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 2001

Proposal November 2000
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 2001

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DIRECTOR, DEPARTMENT OF HEALTH

THE HON. LINCOLN ALMOND
GOVERNOR, STATE OF RHODE ISLAND
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 three major parts:

Volume I - Goals and objectives to be achieved

Volume II - Procedure Manual - The specific procedures implemented by the local agencies.

Volume III - State Operations - The rules and procedures implemented by the state agency.

Volume IV - Farmers’ market Nutrition Program (FMNP) – Goals, objectives, policies, procedures, information and other provisions specific to the FMNP

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

This submission is limited to Volume I, Goals and Objectives to be achieved. Volume IV, related to the FMNP, will be submitted separately.

Abridged Manuals

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

LEGAL REQUIREMENTS

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

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

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 In order to accomplish the improvements, Program procedures and rules are adopted, amended, or repealed as needed to accomplish the objective.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

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

In January, 1999, the Department of Agriculture published its consolidated final rule, (7, CFR 246) which revised WIC Program regulations by making a number of technical revisions, reorganizing regulations to more clearly identify major program areas, and making substantive revisions to a number of areas affecting program operations. The rule is expected to reduce state and local burdens, streamline program operations and provide state agencies greater administrative discretion. This State Plan is, therefore, also intended to meet the requirements and achieve the objectives of the final rule, and subsequent amendments.
EVALUATION OF ALTERNATIVES.
Alternative approaches to accomplishing the Program's objectives were considered during the development of the State Plan by Program staff and the State Plan Committee. Alternatives other than the rules and procedures selected were found to be less effective and not less burdensome to affected private persons. The approaches selected were those which meet the Federal requirements for efficient and effective administration of the Program. Information about alternatives considered and the impact of implementing alternatives can be obtained from the WIC Program.

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

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

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

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

AMENDMENTS TO THE STATE PLAN
Included herein are amendments to the Previous Plan. Said amendments will take effect December 15th, 2000.

THE WIC PROGRAM
WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. It is a federally funded program carried out according to provisions of the Child Nutrition Act passed by Congress in 1966 and amended in 1978 to create the WIC Program. WIC is funded through the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). It is administered in the State of Rhode Island by the Department of Health (HEALTH) through various local health centers and hospitals ("local agencies") which distribute the food funds and provide nutrition education to participants.

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

The Program serves eligible participants who meet certain income limitations and show evidence of special nutritional need. The Program provides special supplemental foods; including milk, eggs, juice, cereal, dried beans and peas or peanut butter, and cheese, plus carrots and tuna fish to breast-feeding women, and infant formula; and nutrition education. The Program provides this
extra help during critical times of growth and development in order to prevent the occurrence of health problems and improve the health status of participants. Additional information about the operation and administration of the Rhode Island WIC Program is available in the WIC Procedure Manual, State Operations Manual, federal regulations and in various informational materials and communications provided by the HEALTH to local agencies.
Office of the Medical Director

- Medical Director
- Assistant Medical Director
- Management and Fiscal Unit
- Policy and SSDI
- Communications/Public Engagement
- Starting Points/Healthy Child Care/ FRC Program
- Data and Evaluation Unit
- Early Intervention Program
- Disabilities and Health
- TBI Program
- Parent Consultant Program

12.6 FTEs

Office of Women, Infants and Children (WIC) Program
- WIC
- Breast-Feeding Services
- Farmers Market Program

5.5 FTE’s

Office of Preventive Health Services
- Newborn Screening
- Metabolic Screening
- Home Visiting
- KIDSNET
- Immunization
- Lead Poisoning Prevention

17.0 FTE’s

Office for CSHCN
- Child Development Center
- Genetics Program
- SSI Team

2.0 FTEs

RHODE ISLAND DEPARTMENT OF HEALTH
ORGANIZATIONAL STRUCTURE - Fiscal Year 2001

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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 2001

Proposal
Submitted to FNS / USDA
November 5, 2000
## GOALS FOR FY 2001

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### WIC PROGRAM

### LOCAL WIC CLINICS

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| Chad Brown Health Ctr.  
285A Chad Brown St.  
Providence, RI 02908 | 831-0020 |
| Women & Infants Hospital  
2 Dudley Street  
Providence, RI 02905-2401 | 274-1122 Ext. 2768 |
| Providence Ambulatory Health Care (3-7) | 444-0570 |
| Central Health Ctr.  
239 Cranston Street  
Providence, RI 02907 | 444-0580 |
| Olneyville Health Ctr.  
100 Curtis Street  
Providence, RI 02909 | 444-0540 |
| Blackstone Valley CHC  
Chestnut Street  
Central Falls, RI 02863 | 724-7134 |
| John J. Cunningham Hlth. Ctr.  
42 Park Place  
Pawucke, RI 02860 | 722-0082 |
| Thundermist Hlth. Assoc.  
191 Social Street  
9th Floor  
Woonsocket, RI 02895 | 767-4160 |
| Tri-Town WIC Program  
166 Main Street  
Pascoag, RI 02829 | 567-0510 |
| Tri-Town Health Center  
1126 Hartford Avenue  
Johnston, RI 02919 | 351-2750 Ext. 132 |
| Family Health Serv./Ctr.  
1090 Cranston Street  
Cranston, RI 02920 | 946-4650 |
| Dr. J. A. Ferris Comm. HC  
205 Buttonwoods Avenue  
Warwick, RI 02886 | 732-4660 |
| West Warwick CHC | 826-3230 |
| Wood River Health Services | 539-2461 |
| Hope Valley, RI 02832 | 782-0855 |
| Bayshore Health Cntr. Satellite call #17 | 782-0855 |
| Newport Comm. Health Ctr.  
19 Broadway  
Newport, RI 02840 | 847-7821 |
| James F. Sillvia H.C.  
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Tiverton, RI 02878 | 625-5197 |
| East Providence H. C.  
100 Bullocks Pt. Avenue  
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| East Providence H.C.  
Warren Satellite call E.Prov. | 437-1007 |
| St. Joseph Health Center  
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Providence, RI 02907 | 456-4045 |
| Florence Gray Ctr.  
1 York Street  
Newport, RI 02840 | 848-6682 |
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225 MacArthur Blvd.  
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Wakefield, RI 02879
Goals 2001 Sec. I Preliminary Information
(401) 782-0855

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(401) 625-5134

Florence Gray Multi Purpose Center
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Newport, RI 02840
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Providence, RI 02905
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Allen Berry Health Center WIC Program
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Capitol Hill Health Center WIC Program
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Providence, RI 02908
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Central Health Center WIC Program
239 Cranston Street
Providence, RI 02907
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Fox Point Health Center WIC Program
Goals 2001 Sec. I Preliminary Information

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Olneyville Health Center WIC Program
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Hope Valley, RI 02832
(401) 539-2461
Goals 2001 Sec. I Preliminary Information

Section I
Selection of Local Agencies

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

Recent Trends

State Government operations, WIC Program objectives and procedures and health care financing and delivery continue their evolution. State Government has significantly revamped its policies and procedures for procuring goods and services from providers. These changes affect everything from purchasing materials used by the State to contractual arrangements with organizations which provide public services. This would include contracting with organizations to provide WIC services to those eligible.

Federal policies have emphasized the need for WIC agencies to take on new activities and to provide WIC services as more of an integral part of comprehensive health, social and economic services. Federal rules also emphasize the need to improve the accessibility of WIC overall and to persons in specific circumstances such as homelessness and low wage employment.

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

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

*One major RICP provider, Harvard Pilgrim Health Care, closed in January of 2000. Many medicaid participants were forced to shift to other health care providers.

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

Delegation of Contractual Authority

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

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

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

In recent years, the growing savings from food cost containment supported significant participation increases. Continued savings could eventually accommodate an increase of 3,000 - 4,000 participants (although a new Infant Formula Rebate starting October 1, 2001, will impact his area).

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

1. Two full time sites offering a multitude of services
2. Three part-time satellite sites accessible to unserved suburban pockets of need

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

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

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

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

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

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

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

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

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

Objective 4: Increase and enhance breastfeeding support and promotion.

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

Objective 6: Ensure compliance with Program rules and requirements.

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

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

1. Caseload and allocation adjustment,

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

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

4. State and local outreach activities.

Objective 2: Review the contracting process as related to:

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

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

Other Considerations

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

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

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

Objective 4:  If the current network is adequately providing services, then a further review would be made as to whether there is any compelling need or gain to seek other providers through other RICP plans. If the current network is not sufficient to continue to provide WIC services to all eligible clients for which the Program has funds, or if there is any other compelling need to seek other providers then the HEALTH would perform a feasibility study of the benefits and drawback to additional providers, especially in relation to client access and caseload expansion needs. This review will consider:

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

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

Caseload Allocation and Adjustment

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

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

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

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

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

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

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

Affirmative Action Plan

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

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

Potentially Eligible WIC Population

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

Vital Records data were used to estimate by city and town the number of women, infants, and children. A five-year average of the most recent resident live births was used. The number of infants was estimated as the average number of live births to residents of Rhode Island. The number of children one through four was estimated as the average number of live births to residents of Rhode Island times four. The number of pregnant women was estimated as 0.75 times the average number of live births (note that multiple births were controlled in the estimate). The number of postpartum and breastfeeding women was calculated as 0.5 times the average number of live births (as was the number of pregnant women). These cohorts were summed to produce an estimate of the population by city and town with the demographic characteristics required for enrollment in WIC.

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

Health Indicator

The average (five-years) percents of low birth weight infants (less than 2500 grams), of spontaneous
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fetal mortality, and of teenage mothers, by city and town were utilized. The multiple year average percentage allows for a control of wide statistical fluctuations which may occur when dealing with 500 or fewer events (Table II).

Statewide Parity

Rhode Island receives funding (federal grant and infant formula rebates) for and provides service to an estimated 76 percent of its WIC eligible population. Locality analysis of enrolled participants indicates that service levels vary significantly between cities and towns from over 100 percent of the eligible population being served in some towns (indicating a potential problem with the basic poverty data) to 5 percent of the eligible population on Block Island. Thirty-four percent (34%) of the total WIC eligible population resides in the City of Providence.

Following previous allocation formulas, 39 percent of the total caseload (as of June, 1997) was designated to the four local agencies (8 sites) in Providence. In FY’80 the state’s AAP first introduced the expansion goal of Statewide Parity. For FY’2001, the AAP in its expansion criteria again incorporates this goal. Additional slots will be allocated to local sites in relation to the expansion rank of the cities and towns served, the state mean, and the size of the needy population (Tables I, IV, VI). Unfilled slots shall be counted as allocated.

Service Areas - Market Share Concept

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

1. Market Sharing

   A local agency is considered as impacting or eligible to receive allocations targeted to increase participation in a particular city or town if it serves a minimum of 10 percent of the enrolled population of the city or town. For the analysis of the local agency's impact on each community served, the census tracting of local agency caseloads was performed to indicate cities and towns served by each local and determine the percentage of caseload composed by this distribution (Tables III and V).

2. Normative Concept

   The use of the Normative Concept involves the utilization of traditional demographically designed target populations in order to stabilize the areas. The application of this concept, it is hoped, will control the normative aspects of market sharing, such as the natural numerical advantage enjoyed by agencies with large caseloads, or possible competition among
Goals 2001 Sec. I Preliminary Information

local agencies for participants on the basis of residency.

Table V indicates current assignment of service areas.

3. Realignment of Service Areas

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

Future Allocations

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

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

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

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

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

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

4. The need rankings and other measures of need in the Affirmative Action Plan will be applied. In addition the census tracts identified as those with the highest need (Factor Analysis study of Buechner, Scott, Smith, et al.) will be viewed for effective penetration.

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

5. Enrollment and spending will be monitored and the expansion plan may be adjusted as warranted.
## Table I - Number and Percent of WIC Eligible Population / Served by Each City and Town

<table>
<thead>
<tr>
<th></th>
<th>Estimated WIC Eligible</th>
<th>WIC Eligible Enrolled</th>
<th>WIC Eligible Unserved</th>
<th>Below State Mean</th>
<th>WIC Eligible Unserved</th>
</tr>
</thead>
<tbody>
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<td>Barrington</td>
<td>211</td>
<td>28</td>
<td>86.7%</td>
<td>57.3%</td>
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</tr>
<tr>
<td>Bristol</td>
<td>403</td>
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<td>45.4%</td>
<td>16.0%</td>
<td>183</td>
</tr>
<tr>
<td>Burrillie</td>
<td>427</td>
<td>243</td>
<td>43.1%</td>
<td>13.7%</td>
<td>184</td>
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<td>1,642</td>
<td>1,447</td>
<td>11.9%</td>
<td>0.0%</td>
<td>195</td>
</tr>
<tr>
<td>Charlestown</td>
<td>105</td>
<td>62</td>
<td>41.0%</td>
<td>11.6%</td>
<td>43</td>
</tr>
<tr>
<td>Coventry</td>
<td>592</td>
<td>328</td>
<td>44.6%</td>
<td>15.2%</td>
<td>264</td>
</tr>
<tr>
<td>Cranston</td>
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<td>78.0%</td>
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<tr>
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<td>77.8%</td>
<td>48.4%</td>
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</tr>
<tr>
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<td>0.0%</td>
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<tr>
<td>Jamestown</td>
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<td>93.8%</td>
<td>64.4%</td>
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<tr>
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<td>67.4%</td>
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<td>Narragansett</td>
<td>71</td>
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<td>1.7%</td>
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<td>-160</td>
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<td>0.0%</td>
<td>-36</td>
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<td>44</td>
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<tr>
<td>Tiverton</td>
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<td>91.2%</td>
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<td>237</td>
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<tr>
<td>Warren</td>
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<tr>
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<tr>
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<td>57.9%</td>
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<tr>
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<tr>
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<td>32,886</td>
<td>23,219</td>
<td>29.4%</td>
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### Goals 2001 Sec. I Preliminary Information

#### Table II - Ranking of Need
Based on 5 Year Average of Select Indicators

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<tr>
<th></th>
<th>Under 185%</th>
<th>Fetal Mortality</th>
<th>Low Birth Weight</th>
<th>Teen Mothers Indicator</th>
<th>Combined AAP Indicators</th>
<th>Rank</th>
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<td>8.0%</td>
<td>7.1%</td>
<td>4.9%</td>
<td>2%</td>
<td>22.0%</td>
<td>38</td>
</tr>
<tr>
<td>Bristol</td>
<td>16.0%</td>
<td>9.9%</td>
<td>6.0%</td>
<td>7%</td>
<td>38.9%</td>
<td>10</td>
</tr>
<tr>
<td>Burrillville</td>
<td>17.0%</td>
<td>7.8%</td>
<td>5.1%</td>
<td>7%</td>
<td>36.9%</td>
<td>14</td>
</tr>
<tr>
<td>Central Falls</td>
<td>47.0%</td>
<td>9.4%</td>
<td>8.2%</td>
<td>18%</td>
<td>82.6%</td>
<td>1</td>
</tr>
<tr>
<td>Charlestown</td>
<td>14.0%</td>
<td>12.0%</td>
<td>5.0%</td>
<td>4%</td>
<td>35.0%</td>
<td>17</td>
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<tr>
<td>Coventry</td>
<td>15.0%</td>
<td>9.3%</td>
<td>6.3%</td>
<td>7%</td>
<td>37.6%</td>
<td>12</td>
</tr>
<tr>
<td>Cranston</td>
<td>19.0%</td>
<td>5.6%</td>
<td>5.9%</td>
<td>6%</td>
<td>36.5%</td>
<td>15</td>
</tr>
<tr>
<td>Cumberland</td>
<td>13.0%</td>
<td>7.7%</td>
<td>4.0%</td>
<td>5%</td>
<td>29.7%</td>
<td>28</td>
</tr>
<tr>
<td>East Greenwich</td>
<td>9.0%</td>
<td>11.7%</td>
<td>3.7%</td>
<td>0%</td>
<td>24.4%</td>
<td>36</td>
</tr>
<tr>
<td>East Providence</td>
<td>22.0%</td>
<td>8.5%</td>
<td>6.3%</td>
<td>9%</td>
<td>45.8%</td>
<td>7</td>
</tr>
<tr>
<td>Exeter</td>
<td>18.0%</td>
<td>2.6%</td>
<td>6.4%</td>
<td>4%</td>
<td>31.0%</td>
<td>26</td>
</tr>
<tr>
<td>Foster</td>
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<td>7.1%</td>
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<td>27.9%</td>
<td>30</td>
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<tr>
<td>Glocester</td>
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<td>6.4%</td>
<td>0%</td>
<td>28.0%</td>
<td>29</td>
</tr>
<tr>
<td>Hopkinton</td>
<td>15.0%</td>
<td>7.6%</td>
<td>5.3%</td>
<td>6%</td>
<td>33.9%</td>
<td>20</td>
</tr>
<tr>
<td>Jamestown</td>
<td>17.0%</td>
<td>3.5%</td>
<td>4.2%</td>
<td>0%</td>
<td>24.7%</td>
<td>35</td>
</tr>
<tr>
<td>Johnston</td>
<td>20.0%</td>
<td>4.0%</td>
<td>5.5%</td>
<td>5%</td>
<td>34.5%</td>
<td>18</td>
</tr>
<tr>
<td>Lincoln</td>
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<td>4.4%</td>
<td>6%</td>
<td>33.8%</td>
<td>21</td>
</tr>
<tr>
<td>Little Compton</td>
<td>14.0%</td>
<td>5.6%</td>
<td>6.2%</td>
<td>0%</td>
<td>25.8%</td>
<td>33</td>
</tr>
<tr>
<td>Middletown</td>
<td>18.0%</td>
<td>7.7%</td>
<td>3.8%</td>
<td>6%</td>
<td>35.5%</td>
<td>16</td>
</tr>
<tr>
<td>Narragansett</td>
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<td>6.0%</td>
<td>4.3%</td>
<td>2%</td>
<td>34.3%</td>
<td>19</td>
</tr>
<tr>
<td>Newport</td>
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<td>8.0%</td>
<td>5.7%</td>
<td>14%</td>
<td>52.7%</td>
<td>5</td>
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<tr>
<td>New Shoreham</td>
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<td>0%</td>
<td>71.3%</td>
<td>3</td>
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<tr>
<td>North Kingstown</td>
<td>13.0%</td>
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<td>5.1%</td>
<td>6%</td>
<td>32.4%</td>
<td>25</td>
</tr>
<tr>
<td>North Providence</td>
<td>20.0%</td>
<td>5.1%</td>
<td>6.2%</td>
<td>6%</td>
<td>37.3%</td>
<td>13</td>
</tr>
<tr>
<td>North Smithfield</td>
<td>12.0%</td>
<td>6.0%</td>
<td>4.2%</td>
<td>3%</td>
<td>25.2%</td>
<td>34</td>
</tr>
<tr>
<td>Pawtucket</td>
<td>30.0%</td>
<td>6.8%</td>
<td>6.7%</td>
<td>14%</td>
<td>57.5%</td>
<td>4</td>
</tr>
<tr>
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<td>14.0%</td>
<td>7.6%</td>
<td>5.2%</td>
<td>4%</td>
<td>30.8%</td>
<td>27</td>
</tr>
<tr>
<td>Providence</td>
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<td>7.8%</td>
<td>17%</td>
<td>77.0%</td>
<td>2</td>
</tr>
<tr>
<td>Richmond</td>
<td>10.0%</td>
<td>8.5%</td>
<td>2.4%</td>
<td>6%</td>
<td>26.9%</td>
<td>31</td>
</tr>
<tr>
<td>Scituate</td>
<td>11.0%</td>
<td>8.5%</td>
<td>5.8%</td>
<td>1%</td>
<td>26.3%</td>
<td>32</td>
</tr>
<tr>
<td>Smithfield</td>
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<td>2.1%</td>
<td>4.1%</td>
<td>3%</td>
<td>19.2%</td>
<td>39</td>
</tr>
<tr>
<td>South Kingstown</td>
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<td>8.1%</td>
<td>4.5%</td>
<td>6%</td>
<td>33.6%</td>
<td>23</td>
</tr>
<tr>
<td>Tiverton</td>
<td>17.0%</td>
<td>10.2%</td>
<td>6.2%</td>
<td>5%</td>
<td>38.4%</td>
<td>11</td>
</tr>
<tr>
<td>Warren</td>
<td>18.0%</td>
<td>2.6%</td>
<td>6.2%</td>
<td>7%</td>
<td>33.8%</td>
<td>22</td>
</tr>
<tr>
<td>Warwick</td>
<td>17.0%</td>
<td>4.2%</td>
<td>5.2%</td>
<td>7%</td>
<td>33.4%</td>
<td>24</td>
</tr>
<tr>
<td>Westerly</td>
<td>18.0%</td>
<td>9.0%</td>
<td>6.2%</td>
<td>8%</td>
<td>41.2%</td>
<td>9</td>
</tr>
<tr>
<td>West Greenwich</td>
<td>12.0%</td>
<td>0.0%</td>
<td>5.8%</td>
<td>5%</td>
<td>22.8%</td>
<td>37</td>
</tr>
<tr>
<td>West Warwick</td>
<td>21.0%</td>
<td>6.8%</td>
<td>6.9%</td>
<td>10%</td>
<td>44.7%</td>
<td>8</td>
</tr>
<tr>
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<td>18.0%</td>
<td>6.5%</td>
<td>7.1%</td>
<td>18%</td>
<td>49.6%</td>
<td>6</td>
</tr>
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</table>

State Mean | 19.1% | 6.7% | 5.5% | 6.0% |
### Table III
Percent of Local agencies’ Participants Served
By City / Town of Residence

<table>
<thead>
<tr>
<th>City / Town of Residence</th>
<th>Women Infants Hosp (%)</th>
<th>St Jospeh Hosp (%)</th>
<th>Eat Prov Health (%)</th>
<th>Tri Town Health (%)</th>
<th>Westbay CAP (%)</th>
<th>Health Ctr So. County (%)</th>
<th>Wood River Health (%)</th>
<th>BVCHC Health (%)</th>
<th>Chad Brown Health (%)</th>
<th>Cranston Health Ctr (%)</th>
<th>Thundermist (%)</th>
<th>New Visions (%)</th>
<th>Prov Health Ctrs (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrington</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Bristol</td>
<td>3</td>
<td>0</td>
<td>87</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>3</td>
<td>100</td>
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</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>3</td>
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I-17
## Table III – continued
Percent of Local agencies’ Participants Served
By City / Town of Residence

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By City / Town of Residence

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I-19
## Table IV Indicator of Need – Summary and Ranking

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<td>Foster</td>
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State Wide Average 676
### Table V

#### WIC Local Agency Service Areas

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## Table VI
Final Ranking for Expansion / by City and Town

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Goals 2001 Sec. I  Preliminary Information

**Affirmative Action Data**
WIC Estimated Rhode Island Participation by Category
Average for FY 2001

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<th>No. of Estimated Participants</th>
<th>% Eligibles Served</th>
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<td>Total</td>
<td>32,886</td>
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* Sources of data for all tables
United State Census Buresu 1990 Census
RIDH - Division of Vital Records - Vital Records Reports
RIDH - WIC Program Enrollment Reports -August 2000

* Based on USDA estimates.
Goals 2001 Sec. I  Preliminary Information

Commodities Supplemental Food Programs
The CSFP does not operate in Rhode Island

State Systems Development Initiative
The Division of Family Health, HEALTH, has received a State Systems Development Initiative (SSDI) grant to improve the accessibility and coordination of maternal and child services in the state. As a unit of the Division of Family Health serving much of the same population of other MCH programs, the Rhode Island WIC Program will endeavor to help to carry out the objectives of SSDI and to make them a part of its operations also.

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

The project, called “Pulling It All Together With Parents As Partners” will focus on Woonsocket and Central Falls, which have substantial risk of adverse reproductive and child developmental outcomes.

Disaster Coordination and Planning

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

Objective 1: By September, 2000, establish working relationships with the HEALTH Disaster Coordinator and Emergency Response Primary Contacts and the State Emergency Management Agency to clarify WIC's roles, needs and communications

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

While Y2K was a “non-event”, procedures developed were implemented when a major WIC provider went on strike and the procedures were implemented. WIC services were maintained during the month long strike.

Objective 2: By September, 2001, conduct a Disaster Procedures Training Workshop for all personnel

Objective 3: Produce a Disaster Procedures section of the State Operations Manual and the Local Agency Procedures Manual

Objective 4: By January, 2001, conduct a Disaster Drill at the State and all local WIC agencies
SECTION II

ELIGIBILITY AND ENROLLMENT

(Procedures – 200, Operations – 2)
II
Eligibility and Enrollment
(Procedures-200, Operations-2)

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

Application and Eligibility Determination

Objective 1: Prompt implementation of revised income guidelines

Evaluation: Rhode Island Medicaid adopted the 2000 Revised income guidelines on April 1, 2000. RI WIC obtained permission to adopt the income guidelines as of April 25, 2000.

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

Objective 2: Identify training needs

Evaluation: Identified training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, Patient Flow Analysis, management evaluations, and changes in rules, regulations, policies and procedures impacting local WIC sites.

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

Objective 3: Conduct training

Evaluation: Conducted monthly orientation and training for new WIC nutritionists and support staff (as needed), trained new breast-feeding peer counselors, provided three training sessions for WIC support staff, conducted three nutrition education training (avg. attendance 25), met with WIC local agency coordinators bi-monthly, and provided individual agency training during Management Evaluations (8 sites). Over 90+ staff members attended the WIC Annual Training Event.

Plan: Conduct training monthly for new WIC nutritionists and support staff, train new breast-feeding peer counselors and provide quarterly training for all peer
Goals 2001 Sec. II   Eligibility and Enrollment

Objective 4: RItc Care integration

Evaluation: Collaborated within the Division of Family Health to improve and increase screening and referral to WIC / RItc Care / Food Stamps / FIP through integrated outreach efforts, training and further development of role of Family Resource Counselors. Provided training to local agency WIC staff on the mail-in Rite Care application, and anticipated changes in the Rite Care eligibility rules.

Established an outreach initiative with Neighbor Health Plan of Rhode Island (major Rite Care provider). Staffed ½ FTE (Provider Outreach and Education Liaison position) to enhance communications with Rite Care Providers.

Plan: Continue coordination with Family Resource Counselors, although DHS Outstation worker program has been dismantled. Continue efforts to reduce duplication of services in obtaining WIC required screenings from RItc Care (Medicaid) providers. Continue with development of Liaison / Provider initiative.

Objective 5: Assure enrollment of high priority applicants

Evaluation: WIC parent consultants, WIC Client Services Unit and the Division’s Communication’s Unit collaborated in conducting a variety of surveys and interviews related to access to services, health care concerns, quality of services provided. This information was used to plan for improved outreach efforts and improved services at WIC sites. Continued participation in a division wide outreach initiative to improve access to division programs by under served and high risk Rhode Islanders.

Plan: Continue work with WIC parent consultants and Communications in providing targeted outreach, including new / relocated WIC sites. Continue to support local agencies continued Patient Flow Analysis activities, and continue to provide technical assistance to ensure timely access to WIC services. Continue outreach efforts through managed care providers, and new providers serving the RItc Care populations through the Provider Liaison ½ FTE position.

Objective 6: Streamline eligibility determination process

Evaluation: Continued follow-up training of local agency WIC staff on use of adjunctive eligibility for WIC income verification. Upgraded software at local agency sites to increase intake efficiency. Implemented coordination system re: categorical and income eligibility between WIC and FRc program.

Plan: Continue to support local agencies’ efforts in streamlining determination process. Review documentation requirements to ensure compliance with regulations while simplifying determination process. Implement pilot project with KidsNet, to identify risks associated with elevated blood lead levels.

Objective 7: Separation of Duties
Goals 2001 Sec. II  Eligibility and Enrollment

Evaluation: Procedures were developed and implemented to address concerns re: segregation of duties. SOD monitoring was incorporated into the biennial Management Evaluations performed by the State Agency.

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

Objective 8: Coordinate with RI Department of Health Minority Health Initiatives

Evaluation: Continued collaborated with Cultural Competence Coordinator to address cultural awareness and sensitivity issues among State and local WIC staff.

Plan: Continue coordination of work with Minority Health Office in addressing needs of non-English speaking, and minority communities. In collaboration with the Division of Family Health, develop analytical tools to identify health disparities among ethnic/racial groups of WIC participants.

Determination of income

Objective 1: Increase efficiency and accuracy in determination of income

Evaluation: Provided training on adjunctive eligibility, assisted local agencies in making determination in questionable cases, provided a template form for income determination, and provided technical assistance on new WIC Federal Income Guidelines. Developed working group to encourage efficiencies among WIC and FRC programs. Preliminary studies have shown that the FRC Program was most effective in enrolling families in Rite Care (thus adjunctive eligibility).

Plan: Continue assisting local agencies in making determination in questionable cases, provide technical assistance on new WIC Federal Income Guidelines, provide training to new WIC staff re: income determination policies and procedures, continue monitoring income screenings through management evaluations.
Goals 2001 Sec. II  Eligibility and Enrollment

Nutritional Assessment

Objective 1:  Monitor documentation of nutrition assessment for accuracy

Evaluation:  Local WIC agencies conducted regularly scheduled quality assurance reviews of certification documentation (as outlined in their Nutrition Education Plans). These efforts were reviewed during Management Evaluations, conducted at required WIC agencies. All agencies reviewed were in general compliance with federal regulations.

Newly implemented USDA standardized risk code reports were analyzed and shared with local WIC agencies. Training related to use of the Hemocue was provided to improve accuracy of blood screening. Anthropometric measurement training was provided.

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

Objective 2:  Dietary assessment tools

Evaluation:  Revised dietary assessment tools were implemented for children and women. Training regarding the use of the revised tool was provided to local agency staff. The RI WIC Nutrition Coordinator testified at a national task force re: the RI assessment process and tools.

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

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

Evaluation:  WIC and the Women’s Health Screening and Referral Program continued their coordination to enhance access to nutrition services. Evaluations of lead screening results among WIC children lead to collaboration in the review of nutrition / lead materials. Started implementing the WIC / Lead / KidsNet initiative. This will allow WIC local agency staff to view KidsNet lead screening results, and act on the findings.

Plan: Continue to work with lead program in ensuring that WIC eligible children with elevated lead levels are referred to WIC. Develop Kids Net connection to enable local agency WIC staff access to lead screening results at the time of certification and recertification.
**Objective 4:** Biochemical and Anthropometric screening

**Evaluation:** Upgraded infant and adult scales at local WIC agencies as needed. WIC continued to provide measurement training to new WIC staff, and monitored techniques during Management Evaluations. Developed procedures related to new CDC/AAP/WIC blood screening guidelines.

**Plan:** Implement new federal regulations related to blood screening. Provide training to state and local agency WIC staff re: new Body Mass Index initiative from CDC.

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

**Objective 1:** Warnings and sanctions

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

FOOD DELIVERY SYSTEM

(Procedures - 300, Operations - 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: Financial Management Services Corp (FSMC)’s contract to provide banking services has been extended through fiscal year 2001.

Plan: Evaluate changes in banking needs related to the upcoming PARTNER’s EDS project. Release ITB for FY 2001.

**Automated Data Processing**

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

Evaluation: State agency and local agency WIC sites were Y2K compliant. Replaced and added backup for central WIC MIS PC. Implemented new TIP reporting software.

**Conversion and Upgrade of Entire System Needed**

**Problem**

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

**Objective 1:** Complete the System Conversion and Replacement Plan

Plan: Contract with PDA Software, Inc. to develop and implement vendor and fiscal management modules.

**Management Tools - Financial Reporting**

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

Evaluation: Financial reports and other analytical tools continue to be difficult to generate in a non-integrated MIS.

Plan: Work with software vendor on the development and implementation of new vendor, fiscal and ad hoc reporting modules to streamline, improve and support program integrity, efficiency and effectiveness.
Goals 2001 Sec. III Food Delivery System

Vendor Management

Objective 1: Have an automated procedure to flag and track high risk and potentially high risk WIC vendors.

Evaluation: Existing systems of analysis may not detect all patterns of potential abuse.

Plan: Develop Rhode Island specific Vendor Risk Management System based on current RI risk criteria and additional criteria (based on other states’ successful strategies). MIS Upgrade of Vendor Management patterned on New Jersey and Indiana to begin in Fall 2000. A module in that upgrade will identify and track high risk or potentially high risk Vendors.

Local Agency Clinic Data Processing

Objective 1: Optimize the use of the QWIC MIS with clinic operations.

Evaluation: Local agency staff turnover requires constant and continued technical assistance related to efficient patient flow, and maximum productivity of staff.

Plan: Utilize the Patient Flow Analysis Study to help support efficient and effective patient services at agencies. Monitor efficiencies and provide technical assistance during routine and management evaluation site visits. Monitor the appointment times.

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

Evaluation: No reports currently track no-show, void and nonredemption rates by site.

Plan: Develop summary tracking reports, general and specific, for each clinic and statewide. Work with clinic to develop tools they can use for reminding participants (if necessary), such as mailing labels, calling lists, etc. Monitor change in rates. Work with agencies as needed to develop alternative strategies.

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

Evaluation: Check issuance assessments done completed as part of the management evaluation process. For FY ’00, two of seven WIC agencies were cited for failure to maintain segregation of duty (SOD). Additional site visit reviews were conducted to monitor segregation of duties.

Plan: Continue review of checks for issuing personnel; security of check stock; corrective action as needed. Provide technical assistance re: SOD implementation.
Operation of the Retail Vendor Management System

Goal: That all authorized participating WIC vendors will be a benefit to the efficient and 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 the current number of authorized WIC vendors (225 grocers and 40 pharmacies).

Evaluation: Actual vendors as of 9/30/99 were 214 grocers and 35 pharmacies, a slight reduction in grocers and in pharmacies. The number of small, minimally stocked and high cost pharmacies is significant. Several lower priced pharmacies are on the waiting list. Two pharmacies voluntarily terminated as of 9/30/2000.

Plan: Continue applying clear and specific pharmacy selection policies to ensure the lowest cost/most accessible pharmacies are enrolled, unless the need for special authorization warrants a enrollment above the maximum.

Vendor Education and Training

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

Evaluation: A review of training and visit records show 92 vendors received at least one on-site training/monitoring visit. A total 29 new vendor applicants attended formal training with post training tests at HEALTH. Additionally, 44 vendors received refresher training offered at HEALTH.

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

Excessive Price Limits

Objective 1: To have an automated mechanism to identify potential overcharges among stores.

Evaluation: The State's method for identifying potential overcharges among stores is very time consuming. A more objective and thorough analytical method for comparing vendor redemption prices was implemented in the prior year which can take into account specific vendor type by check type averages in order to control for differences in the vendor's check type mixes, and vendor size. The method was tested at several appeal hearings and upheld as valid, objective and fair.

Plan: Use of and evaluation of automated vendor price monitoring tools. Planned MIS upgrade package for vendors includes a number of tools to determine excessive
Goals 2001 Sec. III Food Delivery System

pricing and price fixing. A peer group analysis is one of the key components of the process.

Store Monitoring

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

Evaluation: Difficulty in finding and retaining investigation aides has impaired the Program's ability at times to conduct investigations. This had been remedied in 2nd quarter 2000 when two 20 hr./week contract employees were added to perform compliance visits.

Plan: Review investigation records of cases and their outcome. Review the records for increase in the number of investigations conducted.

Objective 2: Maintain routine monitoring at 30 percent of vendors.

Evaluation: A total of 121 on-site visits occurred

Plan: Continue routine visits and also seek to apply additional resources to store visits.

Objective 3: Increase staff time for vendor compliance investigation management

Evaluation: The vendor compliance investigations need assistance in the review of the critical evidence needed for an administrative action.

Plan: Focus staff time on investigation management

Vendor Recoveries

Objective 1: Continue use of a maximum price by check type to increase payments denied, which is equivalent to increasing vendor collections.

Evaluation: Check prices by FI type and vendor class were monitored to determine the reasonable maximum price/check rejection cutoff. Following that, bank edits were revised to reject checks above the cutoff, for some checks. Rejected checks were returned to vendor. Vendor must justify price and RIDH determined allowable reimbursement.

Vendor collections are a tedious process and overcharges are difficult to document.

Plan: New enhancements to MIS Vendor Management Module should provide for the revision of check type by vendor class specific maximum check value. (Operations Policy V-10 and V-11).

New / Revised Federal Regulations

Objective 1: Implement new and revised federal WIC regulations for reciprocal WIC/FSP disqualification issued on March 18, 1999. Implementation for this rule will be
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completed by May 2000

Evaluation: As required by new federal regulations, Rhode Island will promulgate, adopt and implement such policy, procedure and rule changes. Proposed changes are included in this submission, either as specific draft policies or in the final and proposed federal rules, by reference.

Plan: Revised federal WIC regulations for reciprocal WIC/FSP disqualification, were approved by NERO and were promulgated April 2000. Review effectiveness of revised policies.

Objective 2: New and revised federal WIC regulations for vendor management and participant fraud and abuse were proposed on June 18, 1999 and comments due by October 14, 1999. Final rules may be adopted which require state action to adopt and implement.

Evaluation: State submitted comments in timely fashion for review. The final regulations will require a significant amount of response and review.

Plan: HEALTH will prepare state plan revisions to institute the required changes when they are published.

Community Relations

Objective 1: Continue a positive dialogue with the retail vendor community through the WIC & RI Food Dealers' Association Vendor Task Force to be sure they understand the WIC Program, their role in it, and their concerns, observations and suggestions.

Evaluation: Review comments and issues affecting both parties and how they were addressed. Developing a "supercheck" for interested participants which would contain many food items and would result in only one check per participant per store visit. Included the RIFDA input on Vendor & Participant color picture allowed food listing. Maintained dialogue on legislation and on any proposed or new regulations affecting the WIC Program and the vendor community.

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

STATE AGENCY NUTRITION EDUCATION PLAN

(Procedures – 400, Operations – 4 )
Goal: To ensure that RI WIC participants have access to health care services and appropriate referrals

Year 2010 Objectives (16-6)

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

Evaluation: More pregnant women in RI are receiving their prenatal care in the first trimester. In 1990, 86.7% of pregnant women received prenatal care in the first trimester and by 1999, the figure increased to 91.4% (data from self-reported data on the birth certificate). However the rate of early entry into prenatal care varies among difference groups. During the five-year period 1995 – 1999, 89.9% of pregnant women received prenatal care in the first trimester. However, only 80% of African Americans and Native Americans, 81% of Asians, and 84% of Hispanics received prenatal care.

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

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

Evaluation: WIC continued to monitor access to health care by obtaining proof of health care (via medical referral form), interviewing caretakers, collaborating in immunization screening at the 4 largest WIC agencies, and continued working with Kids Net program.

Plan: Continue screening child applicants for access to primary care services, make appropriate referrals to health care providers as necessary, and work with Kids Net to implementation of the health data tracking and referral system.

Healthy People 2000

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

Evaluation: As of June 2000, .94% of WIC participants were uninsured, 78.25 % were on Medicaid (managed care RITE Care Program), and 20.82 % were privately insured. 5% of the WIC participants were referred to RIt Care managed Medicaid program.
Goals 2001  Sec. IV  Program Benefits

Plan: Continue referrals to RItc Care managed Medicaid program for uninsured applicants. Develop and run report which list those WIC participants without health insurance for follow-up contact. Provide training on new Rite Care Eligibility criteria to local agency WIC staff.

WIC Objective

Objective 1: WIC association with Priority I health care agencies

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

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

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

Objective 2: Participate in RIte Care planning and service integration

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

Plan: Continue to collaborate in the implementation of the new Women’s Assessment Project and encourage providers to completed the WIC Medical Referral Forms to reduce duplication of screenings. Monitor Local Agency WIC Programs to ensure compliance with the New Bloodwork Requirements, by reviewing DOB, date bloodwork was performed and date recorded at the WIC clinic, This will be done at Management Evaluations.
Goal  To ensure that quality nutrition education, which recognizes the individual needs of participants, is provided to every WIC participant or guardian in a manner consistent with federal regulations, state guidelines, and appropriate health care standards.

_Provision of Quality Nutrition services_

_Year 2000 Objectives_

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

Evaluation: As of August 2000, 14% of children and 15% of women on the WIC Program had low hemoglobin levels. Participants continued to receive targeted counseling re: iron rich foods and their importance using the newly developed and translated nutrition education materials.

Plan: Continue providing targeted nutrition education re: iron nutrition. Continue WIC caseload expansion (if feasible) to prevent iron deficiency by reaching more children aged one through 4. Continue Kids Net collaboration in providing lead blood level test results at WIC certification and recertification. (adequate iron nutrition is a barrier to lead poisoning). Implement the new USDA blood screening schedule which is aligned with AAP and CDC recommendations.

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

Evaluation: In August 2000, 8.9% of children had inadequate calcium intakes. Of pregnant and breastfeeding women, 48.9% failed to meet the dietary recommendations for calcium. Women continued to receive targeted nutrition education re: calcium sources and the importance in their diet. Low and lactose-free dairy products were provided to lactose intolerant WIC participants, and new nutrition education materials were developed re: calcium nutrition. Food packages with calcium fortified orange juice were available for select women.

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

**Objective 3:** Work towards increasing to at least 75% the proportion of parent and caregivers who use feeding practices that prevent baby bottle tooth decay.
Goals 2001  Sec. IV  Program Benefits

Evaluation:  WIC nutritionists educated parents on the dangers of baby bottle tooth decay. Caregivers continued to receive counseling regarding proper feeding practices that prevent baby bottle tooth decay.

Plan: Based on positive responses from local agency staff and parents, if funding allows, the sippy cup distribution project will be repeated. Continue providing caregivers with information re: proper feeding practices that prevent baby bottle tooth decay.

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

Evaluation: WIC implemented the new risk criteria related to tobacco use. In August 2000, approximately 5.3% of pregnant women on WIC smoked. Illicit drug use is rarely identified as a risk due to attached stigma and fear of discovery. WIC continued to counsel women on the implications of abusing drugs and other harmful substances. Referrals were made to community organizations with smoking cessation programs and alcohol/drug abuse treatment services.

Plan: Continue to counsel women on the implication of abusing drugs and other harmful substances. Assist local agencies in identifying community resources and referral agencies available to WIC participants which deal with substance abuse issues. Refer to community organizations with alcohol and drug abuse treatment services. Collaborate with Project Assist and Rite Care providers in to develop cohesive strategies in reducing smoking rates among WIC participants. Support NHPRI’s initiative to sponsor a smoking cessation program for pregnant Ritecare members.

**Objective 5:** Work towards increasing to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies.

Evaluation: Counseled WIC mothers on the importance of proper weight gain during pregnancy and sound dietary practices and a nutritionally adequate diet. Provided customized food packages based on nutritional needs and preferences. As of 8/00, Approximately 23.47% of prenatal women on WIC were risked with insufficient wt gain (loss), while 10% of postpartum women were risked with insufficient wt gain in their last pregnancy.

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

**Healthy People 2000 Objectives**

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

**Objective 1:** Increase healthy diet by reducing fat intake and increasing servings to fruits
Goals 2001  Sec. IV  Program Benefits

and vegetables to 5 or more servings per day, and grain products by 6 or more servings daily.

Evaluation: Counseled WIC participants on the importance of a balance diet along with the WIC foods to meet these goals, increased WIC participation in the Farmer’s Market Nutrition Program to all WIC local agencies. An Additional Farmer’s Market was added in Bristol. Collaborated with Johnson and Wales University for “Veggin Out” cooking and nutrition education demonstrations at urban market sites.

Plan: Work to obtain additional FMNP funds for continuation and expansion of the FMNP to additional FM sites. Continue counseling participants on the importance of a balanced diet, and ways of incorporating fruits, vegetables and grains into their diets. Develop a mini-cookbook for legumes, peas and dried beans for distribution at WIC sites. Distribute 5-a-day information through WIC sites. Expansion of the “Veggin Out” cooking and nutrition education demonstrations.

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

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

Plan: Continue in these efforts

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

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

Plan: Continue in these efforts

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

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

Plan: Continue with these efforts. Coordinate with Kids Net to provide lead screening results at WIC sites to determine the WIC lead risk status.

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Objective 5: Improve oral health by preventing dental caries.

Evaluation: Care givers continued to receive counseling regarding proper feeding practices that prevent baby bottle tooth decay.

Plan: If funding is available, re-institute sippy cup distribution project. Continue to counsel care-givers re: proper feeding practices which prevent baby bottle tooth decay. Refer WIC participants to dental care providers as needed.

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

Evaluation: As of 8/00, 10.92% of infants on the WIC program were premature or low birth weight infants. WIC counseled WIC pregnant women on the effect smoking and drug use has on the birth outcome and referred participants (when appropriate) to abuse treatment centers and/or smoking cessation programs, instructed clients on optimal weight gain during pregnancy, and monitored high risk participants for optimal weight gain during their pregnancy.

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

R.I. WIC Objectives

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

Evaluation: Reviewed and evaluated FY 2000 Nutrition Education Plans submitted by the 13 local WIC agencies; ensured their consistency with federal and state rules and regulations and emphasized the development of quality assurance systems to monitor the provision of nutrition education to WIC clients. During Management Evaluations, are reviewing the quality assurance program used as a local agency self evaluation systems. The results of the self assessment component have been incorporated into the Nutrition Education Plan to allow quick/consistent feed back to the agency. A 2 year nutrition education plan was developed which will allow strategic planning to span 2 years, with the ability to evaluate and revise at a 1 year mid-point.

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

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

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

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

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

WIC support staff will be provided training in low-risk nutrition education contacts (SNEC).

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

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

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

Plan: Continue annual WIC participant and FMNP survey, and the use of WIC parent consultants in obtaining participant information regarding WIC services they receive. HEALTH’s communications unit plan to conduct focus groups with WIC eligible families, who have not received WIC benefits, to look at barriers to services.

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

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

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

Breastfeeding Promotion
Goal  Increase breastfeeding initiation and duration

Year 2000 Objective

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

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

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

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

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

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

Plan: If funds allow, develop a computer generated report that will determine breastfeeding duration rates at the local agency and state level for 3 months, 6 months, 9 months, and 12 months.

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

Evaluation: The Peer Counselor Program has expanded to include funding for Peer Counselors at 22 WIC sites. Statewide WIC breastfeeding rates have increased steadily over the past year from 11.6% (9/99) to 13.5% as of 5/00.

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

Objective 4: All local agencies will designate a WIC nutritionist to serve as the Local Agency Breastfeeding Coordinator.
Goals 2001  Sec. IV  Program Benefits

Evaluation: All local WIC sites designated a Breastfeeding Coordinator

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

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

Evaluation: Participated and supported the on-going efforts of the RI Breastfeeding Coalition in the support-promotion of breastfeeding by attending monthly meetings and assisting in special projects. Developed the revised 2000 Breastfeeding Resource Directory for Health Care Professionals. Partnered with several agencies and organizations for the 2000 WIC World Breastfeeding Week Event. Conducted statewide needs assessment for improving breastfeeding rates in RI with the assistance of Trainor Assoc. and the Division of Family Health. Worked in development of RI Breastfeeding Support and Promotion Strategic Plan.

Plan: Continue support and participation of R.I. Breastfeeding Coalition, distribution of latest edition of the Breastfeeding Resource Guide, promotion of World Breastfeeding Week and provide leadership for implementation of a 3-year statewide strategic plan to increase breastfeeding rates in RI.
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: Began a review of the WIC Allowed Food List, and revised as needed the procedures for selection of WIC allowed foods. Included cost consideration, market availability, funding restrictions, local agency and WIC client input. Included review of private label cereal for inclusion on WIC allowed food list. Held focus groups with WIC participants, Parent Consultants, Vendors and WIC Local Agency staff to have input about the acceptability of the new food package. Starting programming to expand selection of food packages on the QWIC system.

Plan: Complete food package programming. Add to WIC food package tailoring those packages that meet program and client needs. Complete the review of WIC Allowed Food List evaluation.

Objective 2: Add calcium fortified juice to select food packages

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

Objective 3: WIC Nutrition Risk Criteria

Evaluation: Implemented the WIC Nutrition Risk Criteria (UDSA/FNS memo 98).
SECTION V
OUTREACH AND COORDINATION
(Procedures – 500, Operations – 5)
OUTREACH PLAN

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

Year 2000 Objectives

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

Evaluation: Statewide, Vital Records data for 1994-1998 show the state is nearing the objective (89.6%). There are, however, vast differences along racial/ethnic lines. For Whites it was 90.9%, The rate for African Americans (78.3%) and Asian Americans (80.5%) was more than twice that of Whites; as was the rate for Native Americans (80.5%). For Hispanic women, it was 82.6%. WIC provided referrals to Rite Care and Rite Start for uninsured pregnant women to improve access to health care.

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

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

Evaluation: WIC Outreach information was distributed by Neighborhood Health Plan, United Health Care, and Blue Chip Plan. A WIC Provider relations position was added, which will provide physicians information about WIC and the Kidsnet program. On-going coordination continues with Division of Family Health program (Early Intervention, Lead Program, Kids Net) to improve access to needed services.

Plan: Ensure referral of all appropriate hospital and health center patients to clinics and ensure that WIC nutrition services are included in team managed care for patients. Coordinate WIC risk assessment procedures and WIC risk-criteria definition with other Division of Family Health programs so as to complement and not duplicate
Goals 2001 Sec. V Outreach And Coordination

nutrition assessments for pediatric and prenatal clients. Contact, at least annually, by phone, mail, or visit local health care providers to educate, solicit referrals and encourage sharing of information. Target providers who serve Ritecare populations and provide prenatal care.

**Healthy People 2000 Objective**

**Objective 1:** Increase access to primary care by increasing to at least 95% the proportion of people who have access to ongoing primary health care.

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

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

**WIC Objectives**

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

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

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

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

WIC and KidsNet will establish a KN transmission to WIC of lead screening results for followup and WIC eligibility determination.

Kids Net will provide WIC outreach information to potential WIC eligibles.
Goals 2001 Sec. V Outreach and Coordination

Evaluation: WIC continued to collaborate with Kids Net during the development phase of the Kids Net MIS.

Plan: Continue with Kids Net collaboration, working towards full implementation of system in 2001. Coordinate the installation and training of Kidsnet at pilot WIC sites, arranging for site training of lead screening and referral guidelines.

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

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

Plan: Continue to provide socioeconomic and demographic data by census tract to focus outreach to under served areas. Share with local WIC agencies the Providence analysis by census tract.

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

Evaluation: Reviewed and monitored local agency outreach plans (in Nutrition Education Plans). Provided outreach materials to local WIC sites. Ensured that accurate outreach materials were available in Spanish. Outreach mailings targeted licensed day-care facilities, major employers Human Services Offices, Unemployment Offices, Head Start Programs and health fairs.

Plan: Assist and ensure that local agency Nutrition Education Plans include outreach targeting high risk areas, continue with targeted outreach efforts, and collaborate with implementation of Outreach RFP with the Division of Family Health. HEALTH is organizing a Statewide Outreach Committee, which includes HEALTH’s communications unit, to organize a targeted statewide effort.

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

Plan: Coordinate with the R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training to identify areas of the state which offer migrants jobs. Employers will be provided with WIC outreach brochures.

Note: Full funding may be necessary to serve those WIC clients who may be certified based only on migrancy due to the low priority level (as currently
Goals 2001 Sec. V Outreach And Coordination

Objective 5: Solicit public and legislative support for WIC by promoting positive accomplishments through press releases, human interest stories, presentations to groups and appearances on radio and television shows.

Evaluation: Had television and radio broadcast (Spanish channel) re: WIC services, and presentations to parent and professional groups, initiated news articles about local agencies with positive Management Evaluation findings; issued press releases about national and state awards to WIC program. Provided information to congressional staff.

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

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

Evaluation: WIC services were publicized by distribution of new WIC outreach brochures (targeting working eligibles), and annual public notice in a statewide newspaper along with 5 community meetings; arranged for special telephone directory listing of all local agencies and state (800) info line. A WIC listing was added to a Hispanic directory.

Plan: Continue outreach efforts as above. Collaborate with the Division of Family Health in the implementation of an integrated RFP for outreach initiatives targeting underserved populations. Develop outreach connection with Kids Net.

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

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

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

Currently 60% are being served statewide.

Plan: In collaboration with Family Planning, complete the development of a WIC/Family Planning brochure which would inform pregnant women of WIC when their
Goals 2001 Sec. V Outreach And Coordination

pregnancy is confirmed. Continue visits and mailing to health care provider’s offices once a year.

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

Evaluation: Trained Dept. of Human services Outreach Workers on WIC services, eligibility and referral mechanisms. RIta Care distributed WIC information to new enrollees.

Plan: Continue with outreach plan for HMOs and care providers regarding WIC eligibility. Identify and target Ritecare providers through MCO physician directories. Encourage MCO’s distribution of WIC materials at new site visits.

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

Plan: Build communication links. Invite WIC staff to join provider relations staff at provider visits. Identify provider needs and share with WIC. Educate WIC eligibility and criteria guidelines.

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

Evaluation: 1725 calls were received from October 1, 1999 to October 1, 2000.

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

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

Plan: Prepare and analyze local agency use of QWIC system re: type and frequency of referrals documented on QWIC system. Provide technical assistance as needed.

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

Evaluation: RIta Care implemented but referral data not yet available.

Plan: Develop strategy for using RIta Care data to improve referrals to WIC.

Objective 13: Distribute outreach materials, annually, to shelters and organizations serving the homeless, including program availability and eligibility information.

Evaluation: Ensured that local agencies included homeless shelters and other organizations serving
Goals 2001 Sec. V Outreach And Coordination

the homeless in their outreach efforts as documented in the LA Nutrition Education Plan submitted on a yearly basis.

Plan: Continue outreach to shelters and organizations serving the homeless.

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

Evaluation: This objective was not met last year.

Plan: Obtain the 2000 Emergency Services Directory from Travelers’ Aid for distribution to local WIC agencies.

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

Evaluation: Client Services Unit continued to act as liaison for foster parents/foster services and local WIC sites. Provided technical assistance to local agencies re: foster services to ensure continuity of service.

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

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

Evaluation: Preliminary development of options were cooperatively developed with the NIHC nutrition services unit in FY ‘97.

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

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

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

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

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

Year 2000 Objectives

Objective 1: Reduce the prevalence of blood lead levels exceeding 15ug/dL and 25ug/dL among children aged 6 months through 5 years to no more than 500,000 and zero, respectively.

Evaluation: Assisted in screening and/or referring to health care providers for blood lead levels, documented and forwarded abnormal blood screening results, including elevated lead levels to health care providers, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screening.

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

Healthy People 2000

Objective 1: Reduce the prevalence of blood lead levels exceeding 10 mcg/dl by 50% and exceeding 20 mcg/dl by 75% among children through age 5 years.

See above

Year 2000 Objectives

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

Evaluation and Plan: Refer to Section IV, Breastfeeding Promotion

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

Plan: Continue to screen, counsel and refer WIC applicants re: the dangers of alcohol use during pregnant, and fetal alcohol syndrome. Ensure that local WIC agencies are familiar with substance abuse service providers in their communities.
**Objective 4:** Increase abstinence from alcohol, cocaine and marijuana by pregnant women by at least 20 percent.

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

Plan: Continue efforts.

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

Plan: Continue efforts.

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

Evaluation: Continued to uses results of Patient Flow Analysis, client surveys and Management Evaluations to target training for local staff re: clinic efficiency and client satisfaction issues. State-wide average for WIC appointment is approximately 2 - 3 weeks

Plan: Continue with efforts.

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

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

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

Evaluation: Continued collaboration with Family Resource Counselors who perform some pre-
Goals 2001 Sec. V Outreach And Coordination

screening for WIC and Medicaid outreach in health centers. Monitored referral systems during local agency Management Evaluations.

Plan: Continue with efforts. Investigate the development of a WIC participant flyer, which would be placed in waiting areas and carry human interest stories about WIC.

Objective 9: Ensure health care referrals or continuation for all participants whether within the agency or with private providers.

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

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

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

Evaluation: Revised and distributed pamphlet which gives information on the above programs and R.I.'s RIt Care Program, and in-service training was provided to local WIC staff regarding it’s use.

Plan: Continue efforts for distribution.

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

Evaluation: Information was updated in the Procedure Manual, and new income guidelines were effective April 25, 2000.

Plan: Continue efforts

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

Evaluation: Monitored local agencies outreach efforts via the management evaluation and the Nutrition Education Plan. Tracking system development to monitor progress. Outreach to health care providers conducted via office visits, mailings and provision of outreach materials
Goals 2001 Sec. V Outreach And Coordination

Plan: Continue efforts. Provide feedback to local agencies regarding their referral profile, include in the newsletter. Develop and outreach packet, including social marketing principles that are effective, easy to use, inexpensive an provide practical example of outreach methods that local agencies may use. Use newly developed tools as WIC Provider Liaison Manager contacts providers.

Healthy People. 2000 Objective

Objective 13: Increase the basic immunization series among children under age 2 to at least 90 percent, the proportion of infants up to 24 months who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the US Preventive Services Task Force, And increase to at least 80 percent the proportion of children aged 2 through 12 who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the US Preventive Services Task Force.

Evaluation: AtWIC sites, staff inquired as to immunization status of WIC children and encouraged caretakers to have children immunized, and referred child to health provider if necessary. Collaborated in the expansion of Kids Net, which will enable state-wide tracking of the immunization status of children.

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

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

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

Plan: Continue investigation of EBT, and collaboration with Kids Net.

Objective 15: Decrease the prevalence of hunger and food insecurity among RI WIC families.

Evaluation: The RI Food Security Monitoring Project (RIFSMP) estimated that 24.4% of households residing in poverty census tracts in RI were food insecure in 1999. The WIC Participant Survey results from '96 – ’98 indicated that about 70% of WIC participants surveyed worry they will run out of money to buy food and only 50%
Goals 2001 Sec. V Outreach And Coordination

indicated they could “often” eat properly.

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

STATEMENT ON SPECIAL POPULATIONS

American Indians

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

Past data indicated that most Rhode Island Indians were served by the Health Center of South County or Wood River Health Services. Recent census data shows that Indians live across the state and that a significant number live in Providence. Discussions with Native American representatives suggest that Native Americans served by WIC may be under counted or be applying at lower rates than other population groups. The state WIC office plans to work with Native Americans to consider options for better serving this population, including WIC access at the new Narragansett Indian Health Center.

Migrant Farm workers

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

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

FINANCIAL MANAGEMENT

(Procedures – 600, Operations – 6)
Goal:

Cost Containment

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

Evaluation: Per participant food costs have been steadily reduced; by 2.5% in FY 1997, 10.2% since FY 1994, and by 12.7% since FY92 due to vendor price controls and two successive, improved, infant formula rebate solicitations. Comparison of closeout figures to grant.

Plan: Continue efforts

Limiting High Cost Food Items

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

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

Evaluation: WIC eligible foods were reviewed for inclusion on the RI WIC Allowed foods list. Focus groups with participants determined that the additional of private label cereals would enhance the perceived value of the WIC food list. The addition of “least expensive milk” was considered a neutral issue.

Plan: Implement the new WIC allowed food list to enhance cost containment while using the new list as a marketing tool to retain current WIC participants and promote the value of the WIC food benefit package among applicants.
**Goals  2001 Sec. VI  Financial Management**

**Food Price Reduction Initiatives**

Infant formula manufacturers have reduced the cost of infant formula to WIC programs significantly by paying rebates on a portion of the sales price to the WIC Program. Under current federal law, such rebates can be used not only to provide food benefits for additional participants but also to purchase breast pumps. In Rhode Island, choice of infant formula for over 96% of WIC infants has been limited to the rebate contract products of one manufacturer, to achieve the greatest cost savings. This has allowed RI WIC to serve almost 6,000 additional people. It would seem prudent to explore rebate cost savings for other foods, even if it meant some restriction of brand choice.

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

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

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

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

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

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

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

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

**Objective 6:** Selection of the cost containment system which best meets client needs, in light of the most efficient and effective administration of the Program.

**Objective 7:** Evaluation of client nutrition and health factors and establishment of guidelines to ensure that needed foods are available.

**Objective 8:** Prior to implementation of the system selected, a final decision, based on a review of all available information and relevant factors, to adopt cost containment will be made if determined to still be in the best interests of the RI WIC Program.

**Objective 9:** Implementation of cost containment system

**Objective 10:** Periodic review of the operation of the cost containment and state agency decision on system adjustments, revisions or termination as appropriate.

**Description of Cost Containment Initiative**

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

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

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

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

**Section VI – Page 4**
Sole Source Rebate System

For a specific food type, or form or composition, the product(s) of only one manufacturer will be designated as the primary brand(s) for purchase in the WIC Program. The designation will be based upon the rebate bid which will yield the lowest net cost for the food type taking into account the amount of the rebate bid, the wholesale price and future cost guarantees, participant acceptance, variety of types and choices, statewide availability and established market share.

Multisource Rebate System

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

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

Award(s)

A. Sole Source Bid:

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

B. Multisource Bid:

1. If a multisource bid is also sought, the lowest net cost sole source bid shall become the standard against which all bids received for any multisource option will be compared.

2. All multisource bids will be evaluated and a determination of combined costs will be made based on the bids, wholesale prices, future cost guarantees and the bidders' market shares.

3. Both the sole source and the multisource bids being evaluated will be further adjusted for identified costs and savings related to the sole source system in the one case and the multisource system in the other to determine for each system a total annual food type system cost. The total annual system cost for sole source and multisource will be compared to see which system and bid(s) will be implemented, provided the bids assure a satisfactory variety of product.
Goals 2001 Sec. VI Financial Management

C. Awards

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

D. Refusal of Bids

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

Alternative Proposals and Methods

The state may accept and consider alternative cost containment proposals during the state plan comment, proposal development, and bid period. The State will consider such alternative proposals if equivalent or better as to the cost containment savings, contribution to the stability of the Program, safeguards and other such factors related to the efficient and effective administration of the Program. The method of consideration of such alternatives and comparison against the sole source/multisource proposal in this State Plan will be determined by the State depending on the nature of such alternative proposal(s).

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

WIC Foods to be Procured.

Adult cereal
Infant cereal
Juice
Peanut butter

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

Accountability System.

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

**Conversion of Funds to Administrative and Program Services Funds.**

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

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

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

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

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

Utilization of State of Rhode Island Appropriation

For state FY 2001, 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 pilot electronic transmission of WIC local agency monthly expenditure reports as a means to facilitate processing of payments and to reduce maintenance of paper backup of reports.

Objective 1: Develop electronic filing mechanism for local agency reporting of WIC Monthly Expenditure Reports - Nutrition Services and Administration

Plan: A new financial management module for the WIC Program will be developed by PDA, Inc. The new module will include a compatible function to transfer data from agencies who wish to bill monthly expenditures electronically. The local agency must retain the source documents that it uses to complete each monthly expenditure report for review and audit purposes. A signed report must remain on file and be available upon request.
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 draft Audit Report for State FY ‘99 has been received. Findings and recommendations have been addressed as set forth in the Audit response.

Plan: Prepare for FY ’00 audit cycle focusing on areas previously cited.

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

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

Evaluation: A review of the FY ’99 findings of an independent audit for each local agency was scheduled and 10 of 12 received to date.

General Administration

Local Agency financial staff have expressed an interest in state-provided training the 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.
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 ’00. Management evaluation findings were transmitted to executive directors and WIC Coordinators. Corrective plans were developed, reviewed and approved by the State agency.

Plan: Schedule and complete monitoring visits as required. Focus will be placed on the implementation of new bloodwork and physical presence regulations. Findings from previous evaluations will be used in assessing training needs of local agency staff.

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

Evaluation: Interim site visits were made to provide technical assistance in areas related to programmatic deficiencies noted during evaluations. Included were check issuance, segregation of duties, customer service and scheduling.

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

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

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

Plan: Provide additional technical assistance in the implementation of the new blood handling regulations, self declaration of income, residency and ID, and physical presence.

Objective 4: Assist local agencies in developing and establishing self assessment management evaluation systems. These systems will be implemented to review their operations and those of associated clinics on a yearly basis.
Goals 2001 Sec. VII Monitoring

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

**Objective 5:** Provide technical assistance to local agency Coordinators in how to self-assess quality and write useful corrective action plans.

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

**Objective 6:** Review management evaluations to determine further training needs.

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

CIVIL RIGHTS AND APPEAL

(Procedures – 800, Operations – 8)
Civil Rights Compliance

Goal

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

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

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

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

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

Evaluation: R.I. did not officially consider any new agencies this year. Requirements are set forth in the Operations Manual.

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

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

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

Evaluation: No instances of civil rights noncompliance were discovered or reported in FY 2000. All nondiscrimination requirements were met. The Annual WIC Training Conference included training on civil rights and cultural competence. It was attended by 95% of state and local agency WIC staff. State WIC staff attended cultural competence training as part of a Departmental initiative.

Plan: Conduct compliance reviews of local agencies at least bi-annually. Provide civil rights training to all staff and as part of the orientation training. Integrate cultural competence training into the Annual Training.
Objective 6: Assure public notification of nondiscrimination.

Evaluation: The new nondiscrimination statement is being placed on all appropriate public information documents produced by the State Agency, and has been forwarded to local agency WIC programs.

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.
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
(Operations - 9)
PUBLIC INPUT
(Operations - 9)

For several years, there has been little or no comments submitted in connection with the annual formal public hearing. In conjunction with the Division of Family Health, WIC and other Family Health units have taken a more proactive approach to seek out input from consumers, providers and the public. The Division conducted a statewide series of community forums to receive comment on operations, services, future directions and unmet needs related to its programs, including WIC, and maternal, child and adolescent health. WIC managers and parent consultants played key roles, to assure the project met WIC’s need for input. Several parents and community service organizations commented about WIC. These comments have been considered, and have affected the development of this Plan, as well as changes in operational policies.

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

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

Following this comment period, proposed policy and procedure changes, as well as any modifications of these Goals, will be submitted as State Plan Amendments to Food and Nutrition Services.
PUBLIC HEARING NOTIFICATION  
(Operations - 9)

A Public Hearing was scheduled for 10:00 a.m. on December 19, 2000 regarding the State Plan of Operation and Administration of the Special Supplemental Nutrition Program (WIC and Farmers Market Services) for fiscal year 2001, 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 were published in newspapers having aggregate statewide distribution.

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

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

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

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