs the check

FM Stamp here

Must write the date the check is being accepted

Using your FMNP vendor stamp

Use your FMNP stamp containing your Identifier vendor number. Stamp in the lower right hand box on the check before bank deposit. **Each vendor must have two separate stamps, one for FM checks and the other for F&V checks. Stamps cannot be duplicated.**

“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.

Allowed Fresh Vegetables & Fresh Fruit for FM checks		
Asparagus	Lettuce	Apples
Beans	Mushrooms	Blueberries
Beets	Okra	Blackberries
Broccoli	Onions	Cantaloupes
Brussels Sprouts	Parsnips	Cherries
Cabbage	Peas	Cranshaw Melon
Carrots	Peppers	Elderberries
Cauliflower	Potatoes	Gooseberries
Celery	Pumpkins	Grapes
Collard Greens	Radishes	Honeydew Melon
Corn	Rhubarb	Mulberries
Cucumbers	Rutabaga	Peaches
Endive	Scallions	Pears
Eggplant	Spinach	Plums
Garlic	Squash	Raspberries
Green Beans	Swiss Chard	Strawberries
Greens	Tomatoes	Watermelon
Fresh Herbs	Turnips	
Kale	Yams	
Leeks	Zucchini	

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.

Citrus & Tropical Fruits Not Allowed for FM checks	Foods Not Allowed for FM checks
Banana Grapefruit Lemons Limes Mangos Oranges Pineapples Tangerines	Baked goods Cheese Cider Dried herbs Eggs Flowers Gourds Honey Jams Nuts Painted pumpkins Milk

Allowed Fresh Fruit & Vegetable for F & V checks	Foods Not Allowed for Fruit & Vegetable checks
All Fresh Fruits and Vegetables	Baked goods Gourds Cheese Honey Cider Jams Dried herbs Nuts White Potatoes Milk Eggs Painted pumpkins Flowers

Veggin' Out Schedule

Come watch a cooking demonstration from Johnson & Wales University. Free food samples!

Tuesday July 13 Woonsocket 4 – 6 pm
Thursday July 15 Armory 3:30 - 5:30 pm
Saturday, July 24 Broad Street 10– 12 pm
Sunday August 1 Pawtucket 1 – 3 pm
Saturday August 7 Broad Street 10 – 12 pm
Sunday August 15 Pawtucket 1 – 3 pm
Thursday August 19 Armory 3:30 - 5:30 pm
Wednesday, August 25 Haines 2 – 4 pm

INDOOR WINTER MARKETS

Thursday, October 14 Armory 3:30 – 5:30 pm
Saturday, December 4 Pawtucket 12 – 2 pm
(1005 Main Street)

WIC staff will be available for assistance.

For more information on WIC or Farmers' Market call HEALTH Info Line (401) 222-5960

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 is an equal opportunity provider

WIC Farmers' Market Nutrition Program

2010 Participant Guide

for Farmers' Market and Fruit and Vegetable Checks



How to Use Your Farmers' Market (FM) and Fruit & Vegetable (FV) Checks

FM - Participant will receive (3) FMNP checks for the season that can be used from June 1 – October 31, 2010.

FV – Participants will receive monthly F&V checks throughout the year based on eligibility.

FM – Participants can only purchase fresh, unprepared, locally grown fruits, vegetables, and fresh cut cooking herbs.

FV – Participants can purchase any fruits or vegetables except white potatoes.

FM & FV - No change will be given. If your purchase is less than check value, only amount purchased is entered on the check.

FV – Checks can be combined. Paying the difference is allowed.

FM - One FMNP check cannot be split between farmers. Use one \$5.00 check for each farmer.

FM & FV - If participant wishes to purchase unauthorized WIC foods at the farmers market two separate transactions must be made.

FM – Can be used ONLY at Farmers' Markets

FV – Can be used at both Farmers' Markets and retail stores that accept WIC.

Participant must present ID folder and sign each check at the time of purchase.

Lost or stolen checks cannot be replaced.

Look for:

"We accept WIC Farmers' Market and Fruit & Vegetable Checks"

Items that CANNOT be purchased with:

Farmers' Market Checks

- Baked goods
- Banana
- Cheese
- Cider
- Dried & Potted Herbs
- Dried Fruits
- Eggs
- Flowers
- Gourds
- Grapefruit
- Herbs & Spices
- Honey
- Jams & Jellies
- Lemon/Lime
- Mango
- Maple Syrup
- Meat
- Medicinal Herbs
- Milk
- Nuts
- Orange/Tangerine
- Painted Pumpkins
- Pineapple
- Plants
- Potted Flowers
- Salad Bars & Party Trays
- Seafood
- Seeds

Fruit & Vegetable Checks

- Baked goods
- Cheese
- Cider
- Dried & Potted Herbs
- Dried Fruits
- Eggs
- Flowers
- Gourds
- Herbs & Spices
- Honey
- Jams & Jellies
- Maple Syrup
- Meat
- Medicinal Herbs
- Milk
- Nuts
- Painted Pumpkins
- Plants
- Potted Flowers
- Salad Bars & Party Trays
- Seafood
- Seeds
- White Potatoes

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

Bristol

Colt State Park
Fridays: May 7 – October 29
2:00 PM – 6:00 PM

Burrillville

Levy School
135 Harrisville Main Street
Saturdays: May 15 – October 9
9:00 AM – 1:00 PM

Cranston

Pawtuxet Village, Rhodes on the
Pawtuxet parking lot
Saturdays: May 8 – Nov 20
(June 12 only, William Hall Lib, Broad St)
9:00 AM – 12:00 PM

Pastore Complex, Department of
Labor & Training
Fridays: July 23 - September 24
11:00 AM – 2:00 PM

Charlestown

Cross Mills Public Library
Fridays: June 25 – Sept 3
9:00 AM – 12:00 PM

East Providence

Haines Memorial Park, Rte. 103
Wednesdays: May 5 – October 27
2:00 PM – 6:00 PM

Johnston

Memorial Park (Hartford Ave. Rte 6)
Monday: July 19 – October 25
2:00 – 6:00 PM

Lincoln

Blackstone River Visitor Center, 295N
Tuesdays: July 20 – October 26
2:00 PM – 6:00 PM

Middletown

909 East Main Road
Newport Vineyards & Winery
Saturdays: June 5 – October 30
9:00 AM – 1:00 PM

Island Farmers' Mkt at Aquidneck
Grange, 499 East Main Road
Thursdays, June 3 – October 28
2:00 PM – 6:00 PM

Narragansett

Fisherman's Memorial Park
Route 108
Sundays: May 2 - October 31
9:00 AM to 1:00 PM

Newport

Memorial Blvd
(Between Edgar Crt. & Chapel St.)
Wednesdays: June 9 - October 27
2:00 PM – 6:00 PM

North Kingstown

Coastal Growers' Market at Casey
Farm, 2325 Boston Neck
Saturdays: May 16 – October 27
9:00 AM – 12:00 PM

North Kingstown at Smith Castle
55 Richard Smith Way
Thursdays: June 3 – October 28
1:00 PM – 5:00 PM

Pawtucket

67 Roosevelt Ave, Slater Mill,
Downtown
Sundays: July 11 – October 31
12:00 PM – 3:00 PM

Providence

Fruit Hill Market
RI College Parking Lot
Fridays: Aug 20 – October 15
3:30 PM – 6:00 PM

Hope Street Farmers Market
Lippit Park – Hope & Blackstone
Saturdays: June 5 – October 30
9:30 AM - 12:30 PM

Parade Street Market (Next to
Cranston St. Armory)
Thursdays: June 3 - October 28
3:00 PM – 7:00 PM
Closes at dusk in late October

Broad Street Market
807 Broad Street
Saturdays: July 10 - October 30
9:00 AM- 12:00 PM

Capitol Hill, Outside Dept. of Health
Thursdays: July 22 – September 23
11:00 AM – 2:00 PM

Brown University, Wriston Quad
(Corner of Thayer St & George St.)
Wednesdays: Sept 1 – October 27
11:00 AM – 2:00 PM
Kennedy Plaza
Fridays: June 14 - October 29
11:00 AM - 2:00 PM

Richmond

Richmond Farmer Market
Richmond Town Hall
5 Richmond Townhouse Road
Saturdays: May 15 – October 30
9:00 AM – 12:30 PM

Scituate

North Scituate Farmers' Market
(Route 116, Scituate Village)
Saturdays: May 8 – October 2
9:00 AM – 12:00 PM

South Kingstown

URI- East Farm
Saturdays: May 1 - October 30
8:30 AM - 12:00 PM

Tiverton

Sakonnet Growers' Market
Pardon Gray Preserve
Saturdays: June 19 - October 2
9:00 AM – 1:00 PM
One-Day - Saturday Nov 20th, 9-1

Wakefield

Marina Park, (off Route 1)
Tuesdays: May 4 - October 26
2:00 PM – 5:30 PM

Warwick

Goddard State Park
Fridays: May 7 - October 29
9:00 AM - 1:00 PM

West Warwick

Arctic Village, 122 Washington St.
Wednesdays: June 16 – Sept 22
4:00 PM – DUSK

Westerly

Westerly Farmers Market
37 Main Street (Up River Cafe
Parking Lot)
Thursdays: June 17 – October 21
10:00 AM – 2:00 PM

Woonsocket

Heritage Place
719 Front Street
Tuesdays: July 6 –October 26
4:00 PM – 7:00 PM

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 farmer's 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 and the Fruit & Vegetable Checks (F&V). 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 and F & V check transactions, (3) redeeming FMNP and F&V checks on behalf of unauthorized farmers or vendors, or (4) discriminating against FMNP and F&V 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 _____

Rev4/2010 FMNP-8 A Agreement

Original to State FMNP

Copy to Market Master

Copy to Farmer


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
D E P A R T M E N T O F H E A L T H

Women, Infants & Children (WIC) Program

WIC AND FARMERS' MARKET NUTRITION PROGRAMS

MARKET VENDOR PARTICIPATION AGREEMENT

BETWEEN: RHODE ISLAND DEPARTMENT OF HEALTH
WIC Program
Three Capitol Hill - Room 303
Providence, Rhode Island 02908-5097

AND: **RI Department of Environmental Management**
Division of Agriculture
C/O Steve Volpe
235 Promenade Street
Providence, RI 02908

RELATING TO: Market Vendor Participation in the WIC Farmers' Market Nutrition Program (hereinafter FMNP) and Women, Infants and Children Program (hereinafter WIC).

ACCEPTED: Rhode Island Department of Health

Ann Barone, Contract Officer

Date 2010

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 February 2010)



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 same Vendor signing 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) and WIC 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 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 Stamps assigned to farmer(s) participating at the location(s) stated in this Agreement, in the event of any such change unless such Farmer participants in another market. 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 and Fruits & Vegetables (F&V) 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 to farmer's market checks and WIC Vendor stamp to F&V checks, as assigned to a given Farmer to FMNP and F&V checks accepted.

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) days 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 and F&V 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) days 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 and F&V Checks

A Vendor may not accept, process or deposit any FMNP or F&V 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 and/or F&V 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 and WIC Vendor stamp

- (a) HEALTH shall furnish each authorized farmer with one (1) FMNP Farmer Stamp and one (1) WIC Vendor Stamp which shall contain the assigned market/farmer number and shall be used by said farmer(s) to validate FMNP Checks and F&V checks. The FMNP Farmer Stamp and WIC Vendor 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 and WIC Vendor 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 and WIC Vendor Stamp, in compliance with relevant provisions of this Agreement. No use of any stamp other than that referred to herein will be permitted.

The Vendor agrees to notify HEALTH immediately if any stamp is lost or stolen.

- (d) The Vendor agrees to surrender any FMNP Farmer Stamp and WIC Vendor 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 and WIC Vendor 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 and WIC Vendor Stamp, or its assigned numbers, or any facsimile thereof by any party other than the market and farmer to whom the stamps and numbers are assigned 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 and WIC 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 and F&V 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 and F&V 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 and F&V 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 and F&V checks; nor shall the farmer exchange for cash or credit or rain check type privilege any items purchased with FMNP and F&V checks.



- (b) FMNP and F&V checks may not be accepted before the first day to use date printed on the face of the check. FMNP and F&V 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 and F&V 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 or F&V 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 and F&V 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 and F&V 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 and WIC Vendor Stamp on F&V checks, 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 or V&V Checks during any period of suspension or disqualification and/or after termination of this Agreement. HEALTH may refuse to honor or reimburse any FMNP and F&V 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 and F&V 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 or F&V checks by recipients.

Article 4 - Fiscal Terms

- (a) The farmer shall charge only for FMNP Foods or fruits and vegetables received by the recipient.
- (b) The farmer shall not seek restitution from participants for FMNP or WIC 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 and Fruits and Vegetables 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 and for fresh fruits and vegetables, whichever is less.
- (d) The farmer's charges for FMNP foods and fresh fruits and vegetables, 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 or F&V 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 or F&V check from any party other than an authorized FMNP or WIC program 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 or WIC 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 or F&V 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 fresh fruits and vegetables, 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 or F&V 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 or F&V 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 and WIC 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 and F&V 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 or V&V 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 and F&V coupons in exchange for their produce, and their effective dates of participation.
- (c) To be responsible for all previous year's certification stamps issued by 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 and F&V 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 and WIC Program Vendor Stamp.



Article 4 - State - Federal Cooperation

In compliance with Federal and State laws and regulations, HEALTH shall make effort to ensure that the Vendor complies with all FNS or 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.

FMNP Farmer Monitoring 2010

Farmer's Name: _____

Market: _____

FMNP Stamp Number: _____

Is farmer authorized by market manager? YES ___ NO ___

Observations: Check YES or NO

Farmer's display a variety of fresh fruits and vegetables. YES ___ NO ___

Produce looks fresh and appealing. YES ___ NO ___

FMNP signs were displayed prominently. YES ___ NO ___

Prices were visibly posted. YES ___ NO ___

Transaction: Check YES or NO or N/A

Asked for ID folder. YES ___ NO ___ N/A ___

Compared signature on folder to check. YES ___ NO ___ N/A ___

Allowed only authorized foods. YES ___ NO ___ N/A ___

Staff was helpful. YES ___ NO ___

Comments: _____

Follow Up Action: _____

Monitor's Signature: _____ Date: _____

FRUIT & VEGETABLE CHECK

**ID # on the check must match
the ID # on the ID Folder**

Rhode Island Department of Health
WIC Program

20024217 WIC ID No. ALEXANDRIA GONCALVES Name of Participant 018/181 AG / CL **25355302**

Pay To The Order of The Authorized Rhode Island WIC Vendor Stamped Below.

grow with WIC

Payable Through Solutran 75-1248 919 Account # 806207 Security State Bank Howard Lake, MN

WIC USE ONLY

FIRST DAY TO USE OCT 15, 2009

DATE USED

25355302

SHOPPER INITIALS FOR PRICE CORRECTION

LAST DAY TO USE NOV 14, 2009

VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DAY TO USE

ACTUAL \$ AMOUNT

APPROVED PRICE CORRECTION

VENDOR PLACE RHODE ISLAND WIC STAMP HERE

X

PAYEE or PROXY SIGN HERE ONLY AFTER PRICE IS ENTERED

THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND, A VOID PANTOGRAPH AND MICROPRINTING IN THE SIGNATURE LINE. THE REVERSE CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW.

QTY	Description (No Substitutions Allowed)
006	DOLLARS OR LESS OF FRESH FROZEN AND/OR CANNED FRUIT AND VEGETABLE CHECK XXX END OF ORDER XXXX

**Write the date
accepted by
participant**

**\$6, \$10, or
\$15 or
amount
purchased**

**Maximum
value of check**

**Must read "Fruit
and Vegetable"
Check"**

**Participant
must sign in
front of farmer**

**Apply black inked WIC
stamp**

⑈ 25355302 ⑈ ⑆091912482⑆

806207⑈

FARMER'S MARKET CHECK

ID # on the check must match
the ID # on the ID Folder

Rhode Island Department of Health
WIC Program

00140882 WIC CHILD 001/001 21548028

Pay To The Order of The Authorized Rhode Island WIC Vendor Stamped Below.

Payable Through: FSMC Security State Bank Howard Lake, MN

75-1258 919 Account # 808327

WIC USE ONLY	FIRST DAY TO USE
21548028	MAY 24, 2007
SHOPPER INITIALS FOR PRICE CORRECTION	DATE USED
	LAST DAY TO USE
	OCT 31, 2007

FOR THESE ITEMS, SIZES, QUANTITIES ONLY

QTY	Description (No Substitutions Allowed)
	FARM FRESH CHECK GOOD FOR FRESH FRUITS AND VEGETABLES USE ONLY AT FARMERS MARKET VALUE \$5.00

VOID

VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DAY TO USE

ACTUAL \$ AMOUNT

VENDOR PLACE RHODE ISLAND WIC STAMP HERE

THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND. AVOID PANTOGRAPH AND MICROWAVING IN THE SIGNATURE LINE. THE REVERSE CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

*21548028# :091912482: 806215#

Write the date
accepted by
participant

\$5.00 or
amount
purchased

Must read "Farm Fresh
Check" Value \$5

Participant
must sign in
front of farmer

Apply black inked WIC stamp

Thank you for taking the time to complete this important survey. Please fill in the circle next to your answer.

- 1. Is this the first year you received Farmers' Market checks?
 - Yes
 - No
- 2. How can we make the Farmers' Market Program easier to use?
 - Better locations
 - Better times
 - Explain where and how to use checks
 - More variety of foods
 - I'm not interested in the program
 - Other _____
- 3. Which market(s) did you use your checks?
 - Broad St, Providence
 - Brown University, Providence
 - Blackstone Visitor Center 295N, Lincoln
 - Capitol Hill / State Offices, Providence
 - Colt State Park, Bristol
 - Fishermen's Memorial Park, Narragansett
 - Haines Park, East Providence
 - Hope High School, Providence
 - Kennedy Plaza, Providence
 - Goddard Park, Warwick
 - Marina Park, Wakefield
 - Middletown
 - Newport
 - North Kingstown
 - Parade St, Providence
 - Pastore Complex, Cranston
 - Pawtucket
 - Pawtuxet Village, Cranston
 - Scituate
 - URI, South Kingstown
 - Westerly
 - Woonsocket
- 4. In what month(s) did you use your Farmers' Market checks?
 - June
 - July
 - August
 - September
- 5. While you were at the Farmers' Market, did you use cash in addition to your Farmer's Market checks?
 - Yes
 - No
- 6. Did you watch a Johnson & Wales University Veggin' Out cooking demonstration?
 - Yes
 - No
- 7. Did you use a recipe in the Veggin' Out cookbook to prepare a new meal?
 - Yes
 - No
- 8. Did you eat more fresh fruits and vegetables this summer?
 - Yes
 - No
- 9. Do you plan to eat more fresh fruits and vegetables all year round?
 - Yes
 - No
 - Not sure
- 10. Did you learn a new way to prepare or cook fresh fruits & vegetables?
 - Yes
 - No
- 11. Will you continue to shop at a Farmers' Market even without WIC checks to spend there?
 - Yes
 - No
 - Not sure
- 12. Did you learn how to store fresh fruits and vegetables to keep them from spoiling?
 - Yes
 - No
- 13. Did you buy a fresh fruit or vegetable that you never tried before?
 - Yes
 - No

Additional comments - _____
