

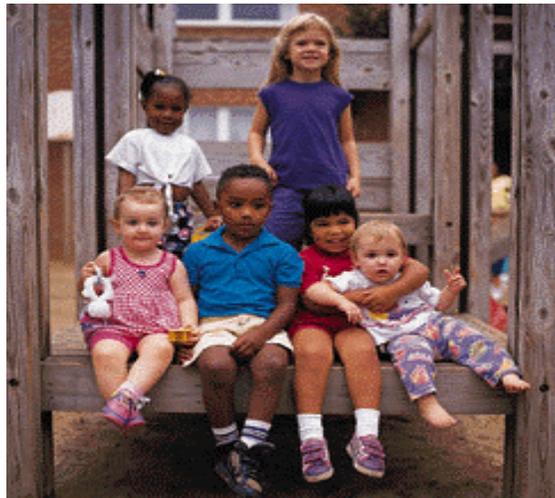


**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH INITIATIVES BRANCH**

**HEALTH, EDUCATION, MANAGEMENT & SURVEILLANCE SECTION**

**Connecticut State Plan for Program Operation  
In the Special Supplemental Nutrition Program  
For  
WOMEN, INFANTS AND CHILDREN (WIC)**



**Fiscal Federal Year 2009  
(October 1, 2008 to September 30, 2009)**

**Submitted in accordance with USDA  
Food and Nutrition Service  
Federal Regulations 246.4(A) - State Plan**

**September 30, 2008**



Keeping Connecticut Healthy

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APPENDED MATERIAL:

VENA PLAN & NEW FOOD PACKAGE IMPLEMENTATION PLAN

**PART II**

**Policies and Procedures – Sections 2 and 3**

## A. INTRODUCTION

WIC is implemented by the United States Department of Agriculture (USDA-FNS) under public law 95-627, Section 17 of the Child Nutrition Act of 1966; final regulations were issued January 2002. Funds for Food and Administrative costs are transferred from USDA – FNS to the CT Department of Public Health, Public Health Initiatives Branch, Health, Education and Management Section.

The State Plan for Connecticut Women, Infants and Children (WIC) Program is the governing document that provides guidance and direction for the State and Local Agencies administering the program. In compliance with Federal regulations and State regulations and requirements, the plan is updated annually to ensure the inclusion of new and revised federal and state requirements, miscellaneous rules etc. Although the Plan is primarily based on Federal regulations, it is a consolidated plan that includes requirements and guiding principles for best practices from the state perspective and that of the nation's public health framework.

Although the State WIC Plan references a single document, it has 3 major components. Part I of the plan contains the State goals and objectives FFY2009, the evaluation FFY2007 and the updated VENA Plan. To the extent possible, the goals address the core functional areas of the WIC Program. These functional areas are: management and organization, nutrition services and breastfeeding support and promotion, food delivery and food instrument accountability, vendor management, management information systems, caseload management and outreach, coordination of services, civil rights, certification and eligibility, monitoring and QA and fiscal management. The goals and objectives are State-specific and function as a guide for enhancing program effectiveness and efficiency.

Although Part II is submitted as "old" format Sections 2 and 3 for approval, the goal is to change its format to a Chapter driven Policy and Procedure Manual PDF document that will stand on its own as an instructional document. In similar fashion as the program goals, the WIC Program policies and procedures will be organized in chapters according to WIC functional areas. The Policy and Procedure Manual is an important tool to assist the state agency with monitoring the efficiency and effectiveness of local agencies. In most instances, the Policy and Procedure Manual describes actions of the local agencies to assure compliance with program regulations and policies.

The VENA Implementation Plan is appended to Part I and ensures VENA rollout as of October 1, 2009. The updated VENA Plan was submitted to the USDA-FNS on August 15, 2008. The CT WIC Program will use VENA as a vehicle to address and enhance program operations and to create a VENA-compliant environment statewide such as clinic flow solutions, innovative nutrition assessment procedures, training mechanisms, and VENA quality assurance and monitoring protocols.

The New Food Package Implementation plan is also appended to Part I.

To support the E-Government Initiative and to make use of the technology, the Connecticut State Plan, once approved, will be produced as an electronic document (PDF file). The distribution media for dissemination are via CD and Internet.

Approximately \$45 million is allocated to CT WIC for food and administration and an additional \$12 million reimbursed by **Nestlé, USA®** through a cost savings measure as part of the infant formula rebate program. The Plan is user-friendly and useful to the Local Agencies delivering WIC benefits to the more than 63,000 low-income Women, Infants and Children in Connecticut.

**B. MISSION STATEMENTS**

**DPH Mission:**

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

**DPH Vision:**

Keeping Connecticut Healthy.

**HEMS Section Mission:**

Health Education, Management & Surveillance is a positive and productive section of the CT Department of Public Health that creates and achieves optimal public health outcomes through strong, consistent, proactive and ethical leadership; a positive and productive workplace environment; results-based accountability, and premier customer friendly service to the public by valued employees through technical assistance, best-practice and research-based expertise, and clear and accurate communication.

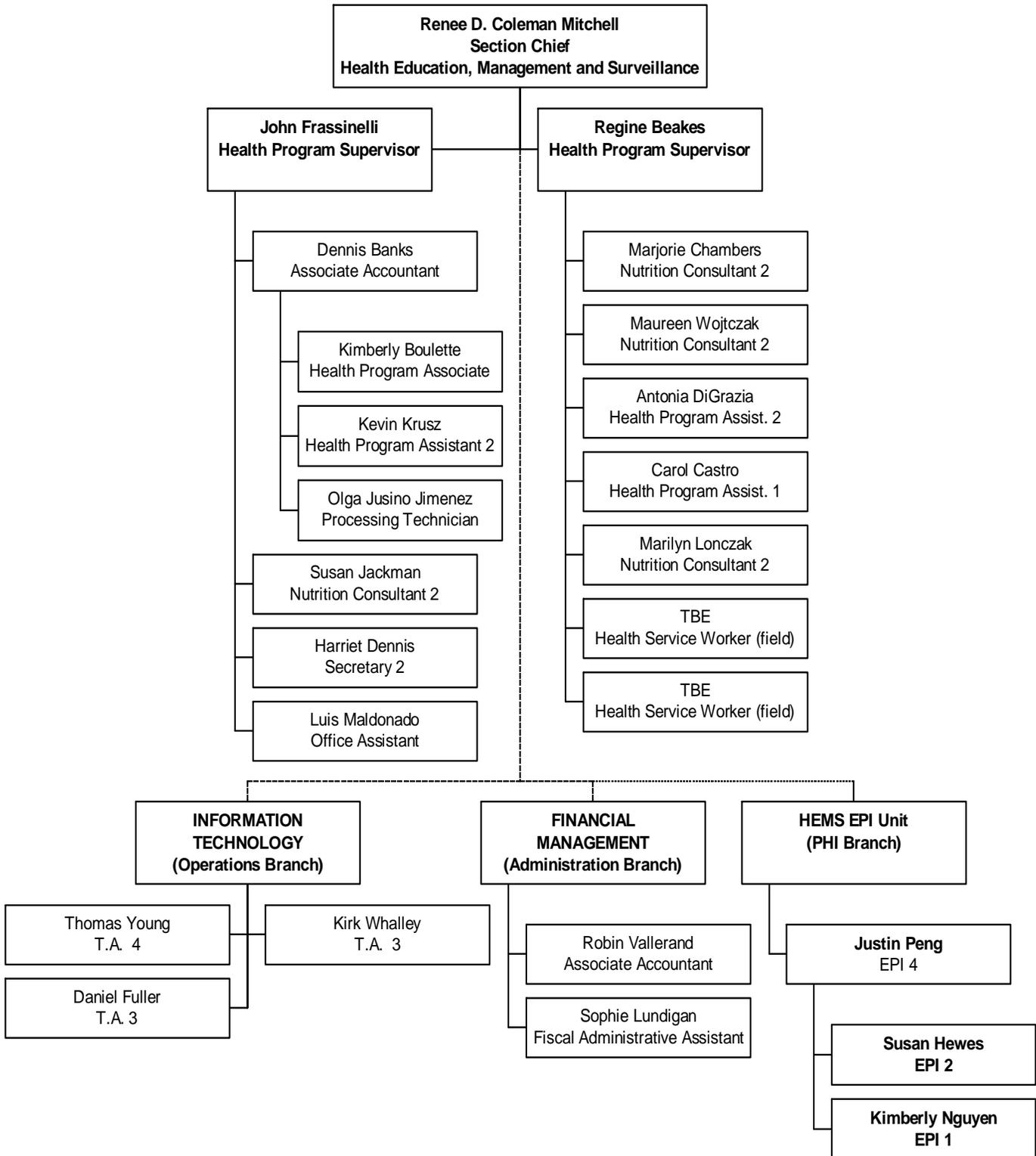
**WIC Program Mission:**

The Connecticut WIC Program is committed to improving the health of eligible pregnant women, new mothers, and children by providing nutrition education, breastfeeding support, healthy foods, and referrals to health and social programs during the critical stages of fetal and early childhood development. We do that by giving our most vulnerable children the best possible start by providing optimal nutrition during the critical stages of fetal and early childhood development phases.

**Breastfeeding Statement:**

The Connecticut WIC Program endorses the American Academy of Pediatrics' Policy Statement on "Breastfeeding and the Use of Human Milk" (2005), which states, "Exclusive breastfeeding is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short-and long-term outcomes." CT WIC promotes exclusive breastfeeding for infant feeding through the first year of life and beyond, with the addition of appropriate complementary foods when the infant is developmentally ready, usually around six months of age. All WIC staff have a role in promoting and providing support for the successful initiation and continuation of breastfeeding.

**WOMEN, INFANTS AND CHILDREN PROGRAM  
Administrative Organizational Chart  
Program Administration  
PHI Branch**



C. STATE AGENCY ORGANIZATION

<b>STAFF MEMBER</b>	<b>PRIMARY RESPONSIBILITIES</b>
<p><b>John Frassinelli, RD MS</b>                      State WIC Director                      T: (860) 509-7836                      F: (860) 509-8391                      E-mail: <a href="mailto:john.frassinelli@ct.gov">john.frassinelli@ct.gov</a></p> <p><b>Regine Beakes, MS, MPH</b>                      State WIC Co-Director/Nutrition Coordinator                      T: (860) 509-7845                      F: (860) 509-8391                      E-mail: <a href="mailto:regine.beakes@ct.gov">regine.beakes@ct.gov</a></p>	<p>Federal grants management                      Contracts and budgets                      WIC program policy                      Program planning and evaluation                      Program management                      Program administration                      Certification and eligibility                      Nutrition Services                      MIS &amp; Fiscal units oversight</p>
<p><b>Susan Jackman, RD, MS</b>                      Breastfeeding Coordinator                      T: (860) 509-8055                      F: (860) 509-8391                      E-mail: <a href="mailto:susan.jackman@ct.gov">susan.jackman@ct.gov</a></p>	<p>Breastfeeding promotion and support                      Breastfeeding councils and coalitions                      MCH program liaison                      Medicaid breastfeeding equipment                      Breastfeeding program planning and evaluation</p>
<p><b>Marilyn Lonczak, MEd, RD</b>                      Special Projects                      T: (860) 509-8261                      F: (860) 509-8391                      E-mail: <a href="mailto:marilyn.lonczak@ct.gov">marilyn.lonczak@ct.gov</a></p>	<p>Nutrition Services Unit                      VENA implementation lead                      Local staff training and technical assistance                      Nutrition Risk criteria</p>
<p><b>Marjorie Chambers</b>                      Nutrition Services Monitor                      T: (860) 509-8101                      F: (860) 509-8391                      E-mail: <a href="mailto:marjorie.chambers@ct.gov">marjorie.chambers@ct.gov</a></p>	<p>Nutrition Services and Certification Reviews                      Issue written reports/respond to corrective action                      Provide technical assistance                      Update/provide input on Local Agency plan, State Plan, Polices                      Develop new food packages</p>
<p><b>Maureen Wojtczak, RD</b>                      Nutrition Education Specialist                      T: (860) 509-8091                      F: (860) 509-8391                      E-mail: <a href="mailto:maureen.wojtczak@ct.gov">maureen.wojtczak@ct.gov</a></p>	<p>Nutrition Risk Criteria                      LA Technical Assistance                      Nutrition education                      Formula issuance</p>
<p><b>Antonia DiGrazia</b>                      Program Monitor                      T: (860) 509-7684                      F: (860) 509-8391                      E-mail: <a href="mailto:antonia.digrizia@ct.gov">antonia.digrizia@ct.gov</a></p>	<p>Management Evaluation Reviews                      Caseload management                      Complaints/customer service                      Civil rights</p>
<p><b>Carol Castro</b>                      Health Program Assistant 1                      T: (860) 509-7187                      F: (860) 509-8391                      E-mail: <a href="mailto:carol.castro@ct.gov">carol.castro@ct.gov</a></p>	<p>WIC Outreach, Web content                      State Plan                      WIC Materials management                      Contract liaison                      Training Evaluation</p>
<p><b>Dennis Banks</b>                      Food Delivery Coordinator                      T: (860) 509-7841                      F: (860) 509-8391                      E-mail: <a href="mailto:dennis.banks@ct.gov">dennis.banks@ct.gov</a></p>	<p>Vendor management                      Food delivery                      Food cost containment                      Farmers Market Nutrition Program liaison                      Above-50-Percent Vendors</p>

**STATE AGENCY ORGANIZATION cont'd**

<p><b>Kimberly Boulette</b> Vendor Specialist T: (860) 509-8088 F: (860) 509-8391 E-mail: <a href="mailto:kimberly.boulette@ct.gov">kimberly.boulette@ct.gov</a></p>	<p>Food package implementation lead Vendor compliance investigations Development &amp; maintenance of Food list The Integrity Profile Report Vendor Advisory Council lead Administrative Review Process</p>
<p><b>Kevin Krusz</b> Vendor Monitor T: (860) 509-8090 F: (860) 509-8391 E-mail: <a href="mailto:kevin.krusz@ct.gov">kevin.krusz@ct.gov</a></p>	<p>Vendor Monitoring Vendor training Wholesale/Distributor liaison</p>
<p><b>Olga Jimenez</b> Processing Technician T: (860) 509-8072 F: (860) 509-8391 E-mail: <a href="mailto:olga.jimenez@ct.gov">olga.jimenez@ct.gov</a></p>	<p>Vendor application processing Price Stock Survey updates Vendor correspondence/notification</p>
<p><b>Kimberly Nguyen</b> Epidemiologist T: (860) 509-7841 F: (860) 509-8391 E-mail: <a href="mailto:kimberly.nguyen@ct.gov">kimberly.nguyen@ct.gov</a></p>	<p>Outcome objective analysis Program Data analysis Produce results for quarterly objectives Internal/External data requests</p>
<p><b>Susan Hewes</b> Epidemiologist T: (860) 509-7795 F: (860) 509-8391 E-mail: <a href="mailto:susan.hewes@ct.gov">susan.hewes@ct.gov</a></p>	<p>Outcome objective analysis Program Data analysis Produce results for quarterly objectives Internal/External data requests</p>
<p><b>Harriet Dennis</b> Secretary T: (860) 509-7841 F: (860) 509-8391 E-mail: <a href="mailto:harriet.dennis@ct.gov">harriet.dennis@ct.gov</a></p>	<p>State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes</p>
<p><b>Luis Maldonado</b> Office Assistant T: (860) 509-7841 F: (860) 509-8391 E-mail: <a href="mailto:luis.maldonado@ct.gov">luis.maldonado@ct.gov</a></p>	<p>Purchase requisitions Check reimbursements Price Stock Survey Clerical Support</p>
<p><b>Thomas Young</b> Technical Assistance T: (860) 509-7841 F: (860) 509-8391 E-mail: <a href="mailto:thomas.young@ct.gov">thomas.young@ct.gov</a></p>	<p>Systems development lead SWIS maintenance and enhancements Local Agency technical support SWIS data requests</p>
<p><b>Daniel Fuller</b> Technical Analyst T: (860) 509-7841 F: (860) 509-8391 E-mail: <a href="mailto:daniel.fuller@ct.gov">daniel.fuller@ct.gov</a></p>	<p>Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/SWIS update Hardware/Software Purchase</p>
<p><b>Kirk Whalley</b> System Developer T: (860) 509-7841 F: (860) 509-8391 E-mail: <a href="mailto:kirk.whalley@ct.gov">kirk.whalley@ct.gov</a></p>	<p>Mainframe Lead: Development &amp; maintenance Cost containment &amp; monitoring Security &amp; Disaster recovery FoxPro developer backup Help Desk</p>

STATE AGENCY ORGANIZATION cont'd

<p><b>Sophie Lundigan</b>                  Fiscal Administrative Assistant                  T: (860) 509-7841                  F: (860) 509-8391                  E-mail: <a href="mailto:sophie.lundigan@ct.gov">sophie.lundigan@ct.gov</a></p>	<p>Monthly 798 report for USDA                  Reconcile bank and treasurer accounts                  Monitor Local Agency cash flow and disbursements                  Monitor Local Agency expenses for accuracy and compliance</p>
<p><b>Robin Vallerand</b>                  Associate Accountant                  T: (860) 509-7841                  F: (860) 509-8391                  E-mail: <a href="mailto:robin.vallerand@ct.gov">robin.vallerand@ct.gov</a></p>	<p>Financial Management of WIC grant                  Food Cost Estimation                  Review and monitor funding levels                  Organize and maintain Budget</p>

**D. Local Agency Organization**

<i>LOCAL AGENCY</i>	<i>PROGRAM COORDINATOR</i>	<i>PROGRAM NUTRITIONIST</i>
<b>The Access Agency, Inc. WIC Program</b> 1315 Main Street, Suite 2 Willimantic, CT 06226 (860) 450-7405 <a href="mailto:karen.lechene@accessagency.org">karen.lechene@accessagency.org</a>	Karen Lechene	Patricia Gaenzler
<b>Bridgeport Health Department WIC Program</b> 752 East Main Street Bridgeport, CT 06608 (203) 576-8073 <a href="mailto:Irena.Kandybowicz@bridgeportct.gov">Irena.Kandybowicz@bridgeportct.gov</a>	Irena Kandybowicz	Ann Martin
<b>Bristol Hospital WIC Program</b> 9 Prospect Street Bristol, CT 06010 (860) 585-3280 <a href="mailto:ccooke@bristolhospital.org">ccooke@bristolhospital.org</a>	Caroline Cooke	Melissa Dickau
<b>Danbury Health Department WIC Program</b> 13 Main Street Danbury, CT 06810 (203) 797-4629 <a href="mailto:P.Mascoli@ci.danbury.ct.us">P.Mascoli@ci.danbury.ct.us</a>	Patricia Mascoli	Ann Marie Evans
<b>East Hartford Health Department WIC Program</b> 754 Main Street East Hartford, CT 06108 (860) 291-7323 <a href="mailto:ctdphwic23@ct.gov">ctdphwic23@ct.gov</a>	Kathy Minicucci	Bina Patel
<b>Family Strides, Inc. WIC Program</b> 350 Main Street, Suite C Torrington, CT 06790 (860) 489-1138 <a href="mailto:jdieli@familystrides.org">jdieli@familystrides.org</a>	Jackey Dieli	Pamela Beaulieu
<b>Hartford Health Department WIC Program</b> 131 Coventry Street Hartford, CT 06112 (860) 543-8835 <a href="mailto:ctdphwic05@ct.gov">ctdphwic05@ct.gov</a>	Elsa Smith-Pleasant	Amanda Moore-Middleton

**Local Agency Organization cont'd**

<p><b>Meriden Health Department WIC Program</b>                  165 Miller Street                  Meriden, CT 06450                  (203) 630-4245  <a href="mailto:ctdphwic15@ct.gov">ctdphwic15@ct.gov</a></p>	<p>Patricia Sullivan</p>	<p>Shelley Carpenter</p>
<p><b>New Haven WIC Program                  Hospital of Saint Raphael</b>                  1401 Chapel Street                  New Haven, CT 06511                  (203) 789-3563  <a href="mailto:MChervenak@srhs.org">MChervenak@srhs.org</a></p>	<p>Mary Chervenak</p>	<p>Jennifer Gemmell</p>
<p><b>Stamford Health Department WIC Program</b>                  888 Washington Boulevard                  Stamford, CT 06904                  (203) 977-4385  <a href="mailto:RMarotta@ci.stamford.ct.us">RMarotta@ci.stamford.ct.us</a></p>	<p>Rona Marotta</p>	<p>Gloria Kelley</p>
<p><b>Thames Valley Council for Community Action (TVCCA) WIC Program</b>                  81 Huntington Street                  New London, CT 06320                  (860) 444-0006  <a href="mailto:sdrake@tvcca.org">sdrake@tvcca.org</a></p>	<p>Sarah Drake</p>	<p>Amy Botello</p>
<p><b>Waterbury Health Department WIC Program</b>                  95 Scovill Street                  Waterbury, CT 06706                  (203) 574-6785  <a href="mailto:ctdphwic09@ct.gov">ctdphwic09@ct.gov</a></p>	<p>Kathryn Ciavarella</p>	<p>Vacant</p>

E. EVALUATION OF FY 2007 OBJECTIVES

<b>OUTREACH</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I. To increase the number of individuals participating in the program.	Accomplished. September 06 (From MWICR508= 61,814) September 07 (From MWICR508= 64,520)
I.1.3 Strengthen collaboration between the WIC Program and other public health nutrition and social services programs.	Accomplished. Developed outreach brochure to be used in all local agencies. WIC represented on DPH Virtual Children’s Health Bureau (VCHB), CT BF Coalition and the CT Food Policy Council.
I.1.4 Continue coordination between the WIC program and the Healthcare for Uninsured Kids and Youth (HUSKY) Plan.	Accomplished. Ongoing communication with WIC liaisons and Medicaid Managed Care Plans, DSS and HUSKY.
I.1.5 Review and comment on all local agency outreach plans submitted with their Local Agency Plan.	All Local Agencies Outreach Plans were reviewed and are an essential component of field reviews. Progress/status update is elicited and best practices are incorporated into monitoring reports.
I.1.6 Increase to 50% the rate of first trimester enrollment of pregnant women.	Not accomplished. We have identified some barriers at state and local levels and are in the process of developing a plan to improve 1 <sup>st</sup> trimester entry into WIC. <b>4/06</b> 50.4% <b>9/06</b> 49.0% <b>4/07</b> 48.1% <b>9/07</b> 47.2%
I.1.7 Reconvene a state/local agency representative outreach committee.	Not accomplished. The bid and re-contracting process for statewide WIC services as well as the steady increase in participation made this activity not a priority.

<b>FOOD DELIVERY</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I.2 Partially fulfill the caloric and nutrient needs of approximately 52,000 WIC Program participants each month by providing nutritious, supplemental food.	Accomplished. Provided WIC checks to an average of 53,205 WIC participants.
I.3 Review the Connecticut WIC Program Food List and revise as needed to accommodate changes to improve the food package or reduce the food package cost.	Accomplished. The food list was reviewed for discontinued products or those that were no longer eligible and revised by increasing the minimum size box of cereal allowed in addition to limiting participants to 1 package of cheese, as cost containment measures.
I.10 Work cooperatively with the Connecticut Department of Agriculture to administer the Farmers' Market Nutrition Program.	Accomplished. A count of eligible participants was provided to Department of Agriculture to help prepare local agency contracts and check registers were provided to assist local agencies in identifying participants receiving Farmers Markets checks.
I.10.1 To enter into a Memorandum of Agreement with the Department of Agriculture indicating those services, which shall be provided by the Department of Public Health.	Accomplished. A Memorandum of Agreement between the two departments was executed on April 18, 2007.
I.10.2 Review nutrition education materials as requested by the Department of Agriculture for use during the Farmers' Market Nutrition Program season.	Not applicable. The Department of Agriculture did not request our assistance.
II.2.6 Maintain the agreement on information sharing with the FNS Field Office-Food Stamp Program.	Accomplished. The Agreement has been maintained as we are in communication with the Program Specialists at the Connecticut Field Office in Hartford. Reciprocal actions regarding disqualifications occur regularly.
II.3 Improve WIC Program efficiency and effectiveness.	Accomplished. Regular enhancements to the SWIS system improve the Program's total efficiency and effectiveness. We are in constant communication with the local agencies with regard to complaints and information sharing.
II.3.9 Account for the disposition of all food instruments.	Accomplished. Each month a reconciliation of all checks issued is prepared. All discrepancies are resolved.

<b>FOOD DELIVERY, CONT'D</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
II.3.10 Ensure food instrument security.	Accomplished. Local agencies submit check stock inventory reports on a monthly basis. The local agencies compare perpetual reports of check stock on-hand with the actual check stock on the premises. Any discrepancies are resolved.
II.3.11 Prevent and identify dual participation.	Accomplished. Dual participation reports are run daily by local agencies. The system will not allow checks to be issued to a participant that has been flagged as a potential dual participant.
II.4.6 Complete the implementation of the revised State of Connecticut WIC Program Regulations.	Accomplished. Implemented the State requirements that the vendor must submit a completed application by the due date and store must be necessary to the program in order to be authorized.

<b>NUTRITION SERVICES</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I.4 Ensure that at least 55% of infants whose mothers were enrolled prenatally in the WIC Program breastfeed.	Accomplished. <b>4/06</b> 56.7% <b>9/06</b> 57.7% <b>4/07</b> 59.0% <b>9/07</b> 59.7%
I.4.1 Continue to coordinate statewide WIC breastfeeding promotion and support activities.	Accomplished. Facilitated enrollment of local nutrition staff in CLC course, La Leche League and CBC conferences; reviewed and selected resources with WIC BF Committee; participated in VENA and RBA initiatives; presented on WIC BF promotion and support at hospital conference and CBC continuing ed. session.
I.4.2 Continue to coordinate activities promoting breastfeeding with the Department's maternal and child health programs.	Accomplished. Actively participated in CBC meetings and on Board of Directors, shared resources and information with MCH Director and staff, continued to work toward the implementation of all <i>CT BF Initiative</i> recs.
I.4.3 Manage the WIC Breastfeeding Peer Counseling Program.	Accomplished. Continued to contract with the Hispanic Health Council, Inc. to support the Breastfeeding: Heritage and Pride breastfeeding peer counseling program. Initiated process to replicate BHP at Yale-New Haven Hospital.
I.5 Promote positive pregnancy outcomes among women who participate in the WIC Program.	Ongoing. See below 1.5.1, 1.5.2, 1.5.3
I.5.1 Coordinate with counseling, treatment and education programs for drug and other harmful substance abuse.	Ongoing. Presentation of the Tobacco Program's Quit line information at Statewide WIC meeting.
I.5.2 To ensure that at least 70% of pregnant women participating in the WIC Program for a minimum of six months will gain appropriate weight.	Not accomplished. Plan in FY09 to assess barriers and explore options to improve. <b>4/06</b> 64.5% <b>9/06</b> 67.6% <b>4/07</b> 66.8% <b>9/07</b> 66.0%
I.5.3 The incidence of low birth weight among infants whose mothers were enrolled in the WIC Program for at least six months will not exceed 6%.	Accomplished. <b>4/06</b> 5.9% <b>9/06</b> 5.6% <b>4/07</b> 5.8% <b>9/07</b> 5.8%
I.6 Promote quality, interactive family-centered nutrition education with WIC participants and/or their parents/guardians.	Ongoing. Refer to Section 2, Nutrition Services.

<b>NUTRITION SERVICES, CONT'D</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I.7 Continue to collaborate with other USDA-funded programs in activities to improve the nutritional health of USDA-targeted populations.	Ongoing. Collaborated with FMNP and participated in the CT Food Policy Council meetings made up of Food Stamp Program, EFNEP, and School Lunch.
I.8 Promote infant feeding practices that prevent Early Childhood Caries (ECC).	Accomplished through collaboration with the DPH Oral Health office.
I.9 Continue to cooperate with the Department's Immunization Program in efforts to improve immunization levels among WIC participants.	Accomplished. Follow up on incomplete WIC children immunization records is conducted at 9 WIC sites located in Health Departments.
I.10 Work cooperatively with the Connecticut Department of Agriculture to administer the Farmers' Market Nutrition Program.	Monitoring visits include an assessment of FMNP coupons distribution. Nutrition education on use of fruits and vegetables is evaluated to ensure appropriateness of content.
I.10.2 Review nutrition education materials as requested by the Department of Agriculture for use during the Farmers' Market Nutrition Program season.	Accomplished.
I.11 The prevalence of anemia among children enrolled in the WIC Program for at least one year will not exceed 9%.	Accomplished. <b>4/06</b> 7.4% <b>9/06</b> 7.7% <b>4/07</b> 7.9% <b>9/07</b> 8.3%
II.3 Improve WIC Program efficiency and effectiveness.	Accomplished through LA re-procurement RFP. The Program reorganization started in FY06 and the WIC improvement process continued to look at ways to increase efficiencies and boost the State-Local partnership.
II.3.3 Provide a minimum of four group continuing education sessions for WIC Nutritionists, with at least 80% of those who attend reporting that the information and/or material has been useful at the local level.	Accomplished. 12/08/06: Lead Poisoning, American Dental Association/NWA fluoride intake in infants and young children positions, VENA state self-assessment workshop, formula updates 3/23/07: Formula updates, WIC Outreach and referral brochures, VENA priority survey results, new nutrition education materials 6/15/07: VENA Overview, WIC Nutrition Assessment Forms Workshop 9/21/07: Civil Rights, VENA Implementation Plan, Nutrition and Breastfeeding, lead screening, Fish advisory.

<b>NUTRITION SERVICES, CONT'D</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
II.3.4 Provide a minimum of one group continuing education session for local program nutrition aides, with at least 80% of those who attend reporting that the information and/or material has been useful.	Not Accomplished (not provided). Several training sessions were conducted in FY08 as part of VENA implementation training that included nutrition aides.
II.3.5 Serve as a resource clearinghouse for nutrition education.	Accomplished. With the assistance of the Nutrition Education Materials Committee, several materials and education styles/approaches were reviewed, pilot tested, researched and distributed to local agencies, nutrition education materials purchases made, and the new low literacy 0-12 month overview in both English and Spanish was finalized, printed and distributed to all local agencies and is used on an ongoing basis.
II.3.6 Continue the Nutrition Education Materials Committee that was established under Project ReNEW.	Accomplished. See above for comments.
II.4 Improve the delivery of WIC services to participants through a strengthening of the organizational structure of the program.	RFP process and "regionalization", enhancements in communication between SA and LAs, reorganization of staff functions and streamlining processes.
II.4.3 Continue to monitor the nutritional status of WIC Program participants using data obtained through the Statewide WIC Information System (SWIS).	Accomplished through periodic reviews of SWIS monthly Risk Factors reports.
II.4.5 Continue to improve the quality of nutrition services provided by the Connecticut WIC Program.	Accomplished. Training for VENA implementation is ongoing.
II.4.7 Follow up on any activities or make any revisions needed related to the revised WIC Nutrition Risk Criteria implemented during FY 2005 and FY 2006.	Partially Accomplished. Automatic BMI calculations were implemented in SWIS in Sept 06 with f/u monitoring/testing into FY07. Automatic GA adjustment is still manual. Other pressing priorities with MIS have put this SWIS revision in a lower priority category.
II.4.8 Prepare for the upcoming VENA transition by reviewing existing nutrition assessment protocols and identifying potential areas for enhancement.	A State Self-Assessment in the areas of nutrition assessment, MIS, QA, policy and training was conducted. A VENA Plan addressing needs was developed.
II.4.9 Continue the VENA committee with local agency representation.	Accomplished. VENA meetings/conf calls: 10/24/06, 10/31/06, 11/07/06, 11/20/06, 11/30/06, 2/21/07, 3/19/07, 4/16/07, 5/15/07, 6/08/07, 6/26/07, 7/10/07, 8/21/07 plus workshops/updates at joint meetings-see cont education section.

<b>MONITORING</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I.10 Work cooperatively with the Connecticut Department of Agriculture to administer the Farmers' Market Nutrition Program.	Monitoring visits occurring during the FMNP season include a review of the coupons distribution and of the delivery of nutrition education on use of coupons and benefits.
II.1 Ensure accountability for the use of WIC Program funds by local programs in compliance with the requirements of Federal Regulations and Policies, State of Connecticut WIC Regulations, the WIC State Plan, and Department of Public Health contracts and agreements.	Accomplished via the following audits conducted in FY07: Bridgeport 12/21/06 Norwalk 6/18/07 Yale New Haven Hospital 6/27/07 Hill Health 7/10/07 Fair Haven CHC 7/27/07 Hospital St Raphael 7/31/07 Torrington 8/8/07 Hartford 8/14/07 TVCCA 8/22/07 Danbury 8/28/07 Access 9/14/07
II.1.1 Ensure compliance of local programs with the Department of Public Health contract and the WIC State Plan by performing biennial onsite Management Evaluation and Reviews (MER) of each local program.	Twelve (12) Monitoring Reviews were conducted. In addition, several visits and intense technical assistance and focus were placed on the Stamford WIC Local Agency.
II.1.4 Continue to implement any changes needed in response to USDA Management Evaluations and subsequent CT Corrective Action Plans.	Accomplished. The CT WIC CAP stemming from the USDA ME of 02/2004 was closed on July 19, 2006.

<b>FINANCIAL MANAGEMENT</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I.2 Partially fulfill the caloric and nutrient needs of approximately 52,000 WIC Program participants each month by providing nutritious, supplemental food.	Accomplished.
II.1.2 Ensure audits are conducted in compliance with the Single Audit Act Amendment of 1996 in conjunction with the parent agency's audit.	Accomplished. Refer to Monitoring Section II.1.
II.1.3 Ensure resolution of local WIC Program audit recommendations for corrective action, reported during FY 2006 by June 30, 2007.	Accomplished.

<b>CIVIL RIGHTS</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
II.3 Improve WIC Program efficiency and effectiveness.	Accomplished.
II.3.7 Provide any updated civil rights materials for use by local agency WIC Staff, as it becomes available.	Accomplished. A Civil Rights training refresher was conducted for all LA staff on September 21, 2007. Civil Rights resources in different languages have been forwarded to Local Agencies.

<b>VENDOR MANAGEMENT</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
II.1.4 Continue to implement any changes needed in response to USDA Management Evaluations and subsequent CT Corrective Action Plans.	Accomplished. Continued to reduce the number of authorized vendors from 718 to 667 in order to help reduce food package costs. Strengthened our selection criteria in order to reduce the number of authorized vendors.
II.2 Ensure compliance by food vendors with the Department of Public Health's WIC Vendor Agreement.	Accomplished. Monitoring visits and compliance buys are performed and telephone calls to the State WIC Program are answered daily.
II.2.1 Revise the WIC Vendor Agreement by February 28, 2007.	Not applicable. No changes were required.
II.2.2 Provide interactive group training for all new vendor applicants including, those represented by a change of ownership.	Accomplished. All new applicants and changes of ownership are provided with regional interactive training.
II.2.3 Provide training for all authorized vendors.	Accomplished. A vendor, whose agreement is expiring, is provided with interactive training. Vendors whose agreements are not expiring are provided with an annual training document via certified mail.
II.2.4 Perform routine monitoring visits on authorized WIC vendors to review compliance with the WIC Vendor Agreement.	Accomplished. All new applicants, changes of ownership and agreement renewals are monitored for compliance with vendor selection criteria. Random monitoring visits were performed on at least 5% of the number of authorized vendors as of October 1, 2006. In FY 07, 279 monitoring visits were performed.
II.2.5 Conduct compliance investigations on vendors to determine adherence of vendors with the terms of the WIC Vendor Agreement.	Accomplished. Compliance investigations were conducted on at least 5% of the number of authorized vendors as of October 1, 2006. In FY 07, 47 compliance investigations were initiated and 122 compliance buys were conducted.
II.3 Improve WIC Program efficiency and effectiveness.	Accomplished. The WIC Vendor Advisory Council was established and has effectively assisted the Program in communicating WIC policies and information to vendors in the WIC community.
II.3.2 Assess the effectiveness and efficiency of vendor authorization decisions and vendor policies and procedures and make any necessary changes.	Accomplished. Vendor authorization decisions have been effective and the number of authorized vendors has been reduced by fifty-one (51).

<b>AFFIRMATIVE ACTION</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I.1 Increase the number of individuals participating in the program.	Accomplished, see Outreach I.
I.1.1 Continue to develop and implement strategies to assure that WIC Program services are provided to all eligible individuals.	LA encouragement to strengthen health and social service provider networks and to maintain a high level of visibility in the communities we serve by participating in health fairs, community health partnerships and targeted mailings. Ongoing LA field operations monitoring and LA outreach plans and report reviews ensure that all eligibles are served.
I.1.2 Continue to ensure prompt access to WIC services for our eligibles.	Monitoring enforcement of LA facilitation of timely enrollment during initial participant contact in accordance with the State Plan certification processing standards.

<b>EVALUATION</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
III.1 Evaluate and report the extent to which nutrition outcome objectives were attained using available data.	Accomplished. State WIC Outcome objective data analyzed and state and local results distributed to local WIC agencies to use for evaluation and local agency planning.
III.1.1 Include a summary of the results of the evaluation of FY 2006 program outcome objectives in the FY 2008 State WIC Plan.	Accomplished.
III.2 Evaluate and report the extent to which the Connecticut WIC Program attained each of its process objectives.	Accomplished.

<b>MANAGEMENT</b>	
<b>OBJECTIVE</b>	<b>EVALUATION</b>
I.2 To partially fulfill the caloric and nutrient needs of approximately 52,000 WIC Program participants each month by providing nutritious, supplemental food.	Accomplished.
II.3 Improve WIC Program efficiency and effectiveness.	Accomplished.
II.3.1 Continue to both maintain and enhance the Statewide WIC Information System and to explore the procurement of a transfer system.	Various SWIS modifications were implemented to address system limitations in the VENA implementation. Two IT staff visited OK WIC to gain an understanding of the SPIRIT system in August 2007.
II.3.8 Enhance and strengthen relationships and communications between the local agencies and the state office and within the WIC community.	Accomplished through more participatory meeting format, team management and project-driven team approach, prompt response to LA needs and timely technical assistance. Telephonic meetings were made available.
II.4 Improve the delivery of WIC services to participants through a strengthening of the organizational structure of the program.	Accomplished via the re-procurement of Statewide services and a merge of program in 5 regions to lower administrative costs while increasing nutrition services hours.
II.4.1 Continue to recruit bicultural/bilingual local and state agency staff. Also, to retain qualified professional and support staff, in response to the changing needs of the WIC Program.	Accomplished.
II.4.2 Continue to facilitate the dissemination of policies for more efficient program operations and provide guidance to the local agencies regarding appropriate strategies.	Dissemination of policies occurs through electronic means. Results of review findings help identify needs for policies clarification and policies discussion at statewide meetings provide an additional forum for guidance and training on policies implementation.
II.4.4 To refine on an ongoing basis the Connecticut WIC Program Continuous Quality Improvement Initiative, as better practices are identified.	Accomplished via monitoring reviews chart reviews and the VENA process. Best practices are collected and LAs are encouraged in sharing at meetings.
II.10 To complete transition to a new primary infant formula contractor in response to the Invitation to Bid released during FY 2006.	Accomplished. Problems with unavailability of certain contract formula were addressed.
II.11 Develop and implement a new orientation program for new local agency employees.	Accomplished. New LA staff daylong orientation session was conducted in June 2007. All State Staff participated.
III.3 To enhance the local agency program planning and reporting processes to assist in the continued improvement of program operations.	Accomplished. LAs plans were reviewed and feedback is shared during reviews.

# FFY 09 GOALS AND OBJECTIVES

## **Program Functional Area 1: Management and Organization**

**Goal 1: Ensure program integrity, cost-effectiveness, quality of services and accountability in the delivery of nutrition services in the provision of food benefits.**

**Objective 1.1: Develop an action plan to engage Medicaid/Managed Care, OBGYNs & Pediatricians to provide seamless and consistent services to WIC clients.**

**Objective 1.2: Develop a CT WIC Annual Report by March 30, 2009.**

**Objective 1.3: Ensure clean quality data collection and analysis by September 30, 2009.**

**Objective 1.4: Enhance SA capacity to conduct surveys.**

**Objective 1.5: Explore the hosting of an interactive WIC outside of CT DPH.**

**Objective 1.6: Provide a 1-2 day leadership and management workshop for LA Coordinators/Program Nutritionists/SA staff.**

**Objective 1.7: Direct the activities and processes necessary to procure a new/transfer WIC automated system.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>1.1 Develop an action plan to engage Medicaid/Managed Care, OBGYNs &amp; Pediatricians to provide seamless and consistent services to WIC clients by December 31, 2008.</b>	Assess needs, develop priorities and strategize multi-prong approach regarding WIC business case. <ul style="list-style-type: none"> <li>Attend face-to-face meetings.</li> <li>Define workgroups: BF, Nestle/other special formula, blood work/ht/wt, and new food package.</li> <li>Develop a customized info packet.</li> </ul>	N/A	Issuance of contract vs non-contract formula. Elimination of issuance of standard non-contract formula.	Program Operations Nutrition
<b>1.2 Develop a CT WIC Annual Report by March 30, 2009.</b>	Collect milestones and noteworthy items. <ul style="list-style-type: none"> <li>Decide on a format and include data visuals.</li> <li>Produce, distribute &amp; post on WIC website.</li> <li>Review other states reports.</li> </ul>	N/A	Annual report is published and distributed.	Program Operations All Units
<b>1.3 Ensure clean quality data collection and analysis by September 30, 2009.</b>	With the newly hired epidemiologist, develop the data analysis capability by enhancing the current data collection and reporting. <ul style="list-style-type: none"> <li>Produce recommendations by 3/30/09.</li> <li>Clean dataset by 12/31/08.</li> </ul>	Existing Data Data format	Recommendations for data collection & analysis.	WIC Epidemiologist
<b>1.4 Enhance SA capacity to conduct surveys</b>	Using a graduate student, develop participant satisfaction tool and conduct survey. <ul style="list-style-type: none"> <li>Explore the use of surveymonkey.com.</li> <li>Conduct random telephone survey to former WIC participants.</li> <li>Develop a one-page standard/protocol on survey administration.</li> </ul>	N/A	Survey developed and results compiled. Random telephone survey.	Nutrition Staff Program Operations Graduate Student Intern

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>1.5</b> <b>Explore the hosting of an interactive WIC website outside of CT DPH.</b>	Develop business case for outsourcing web hosting and interactive website. <ul style="list-style-type: none"> <li>• Meet with DPH webmaster/Communications Office.</li> <li>• Secure OA or Infrastructure funding.</li> <li>• Collect best practices from other states.</li> </ul>	N/A	Website development.	Co-Directors
<b>1.6</b> <b>Provide a 1-2 day leadership and management workshop for LA Coordinators/Program Nutritionists/SA staff.</b>	Secure facilitator, date, content and location (retreat location). <ul style="list-style-type: none"> <li>• Develop and finalize contract.</li> <li>• Attend logistics meetings.</li> <li>• Conduct meeting.</li> <li>• Evaluate and plan for future/ongoing training.</li> </ul>	N/A	Workshop offered. Evaluation with 80% positive feedback.	Co-Directors Local agency input
<b>1.7</b> <b>Direct the activities and processes necessary to procure a new/transfer WIC automated system.</b>	Develop list of planning tasks. <ul style="list-style-type: none"> <li>• Prioritize tasks.</li> <li>• Establish DPH/DoIT workgroup.</li> <li>• Develop APD and conduct SAA.</li> <li>• New system planning.</li> <li>• Timeline for implementation.</li> <li>• Collaborative with IT.</li> </ul>	N/A	APD developed. Work group meetings.	MIS DoIT

## **Program Functional Area 2: Nutrition Services and Breastfeeding Support & Promotion**

**Goal 2: Improve the nutritional and overall health of WIC families in Connecticut and to increase the proportion of WIC-enrolled infants who are breastfed exclusively for at least 6 months.**

**Objective: 2.1 At least 70% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.**

**Objective: 2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.**

**Objective: 2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 9%.**

**Objective: 2.4 Establish a baseline prevalence rate of BMI > 95% ile for children 2-5 years of age.**

**Objective: 2.5 To ensure that at least 55% of infants enrolled in the WIC Program initiate breastfeeding.**

**Objective: 2.6 To ensure that at least 25% of infants enrolled in the WIC Program breastfeed for 6 months or more.**

**Objective: 2.7 The Value Enhanced Nutrition Assessment (VENA) Implementation Plan tasks are completed on schedule and updated or revised bi-annually.**

**Objective: 2.8 Work with Management, Fiscal Unit and Food Delivery Unit to develop a strategy to reduce non-contract formula issuance (current range 4-19%) and refine existing State and local formula policies and procedures.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>2.1 At least 70% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.</b>	Monitor trends and assess LA staff skills in identifying women at risk for poor weight gain during pregnancy and effectiveness of education efforts on: <ul style="list-style-type: none"> <li>• Weight gain during pregnancy</li> <li>• Nutrition during pregnancy</li> <li>• Smoking, ETOH/drug dangers</li> <li>• Referrals</li> </ul>	64.3% 4/08	SWIS Outcome objectives results. Monitoring reports. Observations at local agencies. Educational styles/materials used. SWIS local agency education reports. SWIS local agency referral to/from reports.	Epi Local agency MIS Monitoring Nutrition
	Workshop with local agencies on best practices/obstacles in obtaining this objective.	N/A	Evaluation feedback from workshop. Monitoring reports. Observations at local agencies.	
<b>2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</b>	Monitor trends and improve weight gain during pregnancy. <ul style="list-style-type: none"> <li>• Assess report of high IMR in South End of Bridgeport.</li> <li>• Improve 1<sup>st</sup> trimester enrollment into WIC.</li> </ul>	5.8 % 4/08 Refer to wt gain during pregnancy objective 2.1	SWIS Outcome objectives results. Reduce health disparities.	Epi MIS Nutrition

Objective	Strategies/Activities	Baseline	Indicators	Staff
<p><b>2.3</b>  <b>The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 9%.</b></p>	<p>Monitor trends and assess LA staff skills in identifying children at risk for anemia and effectiveness of education efforts on:</p> <ul style="list-style-type: none"> <li>• Iron-rich food sources, explanation of anemia/risks, blood work/iron supplement f/u</li> <li>• Referrals, Connection/follow-up with lead poisoning risks.</li> </ul>	7.7 % 4/08	<p>SWIS Outcome objectives results. Monitoring reports. Observations at local agencies. Educational styles/materials used. SWIS local agency education reports. SWIS local agency referral to/from reports.</p>	<p>Epi  Local agency  MIS  Monitoring  Nutrition</p>
<p><b>2.4</b>  <b>Establish a baseline prevalence rate of BMI &gt; 95% ile for children 2-5 years of age.</b></p>	<p>Monitor trends for 1 year of BMI <math>\geq</math>85- &lt;95%ile and for BMI <math>\geq</math> 95%ile in children 2-5 years old.</p> <ul style="list-style-type: none"> <li>• Analyze trends by ages, 2-3 years, 3-4 years, and 4-5 years.</li> <li>• Establish baselines based on trend results.</li> <li>• Determine best measures/most useful reports to use to develop a BMI overweight (and possibly at risk of overweight) prevalence outcome objective target for FY 2010.</li> </ul>	TBD	<p>SWIS Outcome objectives results. Special SWIS report to separate prevalence for ages 2-3, 3-4, and 4-5 (and possibly by sex, ethnicity/race as well). SWIS Outcome/special reports. Professional literature, public health trends.</p>	<p>Epi  MIS  Nutrition</p>
<p><b>2.5</b>  <b>To ensure that at least 55% of infants enrolled in the WIC Program initiate breastfeeding.</b></p>	<p>Coordinate statewide WIC BF promotion and support activities.</p> <ul style="list-style-type: none"> <li>• Coordinate WIC BF Committee meeting and activities.</li> <li>• Provide technical assistance to LAs in implementing CT WIC BF guidelines and annual BF promotion plans.</li> <li>• Promote BF as a key component of the WIC food package rule.</li> </ul>	<p>2007 CT Breastfeeding rates (%)  Initiation: 60.6  6 months: 24.0</p>	<p>Pediatric Nutrition Surveillance System (PedNSS) reports from CDC derived from Statewide WIC Information System.  Record of meetings and activities.  Summary of technical assistance provided.</p>	<p>State WIC Breastfeeding Coordinator</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff
<p><b>2.6</b>  <b>To ensure that at least 25% of infants enrolled in the WIC Program breastfeed for 6 months or more.</b></p>	<p>Manage the WIC BF Peer Counseling Program.</p> <ul style="list-style-type: none"> <li>• Coordinate the provision of technical assistance to Yale-New Haven Hospital to implement the program during FY 2009.</li> <li>• Monitor performance of Hartford and New Haven programs.</li> <li>• Submit reports to USDA.</li> <li>• Continue to coordinate activities promoting BF with the Department's Maternal and Child Health (MCH) programs.</li> <li>• Share materials/resources with the Department's MCH programs.</li> <li>• Actively participate in the CT BF Coalition (CBC).</li> <li>• Participate in the development of professional education sessions.</li> </ul>	<p>2007 CT Breastfeeding rates (%)  Initiation: 60.6  6 months: 24.0</p>	<p>Record of meetings and materials developed for food package implementation.  Record of technical assistance provided. Quarterly activity and expenditure reports from contractors, including, -# of women enrolled.  Increase in duration rates.  Reports submitted to USDA.  Documentation of materials provided.  Meeting minutes; documentation of collaboration with CBC, La Leche League of CT, the Center for Breastfeeding, the CT Chapter of the American Academy of Pediatrics and/or other groups.</p>	<p>State WIC Breastfeeding Coordinator</p>
<p><b>2.7</b>  <b>The Value Enhanced Nutrition Assessment (VENA) Implementation Plan tasks are completed on schedule and updated or revised bi-annually.</b></p>	<p>See VIP for specific tasks in 5 focus areas:</p> <ul style="list-style-type: none"> <li>• Policies &amp; Procedures</li> <li>• Training and Staff Development</li> <li>• WIC Nutrition Assessment Processes &amp; Practices</li> <li>• Information Systems</li> <li>• Quality Assurance &amp; Monitoring.</li> </ul>	<p>Complete 75% of VIP planned tasks. Provide VIP bi-annual status updates to USDA-FNS (March/August). Report overall progress to LA's (April/Sept.). Develop baseline/objective measures for local progress. Future plans to integrate or shift VENA objectives into program functional areas: i.e. as outlined or reflected by focus areas.</p>	<p>Relevant State Plan sections are finalized. LA Staff receive updated/trained by 1/2009. Scheduled training (Nov 2008) is completed and 75% of program evaluations report information as useful. Local observations (use monitoring reports) of staff-client interactions are evaluated as consistent with VENA principles. Feedback from Joint Coordinators'/Nutritionists' Meetings. Feedback from NERO.</p>	<p>IT Management Nutrition</p>

25Objective	Strategies/Activities	Baseline	Indicators	Staff
<p><b>2.8</b>  <b>Work with Management, Fiscal Unit and Food Delivery Unit to develop a strategy to reduce non-contract formula issuance (current range 4-19%) and refine existing State and local formula policies and procedures.</b></p>	<p>Convene representative group of units listed above to work concurrently on formula strategy with Food Package Committee.</p> <ul style="list-style-type: none"> <li>• Investigate other WIC State agencies successes and challenges re: non-contract formula issuance, re-challenge policies and WIC's role in BF promotion/support as a positive health outcome.</li> <li>• Refine State position/ justification for approach to non-contract standard formula issuance and medical documentation policy.</li> <li>• Educate medical community on specific Food Package changes impacting formula amounts and impact on mutual clients (develop letter, networking).</li> <li>• Increase State-level AAP coordination using stakeholder input.</li> <li>• Refine WIC policies and procedures, formula resources, and update required forms.</li> </ul>	<p>Rough estimate based on June 2008 figures: Non-contract standard: 4.73%-19.46% with most local hovering around 11%. Exempt infant formula "special" (including Lacto-free) from 4.87%-17.48%, with most locals hovering around 8.5%.</p> <p>For initiative to be successful need to garner support from HEMS and DPH.</p> <p>Enlist MD's knowledgeable about WIC and Food Package within DPH as advocates for position with medical community/hospitals.</p>	<p>Applicable fiscal reports. SWIS reports. Trend analysis (SAS).</p> <p><u>Long-term:</u> Less non-specific requests for non-contract standard formula. More complete special formula requests. Local agencies report improved communications with HCP's.</p>	<p>Epi  Fiscal  Food Delivery  IT  Management  Nutrition</p>

### **Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY**

**Goal 3: To improve food delivery operations at the state and local agency level.**

**Objective: 3.1 To improve communications for the Farmers' Market Nutrition Program (FMNP) between the state and local agencies.**

**Objective: 3.2 Increase to 80% timely local agency submission of unused check stock inventory reports.**

**Objective: 3.3 To decrease the number of rejected checks by 10%.**

**Objective: 3.4 To implement the new food packages by July 1, 2009.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>3.1 To improve communications for the Farmers' Market Nutrition Program (FMNP) between the state and local agencies.</b>	Department of Agriculture will submit materials to WIC nutrition staff for review. <ul style="list-style-type: none"> <li>Representative from the State Department of Agriculture will provide training to local agency staff at the statewide meeting on March 11, 2009.</li> </ul>	N/A	LA staff understands their responsibilities in the FMNP. LA staff supports the FMNP and encourage clients to participate resulting in increased utilization/redemption of FMNP vouchers. Decrease in the number of questions and inquiries from local agency staff.	Food Delivery Nutrition
	With DOA, develop timetables for check distribution from the DOA and communicate information to all local agencies by April 1, 2009.	N/A	Checks are available for issuance to all eligible children and women.	Food Delivery
	Provide most current listing of participating farmers markets to LAs.	N/A	LAs and participants are aware of locations of farmers markets.	Food Delivery
<b>3.2 Increase to 80% timely local agency submission of unused check stock inventory reports.</b>	In the middle of each month, a reminder will be sent via email to all local agency Coordinators to run and submit the report.	Currently 60% compliance	100% compliance of LAs in sending the report. Decreased finding in management evaluation reports.	Food Delivery Program Operations
	Non-compliant LA's will be referred for follow up during management evaluations.	N/A	Monitoring reports.	Food Delivery Monitoring QA

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>3.3</b> <b>To decrease the number of rejected checks by 10%.</b>	Provide training to LAs on handling voided in hand checks and the immediate detection of misnumbered checks that lead to rejections. <ul style="list-style-type: none"> <li>Follow up on agencies based on reports.</li> </ul>	534 rejected checks due to distributing checks that were voided-in-hand or misnumbered	Reduction in the number of checks rejected due to misnumbering and checks voided-in-hand, but distributed to participants.	Food Delivery Monitoring QA
	Provide price change forms for vendors to routinely submit current/updated prices in order to properly affect peer group maximum, not-to-exceed amounts.	11,050 rejected checks due to exceeding the maximum dollar amount	Reduction in the number of checks rejected due to exceeding the maximum dollar amount.	Food Delivery Vendor Management
	Replace each authorized vendor's WIC stamp with a re-designed, self inking stamp with a larger and special font and limiting vendor stamp information. <ul style="list-style-type: none"> <li>Notify and follow-up with stores without automated cash register systems and that do not endorse the back of WIC checks to require that they write in the four (4) digit vendor number and store name on the back of every WIC check.</li> </ul>	3,429 rejected checks due to illegible vendor stamp	Reduction in the number of checks rejected due to the banks inability to read the stamped vendor numbers. Store implementation of new endorsement rule.	Food Delivery Vendor Management
<b>3.4</b> <b>To implement the new food packages by July 1, 2009.</b>	Revise the CT WIC approved food list, the maximum monthly quantities of food (see Section 3, Appendix EE) and forms to be used in food delivery at the local agency (e.g. medical documentation). <ul style="list-style-type: none"> <li>Secure and adapt education materials.</li> </ul>	By November 1, 2008	Printing of New Food List.	Food Delivery Nutrition
	Finalize the vendor and farmer agreements to update the minimum inventory requirements and the procedures for processing the fruit & vegetable check.	By November 1, 2008	New Agreement is printed.	Food Delivery Vendor Management

	<p>Provide training to farmers on the processing of fruit &amp; vegetable WIC checks to coincide with the annual Farmers' Market Nutrition Program training given by the Department of Agriculture.</p> <ul style="list-style-type: none"> <li>• Develop business rule for cash value voucher usage. The cash value check will be its own paper WIC check for fruits &amp; vegetables that is handled and processed in the same manner as other food instruments.</li> </ul>	By December 31, 2008	Training certificates are signed. The sample cash value checks have been printed and approved.	Food Delivery Vendor Management
	Create new food packages and complete IT changes to SWIS.	By February 1, 2009	Changes have been tested.	Food Delivery Information Systems Nutrition

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>3.4 To implement the new food packages by July 1, 2009 (cont'd).</b>	Provide training to local agencies regarding policies, education materials, and the usage of the fruit & vegetable check.	By February 1, 2009	Training certificates are signed.	Food Delivery Nutrition Program Operations
	Begin training participants on new foods; provide handouts for the changes in the amounts of current WIC foods and the use of the fruit & vegetable check.	By April 1, 2009	Group Training scheduling.	Food Delivery Nutrition Program Operations Vendor Management
	Provide interactive, group vendor training on the new foods, changes to the minimum inventory requirements and the redemption of the fruit & vegetable check. Several group trainings will be scheduled around the state.	By April 1, 2009	Training certificates are signed.	
	Notify wholesale distributors of changes to food packages, new food items, and minimum inventory requirements.	By April 1, 2009	Mailing list.	Food Delivery Vendor Management
	Issuance of all CT WIC checks reflecting full implementation of the new food package changes for all categories of WIC participants.	By July 1, 2009	Issued check files. New peer group maximums are sent to the bank.	All Units

## Program Functional Area 4: Vendor Management

**Goal 4: To improve communication and effectiveness in Vendor Management.**

**Objective: 4.1 To enhance the WIC website to provide important vendor related information.**

**Objective: 4.2 To provide selected vendor management documents in languages most commonly used by vendors.**

**Objective: 4.3 To increase from 5% to 10%, authorized vendors that receive random monitoring visits.**

**Objective: 4.4 To increase from 10% to 50% the number of compliance investigations that are initiated and completed within FY 09.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>4.1 To enhance the WIC website to provide important vendor related information.</b>	Provide and maintain links to state and federal regulations, the State Plan, vendor authorization process, vendor agreement and a current list of authorized vendors.	N/A	Increased utilization of the website by vendors to obtain relevant information. Reduction in the number of routine calls regarding the vendor selection process.	DPH Support Staff Vendor Management
	Provide a link to the Connecticut WIC email address for vendors to submit information and questions to the program.	1% of vendors in FY08	Number of emails received from vendors.	Vendor Management
	Notify authorized vendors via U.S. mail of the availability of the web site as a first point of contact.	N/A	Increased utilization of the website by vendors to obtain relevant information. Reduction in calls for information that is provided on the website.	Support Staff Vendor Management
	Incorporate website and email information into vendor training program to promote its use at quarterly WIC Vendor Advisory Council meetings and vendor trainings.	N/A	New and authorized vendors informed during vendor training on website utilization. Review of training certificates for confirmation of receipt of this information.	Program Operations Vendor Management
	Evaluate effectiveness of the website content and revise as needed according to the needs of the vendors, if deemed appropriate for publication.	N/A	Updates to website information based on feedback. Reduction in calls received for information that has not been posted on the website.	Vendor Management

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>4.2 To provide selected vendor management documents in languages most commonly used by vendors.</b>	Survey vendors and identify information that would be helpful to be translated and into what languages.	N/A	Survey results tabulated, languages and documents identified.	Vendor Management
	Identify contractor(s) and submit documents to be translated.	N/A	Documents provided to contractor(s).	Vendor Management
	Notify authorized vendors informing them that certain documents have been translated.	N/A	Vendors are aware of documents that are available in which languages.	Vendor Management
<b>4.3 To increase from 5% to 10%, authorized vendors that receive random monitoring visits.</b>	The number of vendors to receive random monitoring visits will be increased to 10% of the number of authorized vendors as of October 1, 2008.	5% of the number of authorized vendors as of October 1, 2007	Increase in identification of stores meeting regulatory compliance.	Vendor Management
	Conduct monitoring visits on the additional 5% of vendors who were randomly selected.	N/A	Completed monitoring reports.	Vendor Management
<b>4.4 To increase from 10% to 50% the number of compliance investigations that are initiated and completed within FY 09.</b>	During the first quarter, select stores to be investigated, have contractor perform initial compliance buys and DPH to review compliance buy reports.	10% FY08	Assure that 5% of the number of authorized vendors as of October 1, 2008 is investigated early in the fiscal year.	Vendor Management

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>4.4</b> <b>To increase from 10% to 50% the number of compliance investigations that are initiated and completed within FY 09 (cont'd).</b>	During the second quarter, send sanction letters and confirm receipt of notice of violations if applicable.	N/A	Results of the compliance buy that identifies if violations occurred.	Vendor Management
	During the third quarter, have contractor perform follow up compliance buys as needed.	N/A	Decrease lapse in time to review reports and follow up.	Vendor Management
	During the fourth quarter, send additional sanction letters if applicable and deem each investigated store to be complete or ongoing.	N/A	Increase in compliance investigations completed within one fiscal year.	Vendor Management

## **Program Functional Area 5: Management Information Systems**

**Goal 5: To maintain and enhance the Statewide WIC Information System (SWIS) and the WIC IT infrastructure.**

**Objective: 5.1 Implement solutions to address changes in USDA regulations and/or state policy.**

**Objective: 5.2 Improve the usability and functionality of SWIS.**

**Objective: 5.3 Identify and correct any system bugs discovered by users or IT staff.**

**Objective: 5.4 Continue the mainframe cost containment initiative.**

**Objective: 5.5 Perform an alternative system analysis for the procurement of a new WIC system.**

**Objective: 5.6 Perform periodic data extracts as required for USDA, CDC, auditors and data analysts.**

**Objective: 5.7 Attend food package committee meetings to assist in food choice development, cost neutrality determination and re-design of user interface.**

**Objective: 5.8 Re-engineer SWIS food package methodology and user interfaces, especially food package tailoring.**

**Objective: 5.9 Restructure all fields related to food package and instruments currently residing in mainframe DB2 tables, extract files, daily and monthly reports.**

**Objective: 5.10 Replace out-dated equipment as part of IT life-cycle plan.**

**Objective: 5.11 Repair or replace broken IT equipment.**

**Objective: 5.12 Implement new technologies as mandated by USDA and/or DoIT requirements.**

**Objective: 5.13 Implement new technologies to enhance productivity or system security.**

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>5.1 Implement solutions to address changes in USDA regulations and/or state policy.</b>	Re-program SWIS as required to accommodate changes in regulations and/or policy.	SWIS version 3.31	Required re-programming of system is completed, tested and deployed.	IT Systems Development
<b>5.2 Improve the usability and functionality of SWIS.</b>	Implement improvements in system as suggested by users, where feasible.	SWIS version 3.31	System changes have been implemented, tested and deployed.	IT Systems Development
<b>5.3 Identify and correct any system bugs discovered by users or IT staff.</b>	Implement fixes in SWIS to address reported bugs.	SWIS version 3.31	Reported bugs no longer exist.	IT Systems Development
<b>5.4 Continue the mainframe cost containment initiative.</b>	Monitor various processes for usage, printing, disk and tape storage costs. Move certain processes from mainframe to server. Remove obsolete report processes.	Mainframe costs from prior year for given month	Decrease MF cost in report of MIS Cost Survey Feb 2010.	IT Systems Development

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>5.5 Perform an alternative system analysis for the procurement of a new WIC system.</b>	Identify and develop required documents establishing workgroup meeting with DPH and DOIT.	Functionality of SWIS 3.31, Functional Requirements Document, SA model	SAA has been conducted. APD has been developed.	IT Systems Development
<b>5.6 Perform periodic data extracts as required for USDA, CDC, auditors and data analysts.</b>	Create quarterly files for PedNSS and PNSS reports and transmit to CDC. Create data extracts of participant and check data to submit to state and external auditors and internal data analysts.	As defined by CDC	N/A	Epidemiologists IT Systems Development
<b>5.7 Attend food package committee meetings to assist in food choice development, cost neutrality determination and re-design of user interface.</b>	Attend and contribute to meetings. Assist in cost neutrality assessment. Develop processes for food package issuance. Update State Plan.	TBD	N/A	IT Analyst-PC & mainframe
<b>5.8 Re-engineer SWIS food package methodology and user interfaces, especially food package tailoring.</b>	Devise new design and methodology for food package.	TBD	N/A	IT Analyst-PC & mainframe
<b>5.9 Restructure all fields related to food package and instruments currently residing in mainframe DB2 tables, extract files, daily and monthly reports.</b>	Identify all occurrences of food package/instruments in mainframe and server environment. Modify to accommodate food package changes.	TBD	N/A	IT Analyst-PC & mainframe
<b>5.10 Replace out-dated equipment as part of IT life-cycle plan.</b>	Maintain inventory of IT equipment and implement replacement plans as dictated by resources and budget. Project life cycle plan.	Current IT infrastructure	No IT equipment in use is excessively beyond its IT life cycle.	IT Technical Support

<b>Objective</b>	<b>Strategies/Activities</b>	<b>Baseline</b>	<b>Indicators</b>	<b>Staff</b>
<b>5.11 Repair or replace broken IT equipment.</b>	Maintain operational status of IT infrastructure by providing timely service or replacement of defective equipment.	Current IT infrastructure	LAs are able to provide adequate services to participants during equipment downtime.	IT Technical Support
<b>5.12 Implement new technologies as mandated by USDA and/or DoIT requirements.</b>	Deploy new technologies as required by changes in USDA and/or DoIT policies.	Current IT infrastructure	Required technology changes are implemented.	IT Technical Support
<b>5.13 Implement new technologies to enhance productivity or system security.</b>	Deploy new technologies to enhance productivity or system security.	Current IT infrastructure	New technology is implemented.	IT Technical Support

## Program Functional Area 6: Caseload Management/Outreach

**Goal 6: Effectively reach all eligible individuals as resources allow, and achieve the maximum caseload capacity to serve the greatest number of women, infants and children.**

**Objective 6.1: By September 30, 2009, increase the percentage of high-risk individuals receiving benefits by directly targeting resources of high-risk populations.**

**Objective 6.2: By September 30, 2009, develop a system to improve the no-show-rate.**

**Objective 6.3: By September 30, 2009, develop an outreach strategic plan to ensure consistent marketing of program eligibility and benefits.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>6.1 By September 30, 2009, increase the percentage of high-risk individuals receiving benefits by directly targeting resources to high-risk populations.</b>	Increase the enrollment of pregnant women within the first trimester to 50%.	April 08: 48.7%	SWIS Outcome Objectives Report.	Epi IT Monitoring Staff
	Establish a baseline for the early enrollment of infants within first six weeks of life.	N/A	SWIS reports.	EPI IT Monitoring staff
	Increase by 5% average monthly participation of pregnant women in the WIC program from <b>6,447 to 6,763.</b>	June 2008 Monthly Report (Six month average 1/08–6/08)	SWIS monthly report: HEF6996B September 2009	
<b>6.2 By September 30, 2009, develop a system to improve the no-show-rate.</b>	Provide Technical assistance support to LA's as needed.	ME Reports 25% baseline	Documentation/evidence that no show rate is tracked & analyzed using the Generated Missed Appointment Mailing Register Report to bring the no show rate down by 5%.	EPI IT Monitoring staff
<b>6.3 By September 30, 2009, develop an outreach plan to ensure consistent marketing of program eligibility and benefits.</b>	Finalize outreach/referrals activities statewide assessment. <ul style="list-style-type: none"> <li>Present summary of findings and recommendations to the WIC legislative advisory.</li> <li>Develop outreach plan.</li> <li>Statewide level activities vs. LA role.</li> <li>Develop and conduct a referral workshop for LA's, March 2009.</li> </ul>	SWIS report	N/A	Nutrition Program Operations

## Program Functional Area 7: Coordination of Services

Goal 7: Strengthen coordination of information and resources with other CT State Agencies to respond to the needs of the WIC clients.

Objective: 7.1 Synchronize with management to provide current information on WIC.

Objective: 7.2 Clarify policies and procedures on mandated and targeted referrals.

Objective: 7.3 Develop baseline and create SWIS report.

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>7.1 Synchronize with management to provide current information on WIC.</b>	Continue to actively participate in State level MCH, Task Forces, Head Start, Oral Health, and Lead Prevention/Immunization programs. <ul style="list-style-type: none"> <li>Identify other State partners serving similar populations to improve coordination of services.</li> </ul>	Letter of agreement with Medicaid, Managed Care, MOU, Immunization, Food Stamp, Child Enforcement Agency and TANF.	Meetings attended and information disseminated.	All WIC State staff
<b>7.2 Clarify policies and procedures on mandated and targeted referrals.</b>	Assess utilization of existing referral codes by surveying locals. <ul style="list-style-type: none"> <li>Enforce the one-page Local Community Resource Guide and LA documentation procedures for referrals.</li> <li>Concurrently clarify and update current State Plan to reflect expectations on provision and Follow-up of referrals.</li> <li>Provide review of updated policies and procedures at Statewide Meetings.</li> </ul>	TBD	Improved local level coordination with staff regarding referrals. All LAs will have a Local Community Resource Guide. Improved documentation on provision of referrals and follow up. Statewide Meeting agendas.	Monitoring Nutrition Program Operations State staff
<b>7.3 Develop baseline and create SWIS report.</b>	Develop baseline or objective measure for provision and follow up on mandated referrals.	TBD	Improved consistency of use of referral codes by LA's. LA's develop internal process for tracking referrals (providing and following up). Reduction in review findings related to referrals (over time).	IT Monitoring Nutrition Program Operations

## Program Functional Area 8: Civil Rights

**Goal 8: Establish and administer policies and procedures that assure client-oriented customer friendly service environment for all applicants and participants and comply with Racial/Ethnic Federal mandate to ensure uniformity and comparability in the collection and use of data as required by OMB standards.**

**Objective: 8.1 By September 30, 2009 provide updated civil rights materials in different languages for use by local agency WIC staff.**

**Objective: 8.2 Ensure compliance of civil rights requirements in the use of the non-discrimination statement at the local and State level and assure that services provided are in compliance with civil rights requirements.**

**Objective: 8.3 Ensure all employees in the LA are trained in the area of civil rights.**

**Objective: 8.4 Ensure compliance with OMB racial/ethnic data collection procedure at local agencies via reviews.**

**Objective: 8.5 By December 30, 2008, updated FFY2009 State Plan policy on racial/ethnic data collection procedures.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>8.1 By September 30, 2009 provide updated civil rights materials in different languages for use by local agency WIC staff.</b>	Procure civil rights resource materials available in different languages.	FFY2009	Materials will be distributed to each LA.	Program Operations
<b>8.2 Ensure compliance of civil rights requirements in the use of the non-discrimination statement at the local and State level and assure that services provided are in compliance with civil rights requirements.</b>	Request copies of LA developed brochures, handbooks, and/or other publications for the proper usage of the non-discrimination statement.	Ongoing	Each brochure and handout will contain the non-discrimination statement.	Program Operations
<b>8.3 Ensure all employees in the LA are trained in the area of civil rights.</b>	Develop civil rights training.	FFY2009	Conduct Statewide training.	Program Operations

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>8.4</b> <b>Ensure compliance with OMB racial/ethnic data collection procedure at local agencies via reviews.</b>	Distribution/discussion of Memorandum 05-025 and Attachment II on Racial/Ethnic Data Collection Procedure.	Statewide Meeting	Regulatory compliance as evidenced in monitoring reports.	Program Operations
<b>8.5</b> <b>By December 30, 2008, update FFY2009 State Plan policy on racial/ethnic data collection procedures.</b>	Inclusion of Racial/Ethnic Data Collection Procedure in FFY2009 State Plan.	December 30, 2008	Documentation of New Policy in FFY2009 State Plan.	Program Operations

## Program Functional Area 9: Certification & Eligibility

Goal 9: Improve and maintain program integrity in the areas of certification and eligibility.

Objective: 9.1 By December 31, 2008 develop new certification forms.

Objective: 9.2 By September 30, 2009 investigate and assess the issuance of non-contract standard and special formulas.

Objective: 9.3 By September 30, 2009 assess local agencies accuracy in assigning new/revised risks (revision 8 & 9).

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>9.1</b> <b>By December 31, 2008 develop new certification forms.</b>	Determine what information needs to be added to the new certification form. <ul style="list-style-type: none"> <li>Synchronize with SWIS system</li> <li>Provide guidelines to LA's for using new form.</li> <li>Inform medical community of changes to current form.</li> </ul>	N/A	USDA approval of new certification form. Medical community and WIC staff accurately completes forms. Feedback from locals and community partners that revised form meets needs of the WIC program and partners.	MIS Nutrition VENA committee
<b>9.2</b> <b>By September 30, 2009 investigate and assess the issuance of non-contract standard and special formulas.</b>	Continue to evaluate LA compliance with special formula procedures during nutrition services monitoring (5 files for completeness based on current State Plan req.). <ul style="list-style-type: none"> <li>Monitor for LA training methods on current formula policies, procedures for issuance of standard non-contract and special infant formulas (Conversations with Program Nutritionist and/or Coordinator).</li> <li>Review special formula log during reviews for accuracy and to determine frequency of insufficient "medical rationale".</li> <li>Based on results, determine areas of improvement in the training of staff, and needed clarifications of CT WIC formula policies and procedures.</li> <li>Develop user-friendly formula resource for Nutritionists.</li> <li>Employ multi-level approach to improve local staff and medical community knowledge in area of formula issuance.</li> </ul>	Previous reviews. LA non-contract standard/special formula issuance. SWIS WIC Infant Formula Monthly Report-Sept 08	Appropriate rationale for ordering a special formula. Decrease in the volume of non-contract standard orders. Local agency report of improved knowledge base and comfort-level in interactions with HCP's. Future reviews show improvement in this area.	Food Delivery Nutrition Fiscal Management

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>9.3</b> <b>By September 30, 2009 assess local agencies accuracy in assigning new/revised risks (revision 8 &amp; 9).</b>	Focus chart reviews and observations to evaluate (CPA's) for accuracy in assessment and documentation of Revision 8 and 9 risk factors.	SWIS reports: i.e. Review LA's frequency of "catch-all" risks e.g. DGA's vs. post-Revision 8/9 implementation	Comparison of Nutrition Assessment interview SWIS/Form documentation of nutritional risk.	Nutrition

## Program Functional Area 10: Monitoring & QA

**Goal 10: Conduct on-site programmatic management and nutrition services reviews of local agencies to ensure compliance with Federal and State Regulations.**

**Objective: 10.1 Monitor six (6) service regions including satellites.**

**Objective: 10.2 Evaluate applications of VENA principles in LA operations and identify training and TA needs.**

**Objective: 10.3 Improve local agency monitoring reviews (nutrition services and program operations) outcomes.**

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>10.1 Monitor six (6) service regions including satellites.</b>	<p>Develop FFY09 LA monitoring schedule.</p> <ul style="list-style-type: none"> <li>• Conduct monitoring visits and exit conference within one (1) week of completion of fieldwork.</li> <li>• Prepare and submit program review reports to LAs within 30 calendar days of the last date of the program review.</li> <li>• Synthesize common LA review findings and responses to CAP in both nutrition services and program operations to inform FFY10 Goals and Objectives and training and technical assistance plans.</li> </ul>	FFY08 LA monitoring schedule (See Objective 10.3)	FFY09 Monitoring and review schedule tracking sheet. Number of visits and reports completed within timeframe indicated.	Monitoring Nutrition
<b>10.2 Evaluate applications of VENA principles in LA operations and identify training and TA needs.</b>	<p>Finalize monitoring and QA tool to reflect VENA principles.</p> <ul style="list-style-type: none"> <li>• Inventory, summarize and encourage LA replication of VENA best practices in areas of nutrition services and program operations.</li> <li>• Identify areas for clarification and training in nutrition services and program operations.</li> </ul>	TBD	<p>USDA approval. Ongoing process/tool evaluation and feedback from LAs. Evidence of LA application of VENA principles in reflected in monitoring reports (comments section). Results of monitoring visits are incorporated into technical assistance and training plans. See VIP for more information.</p>	Nutrition Program Operations

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>10.3</b> <b>Improve local agency monitoring reviews (nutrition services and program operations) outcomes.</b>	Develop plan at State level to conduct timely technical assistance interventions and training opportunities based on identified deficiencies	TBD Review prior monitoring reports (See Objective 10.1)	Reductions of repeat findings and observations in both nutrition services and program operations.	Nutrition Program Operations

## Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

Objective: 11.1 By September 30, 2009, expand the usage to 97% of all food dollars.

Objective: 11.2 By September 30, 2009, finalize a model for food costs estimation and written procedures.

Objective: 11.3 By September 30, 2009, assist in the development of cost neutral new food packages.

Objective	Strategies/Activities	Baseline	Indicators	Staff
<b>11.1</b> <b>By September 30, 2009, expand the usage to 97% of all food dollars.</b>	Track LA expenditure monthly. <ul style="list-style-type: none"> <li>Meet with program directors.</li> </ul>	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	Fiscal Unit
<b>11.2</b> <b>By September 30, 2009, finalize a model for food costs estimation and written procedures.</b>	Refine cost estimation model. <ul style="list-style-type: none"> <li>Predict within 97% annually and ninety-nine percent 99% monthly accuracy for actual food costs and caseload.</li> </ul>	Approved final estimation cost model. Written procedures for food estimation worksheet.	USDA reports more accurate. Reallocation amount requests.	Fiscal Unit
<b>11.3</b> <b>By September 30, 2009, assist in the development of cost neutral new food packages.</b>	Assist in accessing 2010 Food Package costs neutrality for new foods and substitutes. <ul style="list-style-type: none"> <li>Attend Bi-weekly committee meetings.</li> </ul>	Food package costs worksheet.	Cost neutrality.	Fiscal Unit

# **APPENDED MATERIALS**

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## **VENA PLAN**

**CT VENA IMPLEMENTATION PLAN (VIP) STATUS UPDATE  
AREA I: Policies and Procedures**

GOAL	OBJECTIVES	METHODS & STRATEGIES	Priority	TARGET DATES	RESOURCES	STATUS
<b>WIC policies and procedures will support VENA philosophy</b>	To clarify policies and appendices of Sections 2 and 3 of the CT State Plan of Operations focusing on the Administration, Certification and Nutrition Services components	Revise applicable State Plan section(s) to clarify presumptive pregnancy documentation requirements.	1	08/15/08	6 State staff (20%) and VENA committee (5hrs/each LA)	On target. Develop LA memorandum to re-emphasize program goal of 1 <sup>st</sup> trimester enrollment of prenatal participants.
	To include new references, forms, guidance and language that address VENA concepts	Assess documentation requirements in the area of anthropometrics (i.e. in SOAP note on SWIS) to eliminate redundancy.	1	08/15/08		Pending 1 month extension for submission of State Plan. VENA Committee is moving forward to develop documentation expectations based on the recently received WIC Nutrition Services Documentation Policy. Focus on content and quality of documentation in addition to clarifications and efficiency improvements.
		Incorporate/update: <ul style="list-style-type: none"> <li>State Plan references on revised nutrition assessment forms and guidance on use</li> </ul>	1	08/15/08		Completed. Updated appropriate sections of local agency procedure manual (Section 2) to reflect revised assessment forms and nutrition assessment guidance.
		<ul style="list-style-type: none"> <li>Ongoing training and orientation plans and protocols</li> </ul>		08/15/09		In process. Continue to gather Local Coordinator and Program Nutritionist feedback to fuel development of enhanced State WIC orientation. Plans to incorporate policies and procedures for new and veteran staff training into Section 2 and 3 of State Plan. In FY 2009 plan to formalize ongoing training procedures for all staff related to VENA related skills and competencies (see training section). Concurrently, plan to

	To ensure clients are provided appropriate referrals and follow up	<ul style="list-style-type: none"> <li>• Finalized QA/review tools and guidance</li> <li>• State Plan language on revised WPM 92-5 after obtaining USDA policy clarification</li> </ul> <p>Nutrition care plan documentation protocol</p> <p>Strengthen language on referral documentation and follow up requirement</p>	2	09/19/08		<p>clarify WIC local staff roles related to VENA and build skills of local management in staff development.</p> <p>Draft review/QA tools and guidance forms are being pilot tested in FY 2008. Incorporate policies and procedures related to MER in State Plan Section 3.</p> <p>Completed. Incorporated State interpretation of WPM 2008-1 re: WIC Program Explanation into State Plan and monitoring processes. Presented to VENA Committee and June meeting and continued discussion at July meeting. Final language will be incorporated into Section 2 (Local agency procedure manual) for FY 2009 State Plan submission.</p> <p>In progress. Sent comments on draft policy to NERO for consideration. Received Final WIC Nutrition Services Documentation Policy document 7/11/08. VENA Committee to develop and or clarify nutrition services documentation expectations focused on quality of documentation.</p> <p>Plan to finalize policies in FY 2009 State Plan. See above for details re; Section 2 modifications. Also, plan to make appropriate updates and clarifications to local agency procedure manual to on mandated and targeted referral process and follow-up. VENA committee to define expectations and recommend language for State Plan.</p> <p>Completed. Included in FY 2009 State</p>
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	To emphasize customer service.	Tighten language to enhance customer service e.g. facilitate timely and convenient appointments and access hours.  Provide training on all new and updated policies and procedures.	2  2	09/19/08  09/19/08		Plan submission. Encourage all new staff view Project ReNEW customer service module. Interested local agencies were funded to offer Saturday hours to increase access  To be completed. 9/19, Joint Coordinators' and Nutritionists' Meeting will focus on monitoring and reviews expectations and updates to policies.
	To enhance the WIC Nutrition Counseling and Education process to reflect VENA concepts. To provide a unified philosophical basis for the delivery of quality nutrition services.	Develop a CT WIC Nutrition Counseling and Education Guidance document. <ul style="list-style-type: none"> <li>• Articulate ideals, values and guiding principles;</li> <li>• Articulate standards and policies for nutrition counseling, nutrition education methods, high-risk contacts and use of materials;</li> <li>• Include evaluation of competencies and skills.</li> </ul>	3	08/15/10	5 SA staff (6 hrs/wk); LA VENA committee (60 hrs/ yr)	As first step, adapted ME WIC Program Nutrition Assessment Guidance for use with CT revised Nutrition Questionnaire and Assessment form(s). After implementation of WIC NCR 98-9, Revision 8 & 9, begin to address WIC counseling and education building on current best practice models.
	To incorporate methods to collect participant/ staff feedback on VENA approach	Redesign survey tools and administration methods. Include protocol in the FY 2010 State Plan	4	FY 2010		Begin to develop survey.
	To revise WIC certification form to include WPM 98-9, Revision 8 and 9 and a more client-friendly Rights and Responsibilities statement.	Develop revised certification forms	3	FY 2009		Begin working on this after Revision 9 implementation (10/01/08). Target to develop new forms 3/15/2009.

## **Area II: VENA Training Plan**

### **Overall VENA Training Plan Goal**

The Connecticut WIC Program will incorporate VENA principles to enhance nutrition assessment process and empower staff by improving their skills to achieve more satisfied clients and staff.

#### **Training Objective # 1**

**Train local agency staff on VENA concepts/skills in preparation for VENA implementation**

#### **Training Objective # 2**

**Establish state level orientation for new local agency WIC Coordinators and Nutritionists**

#### **Training Objective # 3**

**In-service staff on new/revised policies**

#### **Training Objective # 4**

**Provide training on SWIS, respective to specific roles/topics**

#### **Training Objective # 5**

**Reinforce VENA training using local WIC agency actual case scenarios that depict positive VENA approaches**

#### **Training Objective # 6**

**Evaluate effectiveness of FY 08 VENA training and share with local WIC staff**

#### **Training Objective # 7**

**Further develop/revise FY 09 training plan and share with local WIC agencies**

Training Objective	Skill(s)/Topic	Activity	Resources/ Priority Level	Target Audience	Target Date	Cost	Status
1.5	Deleted, combined with 1.4	-	-	-	-	-	Deleted.
5.0	Case studies  Role-playing  Local agency showcasing (best practices)	Local Agency VENA workshop/sharing sessions (Topics will vary).	Resources: State WIC staff/local WIC staff  Priority level= 2	Primarily Nutrition staff. Moving forward may need to include more program assistants and team approach	FY 2008 & 2009 Ongoing Reoccurring agenda item at Joint Coordinators' & Nutritionists' Meetings.		Ongoing.  Focus is to establish a forum/venue to strengthen LA Coordinators/Nutritionist skills to develop their staff re: VENA competencies.  Provide resources to local to cultivate and sustain VENA training/progress at the local level. Ideas include: peer-to-peer support during meetings/mentoring, State-developed activities that reinforce VENA concepts etc...
2.3	State WIC Office role State Plan  Role and Expectations: Nutrition related policies & procedures  Certification, Nutrition education, Outcome objectives & Breastfeeding promotion  Outreach, referrals, and community networking	Nutrition Aide/ Assistants and Program Assistants Orientation	Resources: State WIC staff  Priority level= 2	New Nutrition/Aides Assistants and Program Assistants	FY 2009 Ongoing as needed, anticipate 2x yearly		In development. Role of Nutrition Aide/Assistant needs to be clarified and consistent. Current paraprofessional training needs to be reviewed and updated.  All new staff currently attend the Nutritionist Orientation. In future orientations plan to emphasize team development and define scope and roles. When re-evaluated, process and content will be incorporated into State Plan. Plan to reassess content and frequency on an annual basis.

2.1	WIC Federal Regulations State WIC Office role State Plan Role of management and expectations Communication procedures, MIS & Finance	Coordinators Orientation	Resources: State WIC staff Priority level= 1	New Coordinators	Ongoing as needed, anticipate 2x yearly		On target. Training is established and ongoing. Process and content will be incorporated into State Plan. Plan to reassess content and frequency on an annual basis.
2.2	State WIC Office role State Plan Role and Expectations: Nutrition related policies & procedures Certification, nutrition education, outcome objectives Breastfeeding promotion Outreach, referrals, and community networking	Nutritionists Orientation	Resources: State WIC staff Priority level= 1	New Nutritionists	Ongoing as needed, anticipate 2x yearly		On target. Training is established and ongoing. Process and content will be incorporated into State Plan. Plan to reassess content and frequency on an annual basis.
1.1	Emotion-based nutrition education Participant-centered nutrition assessment OARS techniques	<i>Touching Hearts, Touching Minds</i> Conference/Workshop	Resources: 2 MA WIC trainees- individual contracts/ Priority level= 1	Day 1: All local WIC staff Day 2: Nutritionists & Paraprofessionals	11-2007 Nov	4500	Completed. Positive feedback from State and local agency staff. Using evaluation suggestions to develop future training.
1.3	Healthy mealtime environments Parent-child Feeding relationships	Part 1: Strengthening the Mealtime Environment to Support Children's Development, Eating	Resources: Charlie Slaughter, MPH, RD Priority level= 2	Day 1: Nutritionists & Paraprofessionals	3-2008 March	Travel	Completed.

	Parent feeding behavior change process (Stages of change)	Capabilities and Life Skills Conference					
3.2	Follow-up on Nutritional Risk Criteria 98-9 Rev #8 implementation	Follow-up discussion/inquiry at Joint Coordinators/ Nutritionists meeting	Resources: State WIC staff Priority level= 2	Coordinators and Nutritionists	3-2008 March	-	Completed. Discussion and training on 98-9, Revision 8 with LA Coordinators & Nutritionists 3/13-14/08 Meeting. Pilot-transition to new nutrition assessment forms during March-June. April 2008 pilot w/ LA feedback. Trained on revised assessment forms and assessment guidance at 6/13/08 Meeting. (See Power Point). Revised forms available to locals by end of July 2008.
1.2	VENA Competencies Critical thinking skills Building rapport Stages of change Health outcomes Self-assessment	VENA: The First Step to Quality Nutrition Services Conference/Workshop	Resources: RIT Priority level= 1	2 Days: Nutritionists	4-2008 April	\$6000	Completed. Plan to use feedback from evaluations to develop and focus future training. Majority of staff want more practice/hands-on training.
1.9	New QA tools	Orientation to new QA tools at statewide joint Coordinators' & Nutritionists' Meeting	Resources: State WIC staff Priority level= 1	Coordinators and Program Nutritionists	6-2008		
3.4	Results of pilot testing draft nutrition assessment forms Revised Nutrition assessment forms and guidance Revised certification forms and guidance	Orient local staff to final forms	Resources: State WIC staff Priority level= 1	Coordinators and Nutritionists	6-2008 June		Ahead of schedule. See task 3.2 for more detail. Final Nutrition Assessment forms in process for July distribution.
4.0	Documentation	Train/reinforce	Resources: State	Coordinators and	9-2008		Discuss changes and updates in SWIS

	Scheduling	procedures at Joint Coordinators' & Nutritionists' meeting	WIC staff & LA sharing Priority level= 1	Nutritionists	Sept		documentation and overall WIC Nutrition Services Documentation at 9/19/2008 meeting.  Plan to first work on as part of State and local VENA committee to develop clear documentation guidance and expectations for reviews re: program integrity and quality of care.  Provide opportunities for peer-to-peer LA support re: SWIS scheduling and other IS helpful hints. (Potential to document LA tips to incorporate into Orientations)
	Group nutrition education classes		Priority level= 2		Ongoing in FY 2009		Developed and administered a nutrition education survey to assess baseline services at local level. Plan to base updated policy and training needs on survey results.
3.3	Changes in State Plan	Introduce changes at joint Coordinators/ Nutritionists' meetings	Resources: State WIC staff Priority level= 2	Coordinators and Nutritionists	9-2008 Sept		In progress. Scheduled for 9/19/08.
3.1	Nutrition Risk Criteria 98-9, Revision 9	Informational training on NRC 98-9, Rev 9 – Q & A	Resources: State WIC staff Priority level= 1	Coordinators and Nutritionists	9-2008 Sept		On target. Scheduled 9/19/08
6.0	Feedback from training evaluation forms  Local agency training tracking/checklist for each	<i>FY08 VENA Training: How Successful Have We Been So Far?</i> Presentation	Resources: State WIC staff/local WIC staff Priority level= 1	Coordinators and Nutritionists	11-2008 Sept		Feedback loop established. Provide summary at end of FY 2008 to include assessment of training evaluations, informal LA feedback, revised assessment forms and approach, VENA committee input and

	staff person Local agency reviews VENA committee consensus						feedback from technical assistances/ program monitoring visits.
7.0	Survey of life-cycle nutrition priorities Adjustments needed based on Objective # 6 results Local agency reviews VENA committee consensus	FY09 VENA Training: What's Next? Presentation/Workshop	Resources: State WIC staff Priority level= 1	All Staff. Brief introduction at 11/08 VENA training.	11-2008 Nov		In process. Develop and present a VENA status presentation to provide local staff assessment of
1.6	Refining counseling Rapport building Cross-cultural communication Moving towards behavior change	Counseling with Both "I"'s Open-the Language of Connection Conference/Workshop	Resources: Every Mother Inc. Priority level= 2	One day training, repeated for North and South regions of the State.  Specific topic/focus customized for CT WIC dependent on FY08 VENA training evaluations (i.e. need for reinforcement or more emphasis, another topic, etc.)	11-2008 Nov	\$10,000	Scheduled November 6-7, 2008 In process with contract development. See task 1.8 of this section for more details re: 1 day of training re: diversity aspects.
1.8	Multicultural awareness Culture of poverty Diversity Health disparities	Diversity Conference/Workshop	Training 1: Every Mothers Inc. Priority level= 2  Training 2: Clarify	All WIC staff	11-2008 Nov	See 1.6	1. See Task 1.6 for more information about this task. Contractor to provide customized training building on Project ReNEW concepts for training on diversity. State staff to determine specific goals and objectives for 1 Day training and discuss more with contractor.  2. Potential for a follow-up training in Spring of 2010 to incorporate lessons learned and more information on diverse

			focus, Survey locals and Identify speakers, Priority level = 4				groups: i.e. experiential panel discussion with groups including but not limited to: local immigrant populations, culture of poverty, persons with disabilities (mental/physical) and health disparities.
1.7	MCH Life cycle nutrition  Nutrition assessment, nutrition care plans  Anthropometrical and hematological policies and techniques	Clarify and determine roles of various WIC local agency positions i.e. program assistant, nutrition assistant/aide (paraprofessional) and nutritionist.  Develop specific competency expectations related to above position and or role for skills listed to the left.  Review and update existing State-level paraprofessional training to include combination of self-paced training modules, on-the-job training or mentoring and didactic presentations.  Topic/emphasis dependant on VENA Guidance, local agency feedback and results of local monitoring and audits.	Resources: State staff/ TBD  2	Nutritionists & Para-professionals  Priority order: New Nutritionists Nutrition assistant/Aide Program assistants	3-2009 March	TBD	FY09-10 Research ongoing. Investigating Regional and National WIC resources to potentially save time and funds. Need to ensure that training topics are at appropriate level for CT WIC Program staff (primarily RD's/ 4 year Nutritionists as CPA's in CT). Consider WLOL and/or State-established CPA training as foundation for paraprofessionals.  Completed survey re: role of nutrition assistants/aide. Develop follow-up survey on MCH life cycle nutrition to determine area of gaps in knowledge and update existing training modules.

		Develop focused training for new nutritionists i.e. Intro to VENA, nutrition assessment expectations, breastfeeding policies and formula policies and procedures.					
1.4	Introduction to Facilitated Group Discussion (FGD).  Development of expectations for group nutrition education and FGD lesson plans	FGD in WIC	WIC Works Resource System  WIC Special Projects Grants  Speakers/trainers TBD	All WIC staff: role specific	5-2009 Tentative date May  Re-evaluate based on Food Package Implementation schedule.	TBD	Dynamic task, dependent on time and resources available at State and local levels. Target Spring 2009 however may need to consider other WIC training/priorities (i.e. Food packages implementation). If scheduled, only open to set number of local agencies (pilot) on first come-first served basis. Caveat: All staff needs to attend as part of team concept approach.

### Area III: WIC Nutrition Assessment – Process and Practices

<i>Goal</i>	<i>Objective</i>	<i>Action(s) Needed</i>	<i>Priority</i>	<i>Target Dates</i>	<i>Anticipated Costs/Resources</i>	<i>Status</i>
<b>Enhance the nutrition assessment process (participant centered) and empower staff by improving their nutrition assessment skills.</b>	To develop and implement a plan for shifting WIC nutrition assessment from a deficiency finding process to a more positive process that focuses on desired health outcomes.	Revise Nutrition Assessment forms and guidance for each WIC category to incorporate health outcome based assessment.	1	Pilot test draft forms in FY 08. Implement final version and guidance by 10/1/09	State and local staff	Completed. Pilot testing forms and guidance doc scheduled for April 2008. Final versions of forms and guidance document expected June 2008. Incorporated into FY 2009 State Plan.
		Review ADA's Nutrition Care Plan process and determine extend to which CT WIC should incorporate NCP into nutrition assessment policies VENA principles.	3	10/1/09	See VENA Training Plan	Plan to discuss with VENA Committee at future meetings.
		Implement VENA training plan to support shift from a deficiency finding process to a process that focuses on desired health outcomes.	2	11/1/07-9/30/09	See VENA Training Plan	Introduced concept to staff 4-9/10-08 (RIT). Reinforce at 11-6/7-2008 training.
		Evaluate local agency staff skills in the adoption of VENA assessment practices.	3	FY 09 (baseline) and FY 10 through ongoing monitoring	Incorporate assessment of local agency performance standards in FY 2009 MER. State WIC Nutrition staff	In process of defining role of Coordinator and Program Nutritionist in staff development. Plan to adapt VENA competency checklist for local program use.
		Provide appropriate and useful feedback to address any additional training needs.	4	Ongoing	State and local staff Targeted TA and local agency sharing	See VENA Training Plan.

### AREA IV: MIS Support for VENA Assessment

GOAL	Objectives	Methods & Strategies	Priority	Target Dates	Anticipated Costs	Status
<b>To modify and enhance the present WIC application to allow for a more VENA-friendly client encounter and to provide guidance in the use of SWIS for certification/nutrition assessment documentation</b>	To enable continuity of care by allowing a function to cut and paste part of notes within a household and the access to nutrition notes when a client transfers	Develop and test new system modifications	1	FY 2008	160 hrs IT staff	On target. In process.
	To enhance the SWIS reporting functionality to support the ability to provide customized education and follow-up and to obtain participants terminated status based on failure to recertify and pick up for follow up.	Establish a SWIS users/data State/Local committee  Meet quarterly Develop status reports	2	FY 2008	6 staff 4 mtgs x 3 hrs	On hold d/t competing priorities. See Training Plan Objective #4 for details on how to work within system limitations and build on LA Coordinators' expertise w/ SWIS. Ongoing discussion includes exploring the use of LA users as SWIS trainers in quarterly Orientation training.
	To explore the feasibility of changing to a more flexible food package tailoring and in view of the new food package implementation	Add a feature to allow for the suggested change	3	FY 2009		In process of researching feasibility of SWIS capacity to allow for more flexible food package tailoring. Food Package Committee established to handle food package recommendations and revised food packages.
	To allow for more privacy during satellite sites interviewing  To provide guidance and update SWIS to reflect current NRC	Establish wireless computer hub to enable more distance between client stations	1	FY 2008- FY 2009		Continue to identify issues and develop both MIS and alternative solutions to this challenge such as wireless satellite site set-up.  Completed coding for NRC 98-9, Revision 8. Work order for NRC 98-9, Revision 9 is pending.

<b>To maintain program integrity</b>	To provide system training and system support tools to users to maintain program data integrity.	To develop a system user manual. To include in new periodic training and orientation program.  To explore the use of DPH computer resources to conduct SWIS application training.	2	FY 2009		On hold pending progress with procurement of a new IS. See above update.
<b>To procure a new WIC system</b>	To plan and review system functional requirements and specifications as well as DoIT standards	Complete DoIT Project profile. Develop a Planning APD. Develop a Planning RFP. Develop a System Alternatives Analysis.	4	FY 2010-2011		Postponed.

**AREA V: Local Agency Reviews (QA)**

Goal	Objectives	Action(s) Needed	Priority	Target Dates	Anticipated Costs	Status
<p><b>To incorporate the VENA approach into the Local Agency review process (Nutrition Services and Administrative Reviews) to ensure:</b></p> <p><b>1. Customers are treated and served in a respectful and efficient manner</b></p> <p><b>2. Clinic setting adheres to VENA concept</b></p> <p><b>3. Nutrition assessment is client-centered, Participatory and is health outcome-based</b></p>	Revise policy and procedures for conducting LA reviews	<ul style="list-style-type: none"> <li>• Develop new QA tool</li> <li>• Develop new QA protocol</li> <li>• Develop tools and guidelines to assess “soft” skills</li> <li>• Establish guidelines for documentation requirements</li> <li>• Introduce QA tools and protocol to Local Agencies</li> <li>• Pilot test new instruments</li> </ul>	1	FY09	.5FTE	<p>Accomplished.</p> <p>Accomplished.</p> <p>State-level discussions at beginning stages.</p> <p>State and local discussions have begun.</p> <p>Pushed back to Sept 2008 meeting.</p>
	Conduct biannual reviews	<ul style="list-style-type: none"> <li>• Revise and finalize</li> </ul> <p>To observe and validate:</p> <ul style="list-style-type: none"> <li>• Staff skills in conducting client-centered assessments (certification process, client interviewing and counseling)</li> <li>• Review files for nutrition care plan, notes, follow up and continuity of care and referral documentation</li> <li>• Participant processing standards, client flow and scheduling meet State monitoring standards</li> <li>• Appropriateness of interaction with participants/applicants using polite, customer-friendly and culturally appropriate exchanges.</li> <li>• Accommodations are provided for WIC clients whose primary language is other than English.</li> <li>• Clinic environment is adequate, offers privacy to provide quality services and is conducive to breastfeeding promotion</li> </ul>	2	FY09	1 FTE	<p>Piloting new tool/process during FY 2008 USDA ME. (March-May 2008) June-September 2008.</p> <p>Incorporate new tools/process in FY 2009 State Plan submission.</p>
	Establish a new process to address deficiencies	<ul style="list-style-type: none"> <li>• Offer technical assistance and/or assess training needs to local staff</li> </ul>	3	FY09	1 FTE	<p>On-going tasks- transitioning to new process/procedures FY 2008-FY 2009.</p>

		<ul style="list-style-type: none"><li>• Identify best practices and encourage mentoring of local staff</li></ul>				Ongoing. Task integrated and dependent upon Areas: Policies and Procedures (I), Training (II) and WIC Nutrition Assessment Processes & Practices (III).
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# **FOOD PACKAGE IMPLEMENTATION PLAN**

### New Food Package Implementation Plan Update

WORK GROUP	DESCRIPTION/TASKS	RESULTS/COMMENTS	TARGET DATE
<p><b><u>Milk Alternatives</u></b> Ellen (for Lucy) Jannett Maggie Susan</p>	<p><b><u>Soy beverages</u></b>- What brands are available? Refrigerated or shelf stable? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>Not authorizing. Currently, there are no soy beverages that meet the Federal requirements.</p>	<p>May 20, 2008</p>
	<p><b><u>Tofu</u></b>- What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>16 oz packages not found in CT. We can authorize 14 oz sizes also.</p>	
<p><b><u>Whole Wheat or Whole Grain Bread Bread Alternatives Whole Grain Cereals</u></b> John Dennis Kevin</p>	<p><b><u>Whole Wheat Bread</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>Authorizing specific types of Arnold, Weight Watchers, Freihoffer's and Pepperidge Farms in a 1 lb loaf.</p>	<p>May 20, 2008</p>
	<p><b><u>Whole Grain Bread</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>Authorizing specific types of Arnold, Weight Watchers, Freihoffer's and Pepperidge Farms in a 1 lb loaf.</p>	
	<p><b><u>Brown Rice</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>Authorizing specific store brands and 1 type of Uncle Ben's in a 16 oz package.</p>	
	<p><b><u>Bulgur (Cracked Wheat)</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>Not authorizing. Product not available in size required.</p>	
	<p><b><u>Oatmeal</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>Not authorizing as a bread substitute because of the size requirement, but okay to authorize as a cereal.</p>	
	<p><b><u>Whole Grain Barley</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	<p>Authorizing 16 oz packages only.</p>	

WORK GROUP	DESCRIPTION/TASKS	RESULTS/COMMENTS	TARGET DATE
	Add 2 lbs. of bread or alternatives to children's packages. Add 1 lb of bread or alternatives to pregnant women's packages. Add 1 lb of bread or alternatives to partially breastfeeding women's packages. Add 1 lb of bread or alternatives to enhanced/fully breastfeeding women's packages.		
	<u><b>Soft Corn Tortillas</b></u> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?	Not authorizing. Product not available in size required.	
	<u><b>Whole Wheat Tortillas</b></u> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?	Authorizing LaFe and Manny's 16 oz. package only.	
	<u><b>Whole Grain Cereal</b></u> Is at least half of our approved cereals whole grain by definition?  See spreadsheet for requests to have foods approved-S: WIC Approved Food List, 2007.xls, and 2008.xls.  Disallow any cereals that do not divide into 36 oz.	Currently, CT's is at least half whole grain. May want to add additional whole grain cereals whose package sizes added together makes the maximum 36 oz monthly allowance.  No, existing cereals on the food list that are under 18 oz will remain, but may not consider authorizing any additional small boxes.	

<p><b><u>Canned Fish</u></b> Lauren Tom Sophie</p>	<p>Allow jars? Allow pouches? Increase amounts in packages for enhanced/fully breastfeeding women from 24/26 oz of canned tuna to 30 oz of canned fish. Checks can state "8 cans of 3.75 oz Sardines, 6 cans of 5 oz or 4 cans of 7.5 oz canned chunk light tuna or salmon in water". Or state "30 oz of canned fish" and explain combinations on food list or separate sheet.</p>	Pouches will not be allowed due to cost.	<p>May 20, 2008</p>
	<p><b><u>Salmon</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	Authorizing salmon in 6 oz or 7.5 oz cans.	
	<p><b><u>Sardines</u></b> - What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	Authorizing sardines in 3.75 oz cans.	
	<p><b><u>Mackerel</u></b> What brands are available? Does packaging available coincide with the maximum amounts that we need to give? Cost?</p>	Not authorizing. Mackerel had inconclusive labeling for the type of mackerel and unknown mercury levels. Low response on survey.	
<p><b><u>Fruits and Vegetables</u></b> Tamara Mitch</p>	<p><b>Farmers' Market</b> Allow fruit and vegetable checks to be used at Farmers' Markets? If so, amend farmers' agreements with the Farmers' Market Nutrition Program (FMNP). See <u>State Office Procedures</u>. In the FMNP, potatoes and cut herbs are allowed; they are not eligible products with WIC checks. Season is June-October. Most items available after July 4<sup>th</sup>. Consider farmers' resources, time to plan, plant, and grow more items to meet the increased demand.</p>	Meeting held on 6/2/08 with Rick Macsuga from the Dept. of Agriculture regarding authorizing WIC Certified Farmers' Markets to accept WIC F & V checks. Rick will set up a meeting at the end of 2008 with a group of farmers to discuss the additional steps and rules that come with accepting WIC checks.	<p>June, 2008</p> <p>December, 2008</p>
	<p>Allow canned? (Also shelf stable containers-jars, pouches) What brands are available? Cost?</p>	Yes.	
	<p>Allow frozen? (bags, boxes)</p>	Yes.	
	<p>Allow dried fruits &amp; vegetables for women?</p>	No, not enough interest on participant survey.	

	<p>Does packaging available coincide with the maximum amounts that we need to give?</p> <p>If we allow canned fruits, there may be participant confusion around what is allowed – products in fruit juice, heavy syrup, light syrup, light (with artificial sweetener).</p> <p>Does CT's sodium requirement make canned vegetables ineligible- No Salt varieties?</p>	<p>As long as we provide items that offer participants the option to maximum their benefits, smaller sizes are allowed.</p> <p>Nutrition education will have to address healthier items.</p> <p>May need to alter sodium requirements due to some canned items being naturally high in sodium.</p>	
	<p>Add 1 "up to \$6" check to all children's packages.                  Add 2 "up to \$4" checks to all pregnant women's packages.                  Add 2 "up to \$4" checks to all postpartum women's packages.                  Add 2 "up to \$4" checks to all partially breastfeeding women's packages.                  Add 2 "up to \$5" checks to all enhanced/fully breastfeeding women's packages.</p>	<p>Checks may be redeemed together for a single transaction.</p> <p>Organic fruits and vegetables will be allowed due this benefit being cash value and least expensive policies will not apply.</p>	
	<p>Allow participants to pay the difference if the total dollar amount goes over the value of the fruit &amp; vegetable check?</p>	<p>Yes. Participants may pay the overage with any type of tender.</p>	
	<p>If we allow canned vegetables, do we have to allow canned beans because they are a vegetable?</p>	<p>No, canned beans are not allowed to be purchased with f &amp; v checks.</p>	
	<p>Apply II.B.5. Sodium limitation from Food Package Criteria originally intended for cereal?</p>		
	<p>Food list may say "No potatoes, except for sweet potatoes/yams"                  If we allow canned vegetables, how will we note on the food list to exclude all types of mixed vegetables that includes potato pieces?</p>	<p>Sample f &amp; v check has been printed and will be submitted with CT State Plan.</p>	
	<p>Account for yearly inflation adjustments in whole dollar increments.</p>		

<p><b>Legumes/Canned Beans</b> Tamara Mitch</p>	<p>Should we allow as a substitution for dry beans and peanut butter?</p>	<p>Authorization suggested by committee for all participants. State Office will make final decision based on increased cost.</p>	<p>June, 2008</p>
	<p>What is the cost difference between dry and canned beans? 1lb.of dry = 40-48 oz cooked = 5-6 cups cooked 15 oz can-drained = 1 2/3 cups cooked</p>	<p>Highest cost for dry beans (yielding 40-48 oz) is \$1.59 Highest cost for canned beans (4 X 15 oz (yielding 60 oz) is \$4.36. Statewide average for cost of 18 oz peanut butter is \$2.36.</p>	
	<p>Does packaging available coincide with the maximum amounts that we need to give?</p>	<p>No, we must provide 64 oz of canned beans as a substitute for 1 lb. dry beans and can sizes range from 15-15.5 oz totaling 60-62 oz. Participants will maximize their benefits by choosing dry beans.</p>	
	<p>Should we allow for those with limited or inadequate storage/homeless participants?</p>		
	<p>Should we allow for enhanced/fully breastfeeding women's packages?</p>		
<p><b>Baby Food</b> Kim B. Beverly</p>	<p><b>Fruits and Vegetables</b> Allow glass jars and plastic containers? Glass jars come in 2.5 oz, 4oz and 6 oz and plastic containers come in 5 oz (2 X 2.5 oz) and 7 oz (2 X 3.5 oz) depending on the stage. Allow multi-packs, 2pks, 6pks, etc.? What are the cost differences between brands?</p>	<p>Authorizing for infants 6+ months in 4 oz containers to meet the 128 oz required issuance. Considering issuing an RFP for baby products-baby food fruit, vegetables, meat, plus, infant cereal.</p>	<p>June, 2008</p>
	<p>Approve combinations of single ingredients?</p>	<p>No, too confusing for what items are allowed.</p>	
	<p>How many jars/packs would we put on each check? Are we going to list the number of jars/packs or the total number of ounces? (Consider the difficulty for participants and cashiers to count total ounces and vendors' shelf space for minimum inventory)</p>	<p>See <u>MIS/Food Packages</u>.</p>	
	<p>Are we going to allow the substitution of up to 2 lbs of fresh bananas in lieu of 16 ounces of baby food fruit? Checks would state 112 oz (28 "jars"- 4 oz each) fruit &amp; vegetable baby food + up to 2 lbs of fresh bananas for fully formula fed and partially breastfed infants whose age is 6-11 months. Checks would state 240 oz (60 "jars"- 4 oz each) fruit &amp; vegetable baby food + up to 2 lbs of fresh bananas for fully breastfed infants whose age is 6-11 months.</p>	<p>No, too confusing with the fruit and vegetable checks only being issued to children and women.  Difficult to purchase exactly 2 lbs.</p>	

	<p><b>Meats</b>                  Add 77.5 oz (31 "jars"- 2.5 oz each) baby food meat to fully breastfed infant packages whose age is 6-11 months. (Should baby meat be given starting at 8 months old?)</p>	<p>Authorizing for infants 6+ months who are fully breastfed only.</p>	
<p><b>Juice</b></p>	<p>Change all children's packages from 276/192 oz of juice to 128 fluid oz (2 bottles - 64 oz fluid juice).                  Change all pregnant women's packages from 276 oz of juice to 144 fluid oz. (3 cans - 11.5-12 oz concentrated juice).                  Change all postpartum women's packages from 184 oz. of juice to 96 fluid oz. (2 cans - 11.5-12 oz concentrated juice)                  Change all partially breastfeeding women's packages from 276 oz of juice to 144 fluid oz. (3 cans - 11.5-12 oz concentrated juice).                  Change all enhanced/fully breastfeeding women's packages from 322 oz. of juice to 144 fluid oz. (3 cans - 11.5-12 oz concentrated juice).                  Remove juice from all infant packages.</p> <hr/> <p>Disallow 46 oz. cans of juice? Authorize 64 oz. containers to coincide with the maximum amounts that we need to give?</p> <hr/> <p>Authorize single-serve juice bottles, cartons and cans for homeless participants?</p>	<p>Authorizing 64 oz bottles of juice. Apply least expensive policy to keep costs down.</p>	<p>November 1, 2008</p>

<p><b>Milk</b></p>	<p>Reduce all packages with new maximum amounts. See <a href="#">MIS/Food Packages</a>.  <b>Fluid Milk</b>                  Change all packages for children 1- 2 years old to Whole Milk.                  Change all packages for children 2 years old and over to 2%, 1%, or Skim milk.                  Change all pregnant, postpartum, and breastfeeding women's packages to 2%, 1%, or Skim Milk.  <b>Lactaid/Dairy Ease</b>                  Change all packages for children 1- 2 years old with med. doc. to Whole Milk Lactaid/Dairy Ease.                  Change all packages for children 2 years old and over with med. doc. to Reduced Fat 2%, Low fat 1% or Fat Free Lactaid or Dairy Ease.                  Change all pregnant, postpartum, and breastfeeding women's packages with med. doc. to Reduced Fat 2%, Low fat 1% or Fat Free Lactaid or Dairy Ease.  <b>Evaporated Milk</b>                  Change all packages for children 1- 2 years old to Homogenized? Evaporated Milk.                  Change all packages for children 2 years old and over to Low fat 2% or Fat Free Evaporated Milk.                  Change all pregnant, postpartum, and breastfeeding women's packages to Low fat 2% or Fat Free Evaporated Milk.</p>		<p>November 1, 2008</p>
<p><b>Cheese</b></p>	<p>Are we going to substitute 1 pound of cheese for 3 quarts of milk and subsequently authorize quarts of milk? (FAQs state that we cannot drop the dangling 1-quart of milk if we substitute.)                  Do not duplicate packages where we now substitute more than 1 pound of cheese for milk. We'll need packages with all cheese up to maximum amount of milk for those with medical documentation.</p>	<p>Authorization for substitution will be decided by the cost feasibility. See <a href="#">Cost Neutrality/Fiscal</a> for cost issues.</p>	<p>September, 2008                  November 1, 2008</p>
<p><b>Formula</b></p>	<p>Reduce and increase the amounts of concentrate, ready to feed and powder formula for new infant stages. See <a href="#">MIS/Food Packages</a>.</p>		<p>November 1, 2008</p>
<p><b>Eggs</b></p>	<p>Reduce the amount of eggs from 2 dozen to 1 dozen for all children, pregnant women, partially breastfeeding women and postpartum women's packages.</p>		<p>November 1, 2008</p>

<p><b>Breastfeeding</b></p>	<p>Are we going to allow a breastfed infant the 1 can of formula in their first month?</p>	<p>No, not automatically. See <u>MIS/Food Packages</u> for increased benefits.</p>	<p>June, 2008</p>
<p><b><u>MIS/Food Packages</u></b> Tom Marge Susan Pat Sullivan Beverly Lauren Maggie Jannett</p>	<p><b>Restructure and create new Participant Categories</b> Pregnant Woman Pregnant Woman with 2 or more fetuses Postpartum Woman Breastfeeding Woman-Fully Breastfeeding Woman-Fully BF multiple infants Breastfeeding Woman-Partial Breastfeeding Woman-Partially BF multiple infants Child Infant- 0-3 months fully breastfed Infant- 0-3 months partially breastfed Infant- 0-3 months fully formula fed Infant- 4-5 months fully breastfed Infant- 4-5 months partially breastfed Infant- 4-5 months fully formula fed Infant- 6-11 months fully breastfed Infant- 6-11 months partially breastfed Infant- 6-11 months fully formula fed ? Create categories for P, N, B, C, and I with allergies (so certain food packages are not an option for those with allergies to peanut butter, eggs, wheat, dairy)</p>	<p>See below for special food packages for mothers of multiple infants (pg. 68988 of regs) and increased amounts of baby foods plus baby meat for fully breastfed infants.</p>	<p>November 1, 2008</p>

	<p><b>Create food item codes for new foods:</b>                  Tofu, whole wheat/whole grain bread, brown rice, barley, whole wheat tortillas, baby food fruits &amp; vegetables, baby food meat, canned beans                  Create food item codes for:                  -All special formulas that don't currently have one                  -Gallon of Whole Milk                  -Gallon of 2%, 1% or Skim Milk                  -Half Gallon of 2%, 1% or Skim Milk                  -Half Gallons of Reduced Fat 2%, Low fat 1% or Fat Free Lactaid or Dairy Ease                  -Half Gallons of Whole Milk Lactaid or Dairy Ease                  -Up to \$6.00 of WIC-eligible fruits and vegetables                  -Up to \$4.00 of WIC-eligible fruits and vegetables                  -Up to \$5.00 of WIC-eligible fruits and vegetables                  -cans of 3.75 oz Sardines                  -cans of 6 oz Canned Chunk Light Tuna or Salmon in Water.</p> <p>Create "Super check" with most of dry goods on it to limit the number of checks issued per package?                  Identify new naming convention for food packages.                  Develop new food packages                  Make changes to Price Stock Survey                  IT changes complete</p> <p>Create packages of 1.5 times enhanced/fully breastfeeding packages for women who are breastfeeding multiple infants.</p> <p>Create packages for partially breastfeeding women who are breastfeeding multiple infants that is equal to the food in the enhanced/fully breastfeeding women's packages.</p> <p>Create packages for pregnant women carrying 2 or more fetuses that is equal to the food in the enhanced/fully breastfeeding packages.</p> <p>Add beans <u>and</u> peanut butter to all pregnant, partially breastfeeding and enhanced/fully breastfeeding women's packages.</p> <p>Add bread and authorized alternatives to all children's, pregnant, partially breastfeeding and enhanced/fully breastfeeding women's packages. See <u>Bread</u> category.</p>		
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	<p><b>Milk reduced in every package</b>                  Reduce all children's packages by 2 gallons.                  Reduce all pregnant women's packages by 1-½ gallons.                  Reduce all postpartum women's packages by 1-½ gallons.                  Reduce all partially breastfeeding women's packages by 1-½ gallons.                  Reduce all enhanced/fully breastfeeding women's packages by 1 gallon.</p>		
	<p><b>Formula amounts + baby food additions</b>                  Continue packages for 0-3 month old fully formula fed infants with current amount of formula.                  Create packages for 4 -5 months old fully formula fed infants with increased amount of formula (3 cans concentrate, RTF, powder).                  Create packages for 6-11 month old fully formula fed infants with reduced amount of formula (7 cans concentrate, RTF, powder) and 24 oz infant cereal, add 128 oz. baby food fruits and vegetables, remove juice.                  ? Change packages for 1 –3 month old partially breastfed infants with reduced amount of formula (14 cans concentrate, RTF, powder).                  ? Change packages for 4 -5 month old partially breastfed infants with reduced amount of formula (17 cans concentrate, RTF, powder).                  ? Change packages for 6 -11 month old partially breastfed infants with reduced amount of formula (12 cans concentrate, RTF, powder) and 24 oz infant cereal, add 128 oz. baby food fruits and vegetables, remove juice.</p>		
	<p>Continue packages for 6 -11 month old fully breastfed infants with 24 oz. infant cereal, but add 256 oz. baby food fruits and vegetables, 77.5 oz baby food meat. Remove juice.</p>		

	<p><b>Baby Food</b>                  Add 128 oz (32 "jars"- 4 oz each) fruit &amp; vegetable baby food to fully formula fed infant packages whose age is 6-11 months.                  Add 128 oz (32 "jars"- 4 oz each) fruit &amp; vegetable baby food to partially breastfed infant packages whose age is 6-11 months.                  Add 256 oz (64 "jars"- 4 oz each) fruit &amp; vegetable baby food to fully breastfed infant packages whose age is 6-11 months.</p>		
<p><b>Cost                  Neutrality/Fiscal</b>                  Sophie                  Robin                  Tom                  Dennis                  Kim N. (Epi),                  Mitch</p>	<p>Design calculator for determining cost neutrality. After the final list of food items is created, vendors can be surveyed to obtain current costs of those items and used to calculate new food package costs.</p>		<p>September 30, 2008</p>
<p>What is the estimated cost increase for providing new foods such as soy beverages, tofu, whole wheat bread and it's alternatives, baby food fruits &amp; vegetables, baby food meat and \$6, \$8 and \$10 checks for fruits and vegetables?</p>			
<p>What is the estimated cost increase for providing salmon and sardines as an alternative to canned chunk light tuna in enhanced/fully breastfeeding women's packages?</p>			
<p>What is the estimated cost increase for providing canned beans as an alternative to dry beans?</p>	<p>See <u>Legumes/Canned Beans</u></p>		
<p>What is the estimated cost increase for providing <u>both</u> beans and peanut butter to the pregnant, partially breastfeeding and enhanced/fully breastfeeding women's packages? For those already getting beans, we are adding peanut butter and to those getting peanut butter, we are adding beans.</p>			
<p>What is the estimated cost increase for providing the amount of food in an enhanced/fully breastfeeding women's package to pregnant women carrying 2 or more fetuses?</p>			
<p>What is the estimated cost increase for providing the amount of food in an enhanced/fully breastfeeding women's package to partially breastfeeding women who are breastfeeding multiple infants?</p>			
<p>What is the estimated cost increase for providing 1.5 times the amount of food in an enhanced/fully breastfeeding women's package to women who are breastfeeding multiple infants?</p>	<p>11</p>		

	What is the estimated cost increase for providing additional checks for bread, fruit and vegetables, baby foods, etc. (printing costs, check stock)?		
	What is the estimated cost savings in reducing the amount of eggs from 2 dozen to 1 dozen for all children, pregnant women, partially breastfeeding women and postpartum women's packages?		
	What are the estimated cost savings in reducing and increasing the amount of infant formula for different age groups? Concentrate, Ready to Feed, Powder? See <u>MIS/Food Packages</u> .		
	What is the estimated cost savings in reducing the amount of juice given? See the <u>Juice</u> category above for details. How would our costs be affected if we authorize 64 oz plastic bottles of juice instead of 46 oz cans?		
	What are the estimated cost savings in removing juice from all infant packages?		
	What are the estimated cost savings in reducing the amount of milk for all packages? See <u>MIS/Food Packages</u> .		
	How are our costs going to be affected by providing Whole Milk in the 1-2 year old children's packages and 2%, 1%, or Skim Milk to all pregnant, postpartum, and breastfeeding women's packages?		
	How would our costs be affected if we substitute 1 pound of cheese + 1 quart of milk for 1 gallon of milk in all children and women's packages?	As of 5/27/08, the statewide average for 1 Gallon of Milk is \$4.02. One pound of American cheese and 1 quart of milk is \$5.16 and \$1.35, respectively, equaling \$6.51. The difference of \$2.49 multiplied by 40,750 women and children per month is over \$100,000.	
	How do costs compare from whole wheat/whole grain bread to the alternatives? See <u>Bread</u> category for details.		
	Overall, are the food package changes cost neutral?		October, 2008
<b>Policy</b> Kim B. John Tamara Elsa	Revise Food Package Criteria- Expand II.B. Additives/Substances to apply to specific categories of foods Replace II.B.1. Aspartame with Artificial Sweeteners		February, 2009
	Set minimum inventory requirements		

Kathy M.	State Plan amendments-Appendices, Maximum monthly quantities of food-section 2-EE, Food package criteria-section 3-II		
	Usage and redemption of f & v check		
	Write policies for children with allergies and provide input to IT workgroup		
	Develop form for acceptable medical documentation-use medical food and regular food templates from FNS.		November, 2008
<b>Marketing/Training</b> Regine Carol Pat Gaenzler Maureen Marilyn Kevin Laurie L.-Shaw's George Hernandez-SAMA-Willimantic Rep from City Seed	Identify audiences (HCP, participants, LA staff, vendors, distributors) and develop training plans.		September, 2008  March, 2009
	<b>Local Agencies</b> Summary of new foods, amounts, packages Gather recipes for participants using new foods Focus on importance of new foods chosen		
	Develop materials for changes in milk – whole milk vs. lower fat (consider regs for whole milk and AAP recommendation for lower fat milk exceptions for certain conditions.		December, 2008
	Introductory material for local agencies		January 1, 2009
	Preliminary info on new foods to participants in order to coincide with Nutrition Awareness Month in March.		February/March, 2009
	<b>Vendor training</b> Train on new food package changes only or incorporate with full interactive training? Revise handouts, PowerPoint presentation.		April 1, 2009
	<b>Participant Training</b> Start education on new foods for participants at their certification visits. Summary of new foods Provide recipes Provide chart from DOA on fresh fruits and vegetables that are in season. Provide education materials on maximizing amounts provided and shopping tips. Consider participants receiving 3 months of WIC checks dated with a first day to use of April 2 <sup>nd</sup> will be receiving 2 months of the old packages and 1 month of the new.		April 1, 2009
	<b>State Office Procedures</b>	Create Food Package Committee, set meeting schedule. Committee will make recommendations to State WIC Office for final approval.	Committee began monthly meetings on 3/11/08.

State WIC Office approval of committee recommendations	Committee recommendations were accepted on 7/15/08.	July 1, 2008
State Plan due to USDA. Include FPC implementation plan Change all State Plan Appendices to reflect new maximum monthly quantities of food (EE), Standard Food Packages (FF), food code list (GG), etc.		September 30, 2008
Finalize list of approved products and sizes for food list.		September 30, 2008
Vendor Management– Set minimum inventory, Amend vendor agreements-Appendix B & H, Revise Price Stock Survey, Revise Monitoring Report, Revise PowerPoint Presentation for Training		November, 2008 April, 2009
<b>Farmers’ Market Authorization</b> Develop training for farmers regarding the processing of fruit & vegetable WIC checks. Training for the approximately 200 farmers who may become WIC check certified to coincide with re-certification process. Currently, 97 out of 108 FMs are WIC-certified; at least 2 farmers at each market. DOA's process is done every 3 years and current agreements expire in Dec. 2009. Issue and order vendor stamps with ID numbers 600-999. But consider the 3-digit self-inking stamp that they already have (#'d 001-500). Would there be confusion in stamping FMNP coupons with one stamp and WIC checks with the other?		December, 2008  January/February, 2009  May, 2009
New food packages set		February, 2009
<b>Food List Development</b> Add new categories, re-design current list Order and Print		March 1, 2009
Our target date for implementation		July 1, 2009
Deadline for implementation (extended from 8/5/09)		October 1, 2009

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**Local Agency Policy and Procedure Manual**  
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## **Section 2: Local Agency Policy and Procedure Manual**

### **INTRODUCTION**

This manual contains the policies and procedures of the Connecticut WIC Program. It is to be used by local WIC Program staff to conduct the daily activities necessary for the proper operation of the program.

This Policy and Procedure Manual is divided into six major sections:

1. **Administration**  
Includes general administration (staffing, caseload management, local agency plan, contracts, records, meetings, continuing education, office hours and scheduling, smoking policy, reporting, facilities, outcome evaluation), outreach, financial management, dual participation, civil rights, fair hearings, management information systems and computer security and maintenance.
2. **Certification**  
Includes application, physical presence, identity, and residency requirements, categorical and income eligibility, nutritional assessment and risk determination, form completion, participant referral, orientation, food package prescription, certification periods, use of regression provision, priority assignment, transfers of certification, termination/disqualification, certification files, Phenylketonuria (PKU), non-resident aliens, and special populations.
3. **Nutrition Services**  
Includes nutritional assessment, food package prescription, nutrition education, nutrition services documentation, breastfeeding promotion and support including breast pump issuance.
4. **Food Delivery**  
Includes initial enrollment, requests for Alternate/Proxy, check pick-up and prorating, food package changes, theft and/or loss of WIC checks, special formulas.
4. **Vendor Management**  
Includes eligibility, application process, authorization, vendor status, participant complaints, and vendor files.
5. **Definitions**

In each section the policies are bolded. The procedures for completion of the tasks are outlined thereafter. This section will be referred to as the Local Agency Policy and Procedure Manual in other documents. In the future, policies will include references to Federal Regulations.

The SWIS User Procedures Manual is incorporated into this section by reference.

**Section 2: Local Agency Policy and Procedure Manual  
ADMINISTRATION**

**General Administration**

1. **Staffing**

1.1. **Classifications**

- 1.1.1. Local WIC Program Coordinator (also referred to as local coordinator, WIC coordinator or coordinator).

**Each local WIC Program shall employ one full time (at a minimum 35 hrs/week) Program Coordinator who shall be responsible for the overall operation of the local WIC Program. The State WIC office must approve any exceptions to full time position in writing.**

- 1.1.2. WIC Program Nutritionist

**Each local WIC program shall employ one full time Program Nutritionist who shall be responsible for the nutrition services component of the program. Duties must include 50% nutrition services. The State WIC office must approve any exceptions to full time position in writing.**

- 1.1.3. WIC Site Nutritionist

This classification includes a Nutritionist other than the program nutritionist whose duties include 20% administrative duties.

- 1.1.4. WIC Nutritionist

This classification includes all nutritionists other than the WIC Program Nutritionist and WIC Site Nutritionist paid for in whole or in part by the local WIC Program

- 1.1.5. WIC Nutrition Aide/Paraprofessional

This classification includes all individuals, other than nutritionists, who are paid for in whole or in part by the local WIC Program and whose primary responsibility is the provision of paraprofessional nutrition services.

- 1.1.6. Program Assistant

This classification includes all clerical and secretarial personnel paid for in whole or in part by the local WIC Program. This classification includes all clerical and secretarial personnel paid for in whole or in part by the local WIC Program.

1.2. **Notification**

The local agency shall notify the State WIC Program when a vacancy occurs.

1.3. **Qualifications for Specific Positions**

- 1.3.1. Local WIC Program Coordinator

A master's degree from an institution accredited by a recognized regional accrediting body in public health, health administration, administration, business administration, or health

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

sciences; a bachelor's degree from an institution accredited by a recognized regional accrediting body; preferably with courses in the administrative sciences.

AND

One year of full-time employment planning or administering a program, including supervising personnel;

OR

A combination of the above experience to include six (6) years of training. A bachelor's degree will count for four years and a master's degree an additional one year. Non-supervisory professional level experience in a WIC Program may count for up to two years.

All local program coordinators hired before October 1, 1999 are exempt from meeting these qualifications and shall remain subject to the qualifications in effect at the time they were hired.

AND

**If the Local WIC Coordinator is being hired in an agency with a caseload of less than 2,600 participants, the candidate must ~~also~~ meet the requirements of a WIC Nutritionist This requirement is waived in local agencies where the Coordinator is less than Full Time.**

1.3.2. WIC Program Nutritionist/WIC Site Nutritionist

A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition and one year of responsible experience in nutrition in a health agency or health care facility,

OR

A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences and two years of responsible experience in nutrition in a health agency or health care facility.

Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a Coordinated Program, Dietetic Internship or Approved Pre-Professional Practice/AP4 Program) or a master's degree in nutrition education can qualify for one year of work experience. Persons with a master's degree in nutrition who do not have a bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

**All program nutritionists hired before October 1, 1999 shall remain subject to the qualifications in effect at the time they were hired.**

1.3.3. WIC Nutritionist

A bachelor's degree from a four year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition

education, or nutritional sciences.

## **Section 2: Local Agency Policy and Procedure Manual**

ADMINISTRATION, Continued

### 1.3.4. Nutrition Aide/Paraprofessional

Nutrition aides hired by local agencies shall demonstrate to the satisfaction of the WIC Program Nutritionist: (1) the ability to communicate clearly both orally and in writing in English and another language when the Program Nutritionist deems appropriate, and (2) the ability to establish rapport with individuals and small groups, and (3) successful completion of the Department's paraprofessional training program within one year of appointment to the position.

### 1.4 Job Descriptions

Job descriptions for all positions paid for in whole or in part by the local WIC program shall be included in the WIC local program plan. Job descriptions shall include but not be limited to the position qualifications and a description of the work performed (Section 2, Appendix A).

### 1.5 Staffing Pattern

**Each local agency shall strive to maintain a WIC program staff to provide quality nutrition services. Staffing should be periodically assessed to ensure effective delivery of nutrition services across the service area. Local agencies shall request prior written approval from the State WIC Program for all proposed changes in staffing.**

1.5.1 Prior to modifying the staffing pattern, submit justification and request for approval to the State WIC Program.

1.5.2 Keep a copy of the request and the written state decision as part of the official WIC Program records.

### 1.6 Acting Capacity

The local agency shall appoint an agency staff member to serve temporarily in an acting capacity as local WIC program coordinator, WIC program nutritionist or **WIC Site Nutritionist** or if either position is vacated for four weeks or more. The local agency shall notify the State WIC program in writing of all such appointments expected to last four weeks or more and the qualifications of the appointee. Individuals not meeting the qualifications for the position may not serve in the acting capacity for more than two calendar months unless an extension is requested in writing by the local agency and approved in writing by the State WIC Program.

## 2. Caseload Management

**The State WIC program assigns a caseload and may direct the local agency to initiate a waiting list, deny WIC benefits to the lowest priority groups or terminate participants in mid-certification due to funding shortages. Termination shall be used as a last resort.**

**When the local program assigned caseload level is reached, continue to enroll any individual who meets the criteria for Priorities I through VI unless notified otherwise in writing by the State WIC Program (Section 2, Appendix P and Certification 12).**

### 2.1 Missed appointments/No shows

Any scheduled Priority I applicant or currently certified participant who does not come to the WIC agency to be certified or to receive nutrition education and pick-up checks is identified as a "No show".

### 2.2 Monitoring/Tracking no show rates

## Section 2: Local Agency Policy and Procedure Manual ADMINISTRATION, Continued

Each Program Coordinator should develop a system to establish a baseline no show/missed appointment rate and track no shows/missed appointments by participant category in order to identify why clients aren't returning to clinic and develop solutions to reduce missed appointments/no shows.

### 2.3. Appointment Reminders

WIC appointments are usually made several months in advance. Appointment reminders are a good way to reduce no shows. The local agency should develop a plan to remind participants of their appointments.

### 3. WIC Local Program Plan

**Each local program shall prepare and have on file an approved current program plan which comprises all sections specified in the local program planning guide (Section 2, Appendix C). It is expected that all local program staff will understand their role as it relates to the implementation of the program plan.**

**The local WIC program coordinator shall be responsible for the integration of all plan components into a document that clearly represents the local program work plan.**

The program nutritionist shall have primary responsibility for the nutrition services sections.

### 4. Contracts for Nutritional Assessment

A contract with a competent professional authority designated by the local program to determine the nutritional risk status of potential WIC participants shall include, at a minimum, each of the provisions of the "sample agreement for professional services to the WIC program" (Section 2, Appendix WW). Additional terms shall be included, as necessary, to describe the following:

4.1 How referrals and appointments will be handled.

4.2 If applicable, the amount of, and the manner in which payment shall be made for specified costs.

### 5. Records

**Each local program shall maintain full and complete records for financial management, food delivery, certification, nutrition education, outreach, vendors, civil rights, and fair hearings.**

**Records shall be retained for a minimum of three years following the submission of the final expenditure report for the period to which the reports pertain. (The State WIC Office reserves the right to require longer retention for the resolution of an audit or any litigation).**

**All records (except medical records unless they are the only source of certification data) shall be available for inspection by authorized WIC program and DPH agents during normal business hours.**

**All records shall be destroyed in a manner that protects confidentiality.**

**Municipal government agencies - permission to destroy public records of municipal government agencies must be obtained through the Connecticut state library, public records administrator. Permission, if granted, will be in writing by a procedure adopted by that office pursuant to CGS 7-109 and 11-8.**

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

5.1 Retain a copy of the written request and the Public Records Administration approval to destroy records on file in the local program.

The state office reserves the right to require longer retention for the resolution of any audit or litigation.

6. State Sponsored Meetings

**Each local program coordinator and program nutritionist shall attend the state sponsored meetings. Each local WIC nutritionist shall attend the state sponsored meetings when attendance is mandatory.**

6.1 In the event that the program coordinator OR nutritionist cannot attend a meeting, the local program shall send an appropriate authorized representative.

6.2 In addition to the authorized representative, the program coordinator may request approval from the State office to send additional staff.

Continuing education credits will be offered for State-sponsored nutrition meetings and workshops through the American Dietetic Association for Registered Dietitians when appropriate.

Attendance will be recorded by those present on an attendance roster.

7. Communications

**Local agency staff shall communicate via state established email account unless otherwise notified of an alternate email business account.**

**Local agency program coordinator will schedule periodic staff meetings to ensure appropriate and timely dissemination of information i.e. state numbered memos, state updates. Schedule, agenda and/or minutes of staff meetings should be made available to reviewers.**

8. Continuing Education

The department reserves the right to require that continuing education be approved in advance.

8.1 WIC funds may not be used for college or graduate school tuition or expenses. Continuing education costs must be documented and comply with local agency policies.

Document the following items:

Name and title of staff person	Date of program
Title of program	Total cost including fees
Location of program	Justification

8.2 Retain a copy of the continuing education expense report.

9. Office Hours/Scheduling

**Local program regular/extended/weekend hours shall be posted at entrance and in the WIC service area.**

**Local WIC offices shall remain open continuously and available for full service during regular business hours for five full working days a week, unless granted a waiver by the State WIC Program because of inadequate staffing.**

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

**Any local WIC office that is going to be closed on any day that is not a State holiday must notify the State WIC office beforehand. The date, reason, and any available coverage must be included in the notice.**

**Satellite clinics should remain open continuously and available for full service during scheduled satellite hours as staffing allows.**

**To ensure program access, scheduling accommodations i.e. evening/Saturday extended hours shall be made available for applicants/participants who are employed, live in rural areas, students or any other individual who requests a convenient appointment.**

10. Smoking Policy

**Each local WIC agency shall have an announced public policy against smoking in any area where WIC program functions are performed. This includes satellite sites where WIC services are provided on a part-time basis. These sites must prohibit smoking during the times WIC is operating. The Connecticut WIC program will not allocate any administrative monies to local agencies if smoking is allowed within the space used to perform program functions.**

11. Reporting:

Submissions to the State WIC Office are due as follows:

<b>Report</b>	<b>Due Date</b>
Audit report, prior fiscal year	Within 30 days of acceptance
Budget submission	June 1
Cost Accounting Time Studies	Quarterly
Local Program Plan/Evaluation Report (Including outreach report and annual participant survey results)	<b>August 30</b>
Expenditures Report (WIC Forms 1-B and 1-C)	20th of each month
Formula Inventory/Reconciliation Form	Monthly
Formula Return Log	As soon as damaged formula is received or formula determined to expire in next four months
Unneeded Special Formula	As soon as it is determined Special formula is no longer needed

12. Facilities for Homeless Individuals

**Homeless facilities that accommodate WIC participants shall meet the following conditions:**

- Continue to make the same quantity and quality of food available to WIC participants as to other homeless individuals residing at the facility.
- Not use foods provided by the WIC program in-group feeding.
- Send no one to pick up WIC checks for all WIC participants in the facility or cash WIC checks in bulk.
- Allow the WIC participant full use of the foods and nutrition education provided by the WIC program.
- Allow the state or local agency to review the facility to determine that these conditions are met, if necessary.
- Notify the WIC program if at any time one or more of the conditions are not met.

12.1 Contact the facility to determine that the conditions will be met and sign an agreement with those that qualify (Section 2, Appendix JJ).

12.2 Contact the facility at least yearly thereafter to ensure continued compliance with the

conditions.

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

**13. Client Based Outcome Evaluation**

To evaluate local agencies' success in attaining the contractual mandated outcome and process objectives (Section 2, Appendix C), local agency data will be tabulated and reported to each agency semi-annually in April and September.

**Outreach**

**1. Publicity**

**Local agencies shall annually publicize in newspapers serving that program's area the availability of WIC benefits including eligibility criteria and the location of local agency offices.**

- 1.1 Submit at least annually a news release to newspapers in the service area including minority press and press serving the non- English speaking client populations of the local agency.
- 1.2 Keep copies of any news articles appearing in newspapers. This information should be available during reviews.

**2. Media Contacts**

**Local programs shall inform the State WIC office of planned radio, television or newspaper features on WIC prior to the event.**

- 2.1 Contact a State WIC Co-Director providing the following information regarding the event:

Name of radio or television station or newspaper
Date and time of event
Name of media contact
Nature of the event, (e.g.: 15 minute radio interview)
Name and job title of local agency and WIC program staff involved
Any other pertinent comments

- 2.2 Report unplanned or spontaneous media events to a State WIC Co-Director within one (1) working day including all information cited above.
- 2.3 Include all media event information in outreach component of the Local Agency Plan/Evaluation Report due August 30<sup>th</sup> of each fiscal year to the State WIC office.

**3. Legislative Contacts**

**All Federal and State legislative contacts must be reported to the State WIC office.**

- 3.1 Include the following information in outreach reports:
  - a. Date of contact
  - b. Name and affiliation of the contact person
  - c. Nature of local agency or WIC staff persons' involvement

**4. WIC Referrals**

**Local programs shall encourage referrals to WIC.**

- 4.1 Distribute updated written information on the program at least twice a year to hospitals, private physicians, local clinics, Community Action Agencies, social agencies, faith based organizations, neighborhood centers, welfare agencies, unemployment offices, farm worker organizations, homeless facilities, and other organizations in the service area that serve potential WIC eligibles.

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

- 4.2 Annually communicate with area health providers and resources in the service area, with special emphasis on reaching women early in pregnancy and unserved infants and children in foster care or protective services, or child welfare authorities including infants exposed to drugs perinatally, and migrants.
- 4.3 When possible, encourage hospitals, inpatient or outpatient prenatal maternity or postpartum clinics/programs, or pediatrician offices to give potentially eligible individuals the opportunity to be certified for WIC benefits within these service sites.

5. Program Referral

**LAs shall develop a local policy that identifies the high-risk conditions requiring referral and the procedures for follow-up. At a minimum, the policy shall specify:**

**A. the high-risk conditions requiring referral and follow-up;**

**B. where the following information will be documented:**

- 1. name of participant who was referred;
- 2. reason for referral;
- 3. name of service or provider to which participant was referred;
- 4. name of person making the referral;
- 5. date of referral;
- 6. date of follow-up with participant or parent/caregiver;
- 7. outcome of referral, i.e., whether or not participant indicated they acted upon the referral; and
- 8. any other action taken.

**C. procedures for follow-up, including:**

- 1. method of follow-up to be used with participant (e.g., phone, home visit, mail);
- 2. length of time between referral and follow-up; and
- 3. personnel responsible for follow-up.

The LA shall not contact the agency or provider to which a participant was referred to determine disposition of referral. (Note- Whether or not a participant has made an appointment or seen a health care provider is confidential information. The health care provider cannot release this information without the participant's consent.)

LAs shall maintain an up-to-date list of local resources for drug and other harmful substance abuse counseling and treatment. This includes resources for drug and alcohol abuse as well as resources for smoking cessation.

**A.** At the time of certification, LAs shall offer a list of appropriate resources to participants certified for smoking (code 371), alcohol use (code 372), and/or illegal drug use (373).

**B.** The LA shall also make the list available to the parent of a child on WIC with the risk code of 902 specifically for alcohol and/or drug abuse, or to any other participant or WIC family that requests the information.

**Guidelines**

- I. The state agency (SA) is aware that many communities have limited resources for the treatment of substance abuse, and that many of these resources are not free. In communities without any resources, the most important thing you can do for your WIC families with substance use problems is to ensure they are getting routine, ongoing health services.

**Provide State *Selected Referrals* brochure to all adult WIC applicants, parents or guardians of applicants.**

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ADMINISTRATION, Continued

After initial enrollment refer as appropriate all WIC participants to the Food Stamp, TFA, HUSKY A/Medicaid, Healthy Start, Child Support enforcement and Expanded Food and Nutrition Education (EFNEP) programs. Make targeted referrals, such as to the Children with Special Health Care Needs (CSHCN) and Birth-to-Three programs, Healthy Start (See Updated SWIS Manual Appendix A Referral Code Values and Descriptions for a comprehensive list) as needed.

**Provide information about other potential sources of local food assistance to WIC applicants who are found ineligible or who are placed on a waiting list.**

- 5.1 Provide and review the State Agency *Selected Referrals* brochure to all WIC applicants at time of enrollment.
- 5.2 Provide a local community resource list to applicants and participants to include description of services, addresses and telephone numbers of local Food Stamp, HUSKY A/Medicaid, and Child Support Enforcement offices and other potential sources of assistance.
- 5.3 Document participation in TFA, HUSKY A/ Medicaid and Food Stamps in SWIS, Screen 102.
- 5.4 All referrals must be documented in SWIS, Screen 102 and/or Screen 106.

**Referral Guidelines for WIC Local Agencies**

**Providing, documenting and following up on referrals is the responsibility of all members of the local agency WIC staff -Program Assistants, Nutrition Aides, Nutritionists and/or Program Coordinators. However as outlined below, some types of referrals fit better during certain times in the certification process or WIC clinic visit. Also outlined below are general expectations regarding referrals based on specific local agency positions.**

- **At the time of first enrollment on WIC or an out-of State transfer, all applicants must be asked how she/he was referred WIC and document on SWIS, Screen 102 Update Demographics.**
- **During the intake process to determine category, residency, identity and income eligibility**
- **(SWIS, Screen 102) WIC staff will determine whether the applicant/participant receives Medicaid, Food Stamps, and/or Temporary Family Assistance (TFA). If the individual or family does not currently receive one or more of these benefits WIC staff should make appropriate referrals by reviewing State-developed *Selected Referrals* brochure with participants which includes information on Food Stamps, HUSKY A or Medicaid, Healthy Start, Child Support Enforcement (DSS), Expanded Food and Nutrition Education Program (EFNEP) and Infoline-211. Local programs should also provide local contacts for TFA if appropriate.**
- **It is expected that local WIC staff review the *Selected Referrals* brochure with all participants *enrolling* in WIC for the first time. Local programs can best decide how to meet this expectation. However this brochure may be more appropriate for program assistants or clerks to review during intake or to review during an orientation group. Several local staff expressed concern that certain referrals may not be appropriate for everyone applying for the WIC Program such as illegal immigrant or teens. It is important to remember that WIC is federally mandated to provide information on these *Selected Referrals* and TFA to all WIC applicants enrolling on the Program. Staff should clarify with applicants that the *Selected Referrals* are the most common programs our WIC families find helpful and may qualify for, however, reiterate each program has its own eligibility requirements. WIC's role for providing *Selected Referrals* is primarily informational, however, if**

a

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**client has questions or returns and reports difficulty accessing programs listed in the brochure WIC staff should follow-up as needed.**

**Additional referrals appropriate for program assistants or clerks to provide during intake based on conversation with applicants/participants include Energy Assistance, Food Pantry and/or other social service programs as directed by local agency policies. If other referrals are made, program assistants/clerks must document in SWIS, Screen 102 and if necessary include additional details in the comments screen to ensure nutrition staff is aware of the referral and can document details as appropriate in SWIS, Screen 113 or 115.**

- **During the nutrition assessment process, nutritionists or nutrition aides may discover additional needs and make appropriate referrals i.e. Birth to Three, Child Guidance, mental health services, DCF, dental care, and domestic violence programs. Nutritionists should continue to document referrals in SWIS, Screen 106. See the revised referral code listing for more information on which referrals are expected to have additional details provided in progress notes (SWIS, Screen 115) or Main Concerns (SWIS, Screen 113).**
- **At the next WIC re-certification or mid-certification or second contact (individual follow up), a Nutrition Aide, and/or Nutritionist will follow up as to the status of the referral(s), progress made, result, and any additional action that needs to be taken. Updates should be documented in SWIS.**

6. Outreach Materials

**All outreach materials shall meet the following criteria:**

- Be targeted to potentially eligible individuals.
- Reflect ethnic and cultural groups in the community.
- Be available in the appropriate language when a substantial number of persons in the service area speak that language.
- Promote the WIC Program as a community nutrition program, which operates as an adjunct to health care.
- Contain the required nondiscrimination clause (See ADMINISTRATION, CIVIL RIGHTS 1.3).
- Contain information that is in conformance with both State and Federal requirements.

7. Records

**Maintain records regarding outreach activities.**

- Document all outreach encounters on the outreach log (Section 2, Appendix C).

7.1 An annual outreach log shall be kept on file which details outreach activities for the year. This log should be made available upon request during reviews. A summary of outreach activities shall be included as a component of the Evaluation Report. Attach copies of all outreach materials used or planned for use, which have not previously been submitted to the State WIC Program.

**Financial Management**

1. Accounting Records

**Each local program and their subcontracts shall maintain accurate and completely documented accounting records (Section 2, Appendix D). Cash flow report (WIC 1-C) (Section 2, Appendix F), issued check stub, infant formula reconciliation (Section 2, Appendix HH), monthly expenditure report (WIC 1-B), including the supplement to WIC**

**1- b (Section 2, Appendix G), equipment inventory for all program funds received from the State WIC Program.**

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1.1 These records shall be made available, upon request, to State or Federal personnel or agents acting in their behalf for periodic review or auditing purposes.

2. Classification of Allowable WIC Program Costs

2.1 Major Areas

**All local WIC program budget requests and expenditure records and reports must classify all funds (including personnel salaries and fringe benefits) under the following four functional categories: general administration, client services, nutrition education, and breastfeeding. All costs must be prorated to the applicable functional category:**

2.1.1 General Administration: All costs generally considered to be management costs.

1. Salaries	7. Postage
2. Fringe Benefits	8. Telephone
3. Equipment	9. Printing and Reproduction
4. Contracted Services	10. Travel - In-State
5. Space Rental	11. Certification Costs
6. Supplies	12. Other. to include: Outreach. Maintain payroll. personnel. administrative. fiscal and program records. Audit expenses and legal services

2.1.2 Client Services: All costs expended to deliver food and other client services and benefits.

1. Salaries	12. Telephone
2. Fringe Benefits	13. Training
3. Contract Services	14. Conduct and Participate in Surveys/Studies
4. Material Preparation	15. Transfer of Certification
5. Space Rental	16. Income Determination
6. Application Processing	17. Diet Assessment
7. Medical Supplies	18. Equipment
8. Travel-In-State	19. Anthropometric Measurements
9. Notification of Rights	20. Other Assessments
10. Transfer of Certification	21. Miscellaneous Documentation
11. Planning of Certification	

2.1.3 Nutrition Education: All costs directly related to general Nutrition Education activities.

1. Salaries	10. Counseling Individuals
2. Fringe Benefits	11. Group Education
3. Planning for Nutrition Education	12. Continuing Education
4. Travel - In State	13. Data Collection
5. Material Preparation	14. Evaluation
6. Material Procurement	15. Monitoring
7. Equipment	16. Telephone
8. Printing	17. Space Rental
9. Training Staff	

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2.1.4 Breastfeeding: All costs expended for promotion and support of breastfeeding.

1. Salaries	8. Counseling
2. Fringe Benefits	9. Training
3. Material Preparation	10. Continuing Education
4. Material Procurement	11. Breastfeeding Promotion and Support
5. Space Rental	12. Telephone
6. Printing	13. Travel - In State
7. Contract Services	

2.2 Line Items

**Local WIC programs and their subcontractors budget and expenditure records and reports must classify funds under the twelve following functional categories (general administration, client services, nutrition education, breastfeeding) as specified below.**

2.2.1 Salaries

Include costs of all salaries and wages. A spreadsheet or other documentation should be used to list each WIC employee and their gross pay. This may be weekly, bimonthly, or monthly depending on the payroll system. The agency must use the percentages approved by the State agency to tabulate amounts on the spreadsheet as to the breakout of the salaries associated with the General Administrative, Client Services, Nutrition Education, and Breastfeeding categories. Time and activity reports supporting these percentages are kept at the local agency. These must support the summary report submitted to the State agency.

The payroll register shall provide more detail regarding the employee's name, hours worked, rate of gross and net pay.

The employee's time and attendance records (time cards, time sheets, etc.) will reflect the number of hours the employee worked. Documentation used to support personnel costs charged and supporting documents must be available for review by the State WIC Program and USDA.

2.2.2 Fringe Benefits

1. The employer must provide social security (FICA), worker's compensation, disability and unemployment insurance.
2. The agency may offer other fringe benefits to their employees such as health insurance, dental insurance, pension/retirement funds, and other miscellaneous employer-provided benefits. This information is normally disclosed in the agency's personnel policies.
3. The approved budget justification reflects the various fringe benefit components for which the agency can bill the State WIC Agency.
4. The typical source documentation supporting these costs is based on the vendor invoices and related cancelled checks.

2.2.3 Equipment

(SEE SPECIAL LIMITATIONS ON COSTS – SECTION 3.2 BELOW)

2.2.4 Contracted Services

In cases where services are not provided by the parent agency or performed by members of the WIC staff, the local agency may contract with providers for such services.

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#### 2.2.5 Space Rental

The rental cost of space in a privately or publicly owned building may not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality. The cost of utilities, insurance, security, janitorial service, elevator service, grounds upkeep, normal repairs, and alterations are allowable to the extent they are not otherwise included in rental or other charges for space.

(FOR REARRANGEMENT AND ALTERATIONS OF FACILITIES, SEE SPECIAL LIMITATIONS ON COSTS - SPACE EXPENSES -3.5 BELOW)

#### 2.2.6 Supplies

Includes office supplies, books, publications, multi-media, food demonstration and breastfeeding promotion aids.

#### 2.2.7 Postage

Documentation must be based on number of pieces handled.

#### 2.2.8 Telephone

Based on number of telephone instruments and long distance charges directly attributed to those telephones.

#### 2.2.9 Printing and reproduction

Include the total costs for printing and reproducing forms, reports, manuals, and informational literature. Costs may be based on direct hours, job basis, pages printed, etc.

#### 2.2.10 Travel - Instate

(SEE SPECIAL LIMITATIONS ON COSTS – TRAVEL 3.3 BELOW)

For motor pool cars, include days used.

There is a separate pool of funding available at the State agency for out-of-state travel that may be applied for. The typical source document supporting these out-of-state costs is based on transportation and lodging receipts, taxi receipts, etc.

#### 2.2.11 Certification Costs

Include all direct costs for participant certification fees

#### 2.2.12 Other

Include continuing education costs, equipment maintenance costs, equipment rentals and any other allowable WIC Program costs that do not correspond with any other line items.

### 3. Special Limitations on Costs

#### 3.1 Nutrition Education

**Nutrition education expenditures must account for at least 25% of the total expenditures.**

#### 3.2 Equipment

**All equipment purchases over \$1,000.00 per item and equipment rental charges over \$50.00 per month shall be approved in advance by the State WIC program.**

All written requests must be submitted to the State WIC Program. Keep a copy of the request and the approval.

#### 3.3 Travel

**Travel costs are an allowable expense for local WIC program staff traveling on WIC**

business.

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In-State

3.3.1 Document the following items:

Date of each trip
Driver's name
Beginning and ending odometer readings and/or total mileage
Origin and destination of each trip
Parking receipts and tolls
Reason for each trip

3.3.2 These records shall be reviewed, approved, and signed by authorized personnel in the local program. Keep and file a copy of the expense report.

Out-of-State

**All out-of-state travel must be pre-approved by the State WIC office.**

3.3.3 Any requests for out-of-state travel must be submitted in writing to the State WIC office as far in advance as possible. The request must include staff name, dates, and purpose of travel and a good estimate of total cost. The request must also include whether this amount is within the current agency grant, or if additional funding would be needed if approved.

3.3.4 Keep a copy of the request and the State response with all backup documentation of travel expenses.

3.4 Meals

**Meals are not an allowable expense. Exceptions noted:**

3.4.1 Included in a registration fee or an expense incurred while on a approved out-of-state travel.

3.5 Space Expenses

Costs for re-arrangement and alterations of facilities required specifically for the WIC program or those that materially increase the value or useful life of the facilities are allowable only when the State WIC Program has given prior written approval.

- Submit requests in writing with full justification and costs detailed to the State WIC Program.
- Keep and file a copy of the request and the state response.

3.6 Indirect Costs

**Indirect costs are not allowed.**

3.7 Professional Membership Dues

**Dues for individual memberships in professional organizations are not allowed.**

4. Annual Budget

**Each local program shall submit an annual budget.**

4.1 Budget Preparation

- Compute itemized estimates, based on assigned caseload, for the coming fiscal year starting October 1.
- Complete the budget form (Section 2, Appendix D).
- Submit the budget to the State WIC Office by June 1<sup>st</sup>.

4.2 Guidelines for Budget Preparation

The budget preparation form divides all planned expenses into the four major areas: General

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### ADMINISTRATION, Continued

Administration, Client Services, Nutrition Education, and Breastfeeding costs. The actual "budget" is twelve separate dollar figures; one for each line item, representing the total planned expending for all four of the program areas combined.

#### 4.3 Budget Modifications

**The State WIC office must approve, in advance in writing, all budget line item modifications from the contract budget, which bring the running total of revisions in excess of 10% of a line item. For line items of \$5,000.00 or less, modifications of amounts up to \$500.00 shall be forwarded to the state WIC office in writing. All budget modification requests must be received by the state WIC office by the end of the fiscal year (September 30).**

Submit requests in writing with full justification. Keep and file a copy of the request and the state response.

#### 5. Reports Required

**Revenue, expenditures, staffing, and cash-on-hand shall be reported to the State WIC office monthly.**

##### 5.1 Prepare the Monthly Cash Flow Report using Form WIC 1-C provided by the State WIC Office (Section 2, Appendix F).

- Check applicable Accounting System (cash or accrual) on which the report is based in upper right corner.
- Cash accounting system: revenues are recorded when received; expenditures are recorded when moneys are distributed.
- Accrual accounting system: revenues are recorded when earned and expenditures are recorded when they are incurred even though the receipt of the revenue or the payment of the expenditure may take place in whole or in part in another month in the same fiscal year

**All revenue earned and expenditures, which result in liabilities, must be reported in the fiscal year for which they are contracted, even though the receipt of the revenue or the payment of the expenditure may take place in whole or in part in a previous or subsequent fiscal year.**

- Record name of local program on line 1.
- Record month/year reported on line 2.
- Check original or revised on line 3.
- On line 4, record funds available at the end of the previous month as reported on line 8 of previous month's final Cash Flow Report.
- Record funds received from the State during the month on line 5.
- Record on line 6 the total funds available by adding the funds available at the end of the previous month (line 4) to the funds received during the month reported (line 5).
- Record expenditures on line 7 using the total amount reported on the Monthly Expenditures Report (WIC 1-B) (See Monthly Expenditures Report, Appendix G).
- Record on line 8 funds available at the end of the month by subtracting the expenditures reported (line 7) from the total funds available (line 6).
- Record outstanding obligations on line 9 by including the total amount of obligations incurred for which an outlay has not been recorded.
- Sign and indicate title on line 10 and date on line 11.
- Have report reviewed by a representative of the local program responsible for authorizing the report. Have the individual sign and indicate title on line 12 and date on line 13.
- Submit the report to the State WIC Office by the 20th of the month following

the month reported.

- Keep a copy of all reports submitted in the local program files.

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- Prepare revised reports for any changes in figures reported previously. Use Cash Flow Report form (Section, Appendix F).
  - Indicate that the report is a revision of the previously submitted report with a check in the appropriate space on line 3.
  - Complete the entire report according to above guidelines (5.1 - 5.1.13).
  - Submit the report to the State WIC Office within 48 hours after changes are recognized.

5.2 Prepare the Monthly Expenditure Report using form WIC 1-B, including the Supplement to WIC 1-B (Section 2, Appendix G) monthly as follows:

- Record name of local program
- Record month and year reported
- Record all expenditures according to the major program areas General Administration, Client Services, Nutrition Education and Breastfeeding, as represented on the form WIC 1-B. Within these areas, expenditures shall be broken out by the line items listed in the left column of the form WIC 1-B, according to the specifications found under 2: Classification of Allowable WIC Program Costs.
- Sign and indicate title at bottom of report next to prepared by.
- Have report reviewed by a representative of the local program responsible for authorizing the report. Have the individual sign; indicate title and date signed, below the signature of the preparer, and keep back-up documentation for review.

6. Settlement of Contract Account

**Settlement of the contract account shall be made for each of the twelve line items as separate accounts. Differences shall be totaled to enable settlement with a single payment. Nutrition education expenditures MUST account for at least 25% of the total expenditures.**

- Verify the State WIC Office settlement figures, and notify promptly of any discrepancies.

**Refund excess advancement or request additional reimbursement within 30 days of the date of the settlement letter.**

7. Cost Accounting

**Document the time spent by all WIC personnel and their subcontractors on general administration, client services, nutrition education, breastfeeding promotion and support activities for the study period. Cost accounting time studies are done one month per quarter.**

7.1. Daily Worksheet

- Use separate daily worksheet for **EACH** staff member to record time spent on various work activities.
- Collect data for the time period assigned by the State WIC Program.

7.1.1. Complete the daily worksheet as follow by entering:

Name of local program
Date of activity
Name and job title of staff person whose activities are to be recorded.
Indicate whether working full or part time.

7.1.2. All activities **MUST** be recorded in one of the following categories (Classification of Administrative Cost Categories).

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ADMINISTRATION, Continued

General Administration	
1. Outreach	3. Prepare Financial and Program Reports
2. Food Instrument Monitoring	4. Other

Client Services	
1. Food Instrument Issuance	3. Referrals
2. Diet and Health Assessment	4. Other (i.e. appointment scheduling)

Nutrition Education	
1. Planning and Preparing Materials	4. Secondary Group (SG)
2. Primary Group (PG)	5. Secondary Individual (SI)
3. Primary Individual (PI)	6. Other

Breastfeeding Promotion	
1. Planning and Preparing Materials	4. Secondary Group (SG)
2. Primary Group (PG)	5. Secondary Individual (SI)
3. Primary Individual (PI)	6. Other

7.1.3. Recording Time

- Figure time in 15-minute intervals. Use a check mark and record time in appropriate box or boxes to the nearest 15 minutes. If, for example, an activity is actually 25 minutes, 30 minutes should be recorded.
- Record time immediately after each activity.
- Tally checkmarks in each column at the end of the workday.
- Enter the total number of hours and minutes under each category. Convert the total number of checks to hours and minutes and enter figures, for example:

Total # Checks	Total # Hours
4	1
12	3
20	5
28	7

- Total hours each day must be tallied for the study period.

7.1.4. Cost Accounting Report

- Review individual cost accounting worksheets.
- Complete the Cost Accounting Report. Submit to the State WIC Office.

**Note:** File completed daily worksheets for all staff members at the local WIC office for audit purposes.

**Dual Participation**

1. Dual Participation Report and Follow-up:

A computer generated "Potential Dual Applications Report" is used by the local WIC Programs to identify possible simultaneous WIC participation. This report is generated from SWIS on a daily basis at the local WIC Programs. The report includes the site number, family and participant numbers, payee/guardian, participant name, categories (W=woman, I=infant, C=child), condition of the woman (P-pregnant, B-breastfeeding, Non-postpartum), birth date, sex, and last check pickup date.



NET FOOD COST TREND ANALYSIS	A		B		2009 PROJECTED INCREASE	2009 PROJECTED TOTAL NET FOOD COST
	2007 COST	2008 COST	2008 INCREASE	2008 INCREASE %		
	\$ 2,461,058	\$ 2,727,300	\$ 266,242	10.818%	\$ 336,157	\$ 3,443,486
NOVEMBER	\$ 2,446,723	\$ 2,655,549	\$ 208,827	8.540%	\$ 230,357	\$ 2,957,657
DECEMBER	\$ 2,477,183	\$ 2,679,158	\$ 201,975	8.153%	\$ 216,518	\$ 2,872,067
JANUARY	\$ 2,515,301	\$ 2,770,971	\$ 255,670	10.165%	\$ 272,325	\$ 2,951,483
FEBRUARY	\$ 2,458,565	\$ 2,723,607	\$ 265,042	10.780%	\$ 298,720	\$ 3,069,691
MARCH	\$ 2,547,670	\$ 2,819,288	\$ 271,618	10.661%	\$ 290,375	\$ 3,013,982
APRIL	\$ 2,532,277	\$ 2,841,646	\$ 309,369	12.217%	\$ 344,433	\$ 3,153,721
MAY	\$ 2,604,900	\$ 3,000,401	\$ 395,501	15.183%	\$ 431,444	\$ 3,273,092
JUNE	\$ 2,594,063	\$ 3,049,836	\$ 455,773	17.570%	\$ 527,164	\$ 3,527,567
JULY	\$ 2,675,516	\$ 3,110,867	\$ 435,351	16.272%	\$ 496,259	\$ 3,546,095
AUGUST	\$ 2,703,047	\$ 3,150,678	\$ 447,631	16.563%	\$ 491,919	\$ 3,602,736
SEPTEMBER	\$ 2,778,615	\$ 3,107,329	\$ 328,714	11.830%	\$ 370,340	\$ 3,500,818
TOTAL	\$ 30,796,917	\$ 34,616,430	\$ 3,819,513		\$ 4,306,016	\$ 38,922,446
% CHANGE				12.402%		12.439%

PARTICIPATION TREND ANALYSIS	2007	2008	2008 INCREASE	2008 INCREASE %	2009 PROJECTED INCREASE	2009 TOTAL PROJECTED PARTICIPATION
NOVEMBER	51,954	54,686	2,732	5.258%	2,876	58,817
DECEMBER	51,457	54,096	2,639	5.129%	2,774	57,491
JANUARY	52,854	55,591	2,737	5.189%	2,968	56,887
FEBRUARY	51,840	55,114	3,274	6.316%	3,481	59,091
MARCH	52,843	55,771	2,928	5.541%	3,090	58,168
APRIL	52,784	56,256	3,472	6.584%	3,746	59,482
MAY	53,694	56,145	2,451	4.567%	2,563	58,846
JUNE	53,742	56,660	2,918	5.430%	3,076	59,193
JULY	54,319	56,910	2,591	4.770%	2,715	59,343
AUGUST	55,401	57,130	1,729	3.121%	1,783	58,686
SEPTEMBER	55,077	56,910	1,833	3.328%	1,894	59,031
TOTAL	638,455	671,197	32,742		34,560	705,700
% CHANGE				5.128%		5.149%

2009 FOOD PACKAGE COST PROJECTION	2009 PROJECTED NET FOOD COST	2009 PROJECTED PARTICIPATION	2009 PROJECTED AVERAGE FOOD PACKAGE COST
NOVEMBER	\$ 2,957,657	58,817	\$ 50.27
DECEMBER	\$ 2,872,067	57,491	\$ 49.96
JANUARY	\$ 2,951,483	56,887	\$ 51.88
FEBRUARY	\$ 3,069,691	59,091	\$ 51.95
MARCH	\$ 3,013,982	58,168	\$ 51.82
APRIL	\$ 3,153,721	59,482	\$ 53.19
MAY	\$ 3,273,092	58,866	\$ 55.60
JUNE	\$ 3,527,567	59,193	\$ 59.59
JULY	\$ 3,546,095	59,263	\$ 59.79
AUGUST	\$ 3,602,736	58,686	\$ 61.55
SEPTEMBER	\$ 3,500,818	59,031	\$ 59.30
TOTAL/AVERAGE	\$ 38,922,446	705,700	\$ 55.13

COMMENTS:

Consumer Price Index currently is reflecting a 6.2% 3 month annualized increase in food costs.

Specific food items (milk, cheese, eggs) CPI projections are approximately 10%.

High fuel costs and adverse weather conditions in the West are major contributing factors to increase.

Based upon the trend analysis, CPI and research on the Dept. of Agriculture's website, the State of CT WIC program has projected a 12.439% increase in net food costs.

On a monthly basis, the State WIC program follows up, via telephone, any identified dual participant on which no action has been reported.

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ADMINISTRATION, Continued

**Local program staff shall immediately validate the dual participation information.**

1.1 Check the participants' files to determine if the entry is the result of:

- Processing the participant twice.
- Multiple Births

1.1.1 When multiple births are encountered proceed to the "Dual Application Resolution" screen in SWIS (WIC PS5I3) to resolve the dual.

**NOTE:** Multiple birth participants will not ~~continue~~ to appear in subsequent SWIS Reports and no further action will be required after resolution.

1.2 Similarities Between Names, Birth Dates, or Participant Numbers.

- Determine the correctness of the information.
- If correct, immediately validate the dual participation information.

1.3 If a participant is enrolled in more than one program, meet with the participant to determine if the participant or the program is in error.

If it is a PROGRAM ERROR:

- One local program shall "terminate" to remove the participant from its program. Dual application must also be resolved in SWIS. SWIS will not print checks for a participant who's "Potential Dual Application" has not been resolved.
- If a participant is enrolled in more than one program and intentional fraud is not involved.
- Give the participant a program choice and remove from one program.

1.4 If intentional fraud is **suspected**, telephone the State WIC Program within 24 hours.

1.5 If intentional fraud is *determined*, participant shall be advised of suspension in writing, with not less than 15 days notice before it is effective. Participant shall be suspended from the program for no more than three months.

- Give the participant the Notice of Participant Action Form. (Section 2, Appendix J).
- Contact the State WIC Program within 24 hours to report the action taken. (Section 2, Appendix J).
- File a copy of the Notice of Participation form in the participant file.

**Civil Rights**

1. Nondiscrimination

**Local program staff shall not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, age, national origin, sex, or disability in any manner prohibited by the laws of the United States or of the State of Connecticut.**

1.1 Nondiscrimination Posters

1.1.1 Display the USDA nondiscrimination poster entitled "And Justice for All" and the State of Connecticut poster "Discrimination is Illegal" (Section 2, Appendix QQ) at each local WIC Program Office and satellite site.

1.1.2 Contact the State WIC office to obtain copies of the poster in four (4) different languages and/or in alternative means of communication (Braille, large print, etc.).

1.2 **Racial/Ethnic Data Collection and Reporting**

Local agencies are required to collect and report participation in the WIC Program by race and ethnicity. The purpose of this requirement is to ensure that those

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

who are eligible to receive program benefits, minorities in particular, get what they are entitled to receive.

Local agencies **MUST** report actual participation data by racial/ethnic category for each clinic, by recording this information in SWIS. Self-identification is used to determine a participant's racial/ethnic category. Participants must not be required to declare a racial/ethnic category as a condition of program participation. If questioned, local agency staff must explain to applicants and participants that the collection of racial/ethnic identity information is strictly for statistical requirements only and has no effect on the determination of their eligibility to participate in the WIC Program.

If a participant or participant's parent or guardian declines to provide this information, FNS 113-1, Section XII states that "visual identification shall be used to determine a participant's racial/ethnic category". It also states that participants may be asked to self-identify their racial group but only if it has been explained, and they understand, that the collection of this information is strictly for statistical reporting purposes only and has no effect on determination of eligibility.

If the WIC applicant chooses **NOT** to self-identify, WIC staff must visually identify to determine the participant's racial ethnic category. WIC staff must include the participant in the group to which he/she appears to belong or identifies with.

**Racial/ethnic data and records must be accessible only by authorized personnel.**

Definitions of Racial/Ethnic Categories

<b>Ethnicity:</b>	<b>Definition:</b>
<b>1.</b> Hispanic/Latino	a person of, Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." (A person could be Black but still be identified as Hispanic, because of Hispanic culture or origin.)
<b>2.</b> Not Hispanic or Latino	

<b>Race:</b>	<b>Definition:</b>
<b>1.</b> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
<b>2.</b> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<b>3.</b> Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African

	American.”
4. Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

1.3 Nondiscrimination Clause

**The following nondiscrimination statement MUST be included on all publications, outreach materials, handouts, referral materials, leaflets and brochures that identify or describe the WIC program:**

“WIC is an equal opportunity provider and employer. If you believe that you have been discriminated against because of race, color, national origin, age, sex or disability you should write immediately to the Secretary of Agriculture, USDA, Washington, D.C. 20250.”

**If the material is too small to permit the full statement to be included, an alternate statement should be used in a print size no smaller than the text. “This institution is an equal opportunity provider.”**

2. Discrimination Complaints

Any individual who applies to or participates in the WIC program or who applies for employment or is employed by the WIC program has the right to file a discrimination complaint.

- When a discrimination complaint is received, fill out the complainant section of the Discrimination Complaint Form (Section 2, Appendix RR), after informing the applicant or participant of appeal rights.
- Submit a copy of the complaint within 24 hours to the:

Affirmative Action Officer State of Connecticut Department of Public Health 410 Capitol Avenue - MS #I3AFA P. O. Box 340308 Hartford, CT 06134	<b>AND</b>	State of Connecticut Department of Public Health 410 Capitol Avenue - MS #11WIC P. O. Box 340308 Hartford, CT 06134
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2.1 Complaints of discrimination on the basis of race, color, national origin, age, sex or disability should write immediately to the Secretary of Agriculture, USDA, Washington, D.C. 20250

2.2 Complainant Protection

Any individual who has made a complaint, formal allegation, testified, assisted, or participated in an investigation, proceeding or hearing shall not be intimidated, threatened, coerced, or discriminated against.

2.3 Confidentiality

The identity of every complainant shall be kept confidential except to the extent necessary to carry out the purpose of this part, including the conducting of any investigation, hearing, or judicial proceeding.

3. Records

**All records regarding any civil rights matter must be retained a minimum of three years (Administration, #5 Records).**

4. Participant Abuse

**Participant abuse of the WIC program, which includes knowingly and deliberately misrepresenting circumstances to obtain benefits, verbal or physical abuse or threat of physical abuse of local program, clinic or vendor staff or property shall result in disqualification or suspension from the WIC program. Suspension shall not exceed three months. The participant must be given full opportunity to appeal.**

**Section 2: Local Agency Policy and Procedure Manual  
ADMINISTRATION, Continued**

<b>CATEGORY I VIOLATIONS</b>	
<p>Category I violations are actions related to misuse of checks, including but not limited to refusal to follow proper redemption procedures such as:</p> <ul style="list-style-type: none"> <li>• Signing checks</li> <li>• Failure to follow proxy procedures</li> <li>• Selection of unauthorized foods within an approved food category</li> <li>• Selection of unauthorized quantities of authorized foods.</li> </ul>	<p><b>Category I violations shall be subject to the following sanctions:</b></p> <ul style="list-style-type: none"> <li>• <b>A written or oral warning for the first occurrence within a 12-month period,</b> <b>OR</b></li> <li>• <b>A one month disqualification for the second occurrence within a 12-month period,</b> <b>OR</b></li> <li>• <b>A three-month disqualification/ suspension for the third violation within a 12-month period.</b></li> </ul>
<b>CATEGORY II VIOLATIONS</b>	
<p>Category II violations are actions related to misuse of program benefits and participant rights, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Verbal abuse of program, local agency or vendor staff</li> <li>• Redeeming checks which have expired or been altered</li> <li>• Purchase of unauthorized foods</li> <li>• Returning WIC foods for cash.</li> </ul>	<p><b>Category II violations shall be subject to the following sanctions:</b></p> <ul style="list-style-type: none"> <li>• <b>A written or oral warning for the first actual or attempted occurrence,</b> <b>OR</b></li> <li>• <b>A three-month disqualification/ suspension for any subsequent actual or attempted occurrence within a 12-month period.</b></li> </ul>
<b>CATEGORY III VIOLATIONS</b>	
<p>Category III violations are actions related to deliberate fraud or abuse of the WIC program, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Physical abuse of program, local agency or vendor staff</li> <li>• Misrepresentation of eligibility for program benefits</li> <li>• Purchase of non-food items</li> <li>• Purchase of alcohol or tobacco products</li> <li>• Exchanging checks for cash</li> <li>• Sale of WIC foods</li> <li>• Receipt from food vendors of cash or credit toward purchase of unauthorized foods or other items of value in exchange for checks</li> <li>• Simultaneous participation in more than one Local Agency WIC Program.</li> </ul>	<p><b>Category III violations shall be subject to a three-month disqualification/ suspension for any offense.</b></p> <p><b>Participant abuse which includes sale of supplemental foods or checks or their exchange for credit or purchase of unauthorized food or other items shall result in a loss of WIC benefits for a period of three months.</b></p>

4.1 Depending upon the nature of the circumstances, discuss and attempt to resolve the problem with the participant.

4.2 Warn the participant that continued like actions will result in disqualification or suspension as outlined above. This warning must be written or communicated verbally in the presence of at

least one additional witness. Document the incident in the participant's file recording the name, date and description of the incident and names of witnesses.

- 4.3 If a decision is made to disqualify the participant, hand deliver or mail by certified mail, return receipt requested, a copy of the Notice of Participant Action (Section 2, Appendix J) stating the reason for disqualification/suspension. If a decision is made to suspend the participant,

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

hand deliver or mail by certified mail, return receipt requested, a written notice indicating timeframe and reason for suspension.

- 4.4 Mail a copy of the disqualification or suspension to the State WIC Office within 15 days. Retain copies in the participant's file.
- 4.5 Should the participant request a hearing, have the participant complete the necessary hearing form, and forward it to the State WIC office.
- 4.6 Report threats or acts of violence against a person or property immediately to the police.
- 4.7 Report alleged or suspected abuse to the State WIC Office immediately for further investigation and resolution. Provide written documentation within 15 days. Retain a copy in the participant's file. Include name, date, and description of the incident, names of witnesses, and other appropriate information.
- 4.8 Unless given other instructions by the State WIC office, hand deliver or mail by certified mail, return receipt requested, a written notice of suspension indicating length of time and reason, and the right to appeal the suspension.

5. Applicant Abuse

**Applicant abuse of the WIC program, which includes knowingly and deliberately misrepresenting circumstances to obtain benefits, physical abuse or threat of physical abuse of local program, clinic or vendor staff or property shall result in a denial of participation in the WIC program. The applicant must be given full opportunity to appeal.**

- 5.1 Depending upon the nature of the circumstance, discuss and attempt to resolve the problem with the applicant.
- 5.2 Warn the applicant that continued like actions will result in a denial of participation in the WIC Program. This warning must be written or communicated verbally in the presence of at least one additional witness. Document the incident: record name, date, and the description of the incident and names of witness (es).
- 5.3 If a decision is made to deny WIC benefits, give the applicant a copy of the Notice of Participant Action (Section 2, Appendix J), stating the reason for denial. Mail a copy of the form to the State WIC Office within 15 days. Retain copies of all pertinent documents.
- 5.4 Follow the Standard Fair Hearing procedures (State WIC Plan, Part II, Fair Hearings for Participants) should the applicant request a Fair Hearing.
- 7.2 Report threats or acts of violence against a person or property immediately to the appropriate authorities.

## **Compliance with the National Voter Registration Act of 1993**

### **Purpose**

To ensure all local agencies (LAs) are in compliance with the National Voter Registration Act (NVRA) of 1993 and the Connecticut State Plan.

### **Authority**

Public Law 103-31

### **Policy**

#### **Section 2: Local Agency Policy and Procedure Manual**

##### ADMINISTRATION, Continued

Each LA shall provide adult applicants/participants or adult parents/caregivers applying on behalf of a child with the opportunity to register to vote at application or subsequent certification and at the time a client reports a change of address. In addition, each LA shall document those who decline to register to vote.

### **Procedures**

All adult applicants/participants (i.e., pregnant, breastfeeding, or postpartum women) or adult parents/caregivers applying on behalf of a child shall be provided with the opportunity to register to vote at the time of certification, each subsequent certification, and any time the applicant/participant or parent/caregiver reports a change of address.

(An adult is defined as an individual at least 17 years and 10 months of age. LA staff may determine a person's age solely by reviewing any available documents filed by the applicant. If an individual's age cannot be determined, the agency shall offer the individual the opportunity to register to vote.) Each LA may determine at what point in the application process to offer voter registration services. (In order to avoid any barrier effect, it may be advisable to provide such services after completion of the WIC application process.)

LA staff shall provide adult applicants/participants (i.e., pregnant, breastfeeding, postpartum women) with the State of Connecticut Mail-In Voter Registration application and the Opportunity to Register to Vote/Declination form.

Adult parents/caregivers applying on behalf of a child shall receive the State of Connecticut Mail-In Voter Registration application and the Opportunity to Register to Vote/Declination form.

If a pregnant, breastfeeding, or postpartum applicant/participant does not wish to register to vote, LA staff shall have the applicant/participant complete and sign the declination statement on the Opportunity to Register to Vote/Declination form.

Staff shall provide assistance to the applicant/participant in understanding the declination process, if requested, including assistance in the appropriate language.

If the applicant/participant chooses not to sign the Opportunity to Register to Vote/Declination form, the LA staff shall initial the appropriate box on this form designated "For Office Use Only."

If the applicant/participant chooses not to sign the Opportunity to Register to Vote/Declination form, but does choose to take a Voter Registration application home, staff shall initial the appropriate box on the form that the applicant took the form to mail.

Completed declination statements (Opportunity to Register to Vote/Declination" form) shall be retained for 22 months at the LA. LAs shall either file the forms in the client's file. The forms shall be available for audit/review.

LA staff shall inform the applicant/participant that the decision whether or not to register to vote shall have no effect on the application for WIC benefits.

Except for those applicants/participants who are not of voter registration age; i.e., under age 17 years and 10 months, LA staff shall not make a determination about their eligibility to register to vote.

Staff are prohibited from influencing an applicant's/participant's political preference or party registration, displaying any political preference or party affiliation, or making any statement or taking any action where

the purpose or effect is to discourage the individual from registering to vote, or making any statement or taking any action whose purpose or effect is to lead the individual to believe that a decision whether or not to register has any bearing on the availability of WIC services or benefits.

If the applicant/participant or parent/caregiver chooses to register to vote, LA staff shall provide the individual with the State of Connecticut Mail-In Voter Registration application and any assistance necessary in understanding or completing the form, including assistance in the appropriate language.

## **Section 2: Local Agency Policy and Procedure Manual** ADMINISTRATION, Continued

**A.** The applicant/participant or parent/caretaker may choose to take the mail-in voter registration application home and complete it on his/her own and then mail to the county voter registrar on his/her own or return to the LA and LA staff shall mail it to county voter registrar.

**B.** The applicant/participant or parent/caregiver may choose to complete the State of Connecticut Mail-In Voter Registration application while at the WIC appointment.

**1.** The appropriate LA employee shall review the form for completeness in the presence of the client.

**2.** If the State of Connecticut Mail-In Voter Registration application does not contain all the required information and the required signature, the LA employee shall return the application to the client for completion.

**3.** Street addresses are required. Rural routes or post office boxes are not acceptable as a "Residence Address." Clients shall put a description such as "northwest corner of Elm and Maple" or "Bill Smith's Ranch" if their residence only has a rural route or post office box address. A homeless or displaced person shall use either a shelter address or describe where they sleep at night; for example, "under the south end of the 1st Street Bridge." In all cases, a mailing address shall be provided.

**4.** Clients who are not able to write may make a "mark" for their signature. WIC staff shall then print the client's name and sign their own name as witness. (A witnessing signature by WIC staff serves only as a declaration that the staff person witnessed the applicant make a signature mark and does not constitute a declaration that any or all of the information provided by the applicant is correct and true.)

The LA shall forward in person or mail-in voter registration applications to the county voter registrar located in the same county as the WIC clinic within five (5) days of receipt.

Mailing costs associated with transmission of the forms to the county registrar are allowable costs.

**A.** The SA shall provide each LA with a listing of the voter registrars for each county in their service area. This is located on the Connecticut Secretary of the State office website at:  
<http://www.ct.gov/sots/LIB/sots/ElectionServices/lists/ROVOfficeAddresses.pdf>

The SA shall provide training materials to the LA in order to ensure uniform application of the law and this policy and shall oversee and monitor LAs for compliance with the provisions of this policy.

In all cases where a client has a complaint, the client shall be provided with the Secretary of State's Election Division's toll-free number, 1-800-540-3764, and the number of the local county voter registrar.

**Any individual has the right to appeal a state or local WIC program action, which results in the individual's ineligibility, termination or disqualification from the program.**

### 1. Requests for a Fair Hearing

**Local program staff shall assist and not limit nor interfere with an individual's freedom to request a fair hearing.**

1.1 When a fair hearing is requested, give the individual the Notice of Participant Action and a copy of the Fair Hearing Procedures (Section 2, Appendix J).

1.2 When a fair hearing request is received:

- Determine if the request is within 60 days from the date the local program notified the individual of the adverse action. If not within 60 days, inform the individual that the right to a fair hearing has been forfeited by not responding within the time

- allowed.
- Sign Notice of Participant Action and give a copy to the person requesting a fair hearing.
- Send a copy of the request within 24 hours to the State WIC Office.
- Keep a copy of notice in the applicant or participant file for three years.

1.3 When a fair hearing withdrawal is received:

- Send a copy of the request within 24 hours to the State WIC Office.

## **Section 2: Local Agency Policy and Procedure Manual**

ADMINISTRATION, Continued

### 2. Continuation of Benefits

**If a participant is notified of ineligibility during a certification period and a fair hearing is requested within the 15 days adverse notice period, the participant shall continue to receive WIC benefits until the fair hearing officer reaches a decision. Applicants who are denied benefits at initial certification or at a subsequent certification may appeal the denial but shall not receive benefits while awaiting the hearing.**

### 3. Fair Hearing Records

**All fair hearing records must be retained for a minimum of three years. The State WIC office reserves the right to require longer retention for audits and/or litigation.**

3.1 The State WIC Program uniform rules of procedure shall be available for public inspection and copying.

## Fair Hearings for Local Programs

**A local agency, whose application to participate as a local WIC program is denied, whose participation is terminated, whose contract is not renewed by the State WIC program, or when any other adverse action is taken, has the right to request a fair hearing. If a fair hearing is requested, the adverse action shall be postponed until a hearing decision is made.**

### 1. Requests for a Fair Hearing

1.1 Submit a written request for a fair hearing to the State WIC Program within five working days from the date of action causing dissatisfaction. Cite the decision being appealed and explain why a hearing is being requested.

1.3 Continue to comply with the terms of the contract with the State WIC Program while appealing the decision.

## Management Information System (MIS)

**The Statewide WIC information system (SWIS) shall be used by all local agency and satellite sites.**

SWIS is a computerized information system, used for processing and tracking local agency functions, i.e. participant certification, check issuance, nutrition education documentation, budget and expenditure reporting. SWIS is a LAN-based system, utilizing the Windows network operating system. Programs are written in FoxPro and Visual FoxPro. Each local agency operates independently during the day. The master database is maintained at the state level on a mainframe, and is kept synchronized with the local agency databases through automated nightly communications.

The SWIS User Procedure Manual includes instructions on the operation of SWIS.

### Computer Security and Maintenance

**All local agencies must comply with the following information security policies and**

**guidelines:**

- Passwords/IDs:  
SWIS passwords expire periodically. Users are responsible for maintaining password security.

**Users should memorize passwords and not post them, nor share them or re-use them. Program coordinators/site managers must remove user id's of employees who are terminated for any reason.**

**Section 2: Local Agency Policy and Procedure Manual**  
ADMINISTRATION, Continued

- Software Licenses:  
It is the policy of the WIC Program to uphold our obligations under the Copyright Law and vendor license agreements. Violation of the Copyright Law or the department's obligation under license agreement may subject offending employees to termination and to civil and criminal action.

**Individual Employee Obligations:**

- (1) READ THE LICENSE AGREEMENT ASSOCIATED WITH THE SOFTWARE BEING USED OR IN USE; AND COMPLY WITH THE AGREEMENT.
- (2) USE ONLY SOFTWARE COPIES FOR WHICH THE DEPARTMENT OF PUBLIC HEALTH HAS PURCHASED A LICENSE.
- (3) DO NOT PERMIT A LICENSED COPY TO BE USED ON MORE THAN ONE COMPUTER UNLESS SPECIFICALLY AUTHORIZED IN THE LICENSE.
- (4) DO NOT COPY SOFTWARE BEYOND THE EXTENT PERMITTED BY THE LICENSE, AND DO NOT COPY RELATED SOFTWARE DOCUMENTATION (SUCH AS USER MANUALS).
- (5) DO NOT ALLOW COPIES OF SOFTWARE OR DOCUMENTATION TO BE MADE FOR PERSONNEL BY ANYONE EXCEPT AS AUTHORIZED UNDER THE LICENSE OR APPLICABLE LAW (FOR EXAMPLE, A COPY FOR BACKUP PURPOSES MAY BE APPROPRIATE).
- (6) USE THE SOFTWARE ONLY ON THE COMPUTER FOR WHICH IT WAS ACQUIRED, AND DO NOT LOAN OR COPY IT. IF UNFAMILIAR WITH THE LICENSING REQUIREMENTS, OR THE LICENSE AGREEMENT IS NOT READILY AVAILABLE, BE MOST RESTRICTIVE IN ITS USE.
- (7) SECURE ORIGINAL SOFTWARE MEDIA AND DOCUMENTATION.
- (8) ANY QUESTIONS REGARDING THE USE OF WIC PROGRAM SOFTWARE AND SECURITY SHOULD BE DIRECTED TO THE STATE WIC OFFICE.

- Equipment:

**Equipment must be secured and protected from fire, water, rough handling, accidental damage, and electrical storms. Personal use of state-issued equipment is prohibited. Satellite equipment must be returned to the local WIC office upon the close of business each day. Laptop computers cannot be left in vehicles unattended.**

Keep the equipment clean; dust free and away from liquids and caustic chemicals. Cords should NOT be wrapped tightly around PC components when packing up for/at satellite sites. Loop the cords and tie them together with a twist tie.

- Data Back-up and Recovery:

Back up of the WIC system is performed automatically. All critical data residing on the file server are backed up to the communication PC each night during off-hours. Also, as the local agency DSL connectivity project moves forward, the State WIC office will begin transferring backup files

to the State server to provide off-site protection of data.

Recovery procedures are standardized but technical. State WIC staff must perform a system recovery if such action is required.

- Installation and Upgrades:  
All installation and upgrade of hardware and software shall be performed by or with the supervision of the State WIC Office.

**Installation of hardware and software not authorized by the state is strictly forbidden.**

<b>Section 2: Local Agency Policy and Procedure Manual CERTIFICATION</b>
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The process of certification is undertaken to determine an applicant's eligibility to receive the program benefits in accordance with the Federal Regulations of the WIC Program and State Guidelines.

**Local program staff shall develop a system to certify applicants for WIC benefits using the following processing standards:**

1. **Application:**

**Application officially begins when the applicant visits or calls the local program during office hours to make a written or oral request for program benefits or the local agency receives a completed certification form from a health care provider.**

- 1.1 When an applicant initially applies for WIC benefits, complete the SWIS Participant Intake screen #101, instruct the individual about the application process and if appropriate schedule an appointment. Applicants or participants who are employed, live in rural areas, students or any other individual who requests a convenient appointment to apply for participation in the program should be accommodated.

- 1.2 **Pregnant women, infants under one year of age, the homeless, and migrants, shall be scheduled within 10 calendar days of the initial date of the request for program benefits so that WIC eligibility can be determined. However, in cases where all necessary documentation is available and WIC benefits are urgently needed to ensure the applicant's nutritional health, a shorter timeframe for certification is warranted.**

**Local WIC programs shall establish a system to support the early and continuous enrollment of pregnant women in the WIC program.** When a pregnant woman calls or visits a local program to inquire about WIC benefits, screen for eligibility (category, residency, income) and give her an appointment within 10 calendar days to apply for the program. When staff is available, walk-in pregnant women should be enrolled immediately. If she is not enrolled in prenatal care, refer her to an appropriate health service to facilitate documentation of her pregnancy within the 10-day period. However, if she is visibly pregnant obtain anthropometrics measurements, initiate the certification process and issue one month worth of checks. In addition, ensure that she is receiving prenatal care.

Contact a pregnant woman who misses her initial certification or subsequent appointment to reschedule the appointment. When a client cannot be reached by telephone, contact should be made by mail. Document contact in SWIS, Screen 108.

- 1.3 **All other applicants shall be scheduled within 20 calendar days from the date of the initial request for program benefits so that their eligibility can be determined.**

When an applicant, parent or guardian calls or visits a local program to inquire about WIC benefits, screen for eligibility (category, residency, income) and give an appointment within 20 calendar days to apply for the program.

**Local program staff shall certify as eligible all applicants who meet physical presence, income guidelines, identity, residency, and category requirements, and are at nutritional risk.**

## **Section 2: Local Agency Policy and Procedure Manual** CERTIFICATION, Continued

### 2. Physical Presence Requirement

**Individuals who are being certified must be physically present at the WIC local agency or satellite at the time of each certification (initial and/or subsequent). Exceptions will be allowed on an individual basis for certain applicants and participants. The need for an exception must be assessed prior to each certification period. The local agency shall notify every applicant or participant prior to certification if the individual must be present in order to complete the certification process. Physical presence should be documented on the individual's certification form.**

**Infants of women who were enrolled in the WIC Program during pregnancy may be certified for up to six weeks of age without being physically present at the time of certification. Physical presence of the infant must be documented by six weeks of age.**

2.1 A WIC Nutritionist, another local agency CPA or a WIC Nutrition Aide must document physical presence. If ongoing health care is being received within the local agency, the local agency CPA signature on the WIC certification form or other referral form may be accepted as documentation of physical presence. If the physical presence requirement poses an unreasonable barrier to participation, it may be waived for an infant or child who meets the conditions under 2.1.1 or 2.1.2, as follows:

2.1.1 The infant or child was present at his/her initial certification, and has received ongoing health care outside of the local agency. Acceptable documentation of ongoing health care includes any one of the following:

- A WIC Certification form or other referral form signed by the primary health care provider or a CPA on the provider's staff.
- A child health record that indicates that his/her immunizations are up-to-date.
- A letter signed by the health care provider indicating that the infant or child has been receiving ongoing health care.

2.1.2 The infant or child was present at his/her initial WIC certification, and was present at the time of WIC certification no more than one year prior to the most recent certification date, and is under the care of one or more working parents or primary caretakers.

2.2 Exceptions will also be allowed for individuals with medical conditions or in the event of a natural disaster, as described below. Medical conditions may be self-reported by the participant, parent or caretaker.

- A medical condition that necessitates the use of medical equipment not easily transportable.
- A medical condition that requires confinement to bed rest.
- A serious illness or condition: A newly discharged premature infant or an individual with a severe medical condition which would make a trip to the WIC site hazardous or

- life threatening, does not have to be seen.
- Infectious disease: An individual with an infectious disease (e.g., measles, tuberculosis, flu, chickenpox, etc.) should not be required to come to the WIC site under any circumstances.
- Recuperation from major illness or injury: An individual recuperating from surgery, cancer treatment, burns or another condition which would make a trip to the WIC site hazardous or life threatening does not have to be seen.
- Natural disasters: In the event of a flood, hurricane, blizzard or other condition which makes travel to the WIC site hazardous, an individual does not have to be seen at the time of certification.

**Section 2: Local Agency Policy and Procedure Manual**  
CERTIFICATION, Continued

- 2.3 All waivers of the physical presence requirement must be documented on the WIC certification form by a WIC staff CPA. Documentation shall include the date on which the requirement was waived, initials of the CPA who approved the waiver and one of the following waiver codes:
- MC: Medical condition. The serious illness or condition should be specified on the WIC certification form.
  - ND: Natural disaster.
  - OHC: Ongoing healthcare.
  - WPC: Working parents or caretakers.

3. Identity Requirement

**Individuals who are being certified must be present and one of the following forms of documentation of their identity at the time of certification.**

- 3.1 Obtain documentation of the identity of the applicant. Photocopying is not required. One of the following forms of identification is acceptable in meeting these requirements (Section 2, Appendix E):

**For Women:**

- CT WIC Participant Identification Card (not for initial certification)
- CT WIC Certification (referral) form with health care provider signature
- ConnectCard (TFA, FSP, and/or Medicaid)
- Notice of eligibility for TFA, FSP, and Medicaid
- Health Plan Card
- TFA Photo ID
- Pay stub with applicant's name (no more than 60 days old)
- CT Driver's license
- Employee, School or Military ID
- Patient ID
- Canceled letter addressed to applicant
- Passport
- Immigration or Refugee Card
- Social Security card
- W-2 Form
- Unemployment benefit notification letter
- Unemployment check
- Tuition assistance document
- Birth Certificate
- Voter Registration Card

**For Infants and Children:**

- WIC ID (Not for initial certification)
- CT WIC Certification Form - signed by Health Care Provider
- ConnectCard issued in child's name

- Medicaid notice of eligibility
- Health Plan Card issued in child's name
- Birth Certificate - Long form
- Birth Certificate - Wallet size
- Hospital Birth "Crib" Card
- Immunization Record

3.2 Document how identity was established in the SWIS Update Participant Demographics screen #102.

## **Section 2: Local Agency Policy and Procedure Manual** CERTIFICATION, Continued

**An applicant with no proof of identity, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, or a person holding a verification of certification (VOC) card, may sign a statement attesting to his or her own identity.**

- 3.3 If the applicant does not have documentation of identity at the time of the certification visit, determine the reason. If the applicant is a victim of theft, loss or disaster, a homeless individual, a migrant or a person holding a Verification of Certification (VOC) card, use the Self-Declaration form (Section 2, Appendix H) to document the reason and ask the applicant to sign and date the form. Give the form to the Program Coordinator or designee for review. If approved, proceed to 4. Residency Requirement.
- 3.4 If the applicant presents without proof of identity, review the Connecticut WIC Program Identity and Residency Documentation Form (Section 2, Appendix E) with the applicant to determine if acceptable documentation is available. If yes, reschedule a timely certification appointment.
- 3.5 If the applicant does not have any of the above listed reasons for lacking proof of identity i.e. victim of theft, loss or disaster, a homeless individual, a migrant or a person holding a Verification of Certification (VOC) card and indicates that an acceptable proof of identity is not available, ask the applicant if a reliable third party, such as a social service agency, church, legal aid society or an employer can confirm the individual's identity. If yes, give a copy of the Verification Form (Section 2, Appendix I) and instructions for completion to the applicant, and reschedule the certification appointment. If no, refer the applicant to the Program Coordinator or designee for assistance in obtaining adequate documentation.

#### 4. Residency Requirement:

**To be eligible the applicant must live in Connecticut.**

- 4.1 Determine if the applicant lives in Connecticut. Verify state residency by asking the applicant to present documentation which lists the applicant's name and street address and/or which verifies that the applicant currently resides in Connecticut. Acceptable documents include any one of the following (Section 2, Appendix E):

#### **For Women:**

- CT WIC Certification (referral) Form with address imprint and health care provider signature
- Connect Card (TFA, FSP and/or Medicaid)
- TFA, FSP or Medicaid notice of eligibility
- Pay stub
- CT Driver's license
- School ID
- Patient ID

- Canceled letter addressed to applicant
- Passport
- Utility bill
- Rent or Mortgage Receipt
- Bank Statement
- W-2 Form
- Unemployment benefit notification letter
- Unemployment check
- Tuition assistance document
- Voter Registration Card

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CERTIFICATION, Continued

**For Infants and Children:**

- Connecticut WIC Certification Form - with physician's address stamp
- Connect Card issued in child's name
- Medicaid notice of eligibility
- Health Plan Card issued in child's name
- Utility bill or other current document that includes street address
- Birth Certificate - Long form
- Immunization Record

4.2 Document how State residency was established in the SWIS Update Participant Demographics screen (#102).

**An applicant with no proof of residency, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, or a person holding a verification of certification (VOC) card, may sign a statement attesting to his or her residency.**

4.3 If the applicant does not have proof of residency at the time of the certification visit, determine the reason. If the applicant is a victim of theft, loss or disaster, a homeless individual, a migrant, or a person holding a Verification of Certification (VOC) card, use the Self-Declaration form (Section 2, Appendix H) to document the reason. Ask the applicant to fill in his or her address and sign and date the form. If the applicant is homeless, the address of a shelter, or of a relative or a friend may be used. Give the form to the Program Coordinator or designee for review. If approved, proceed to 5. Categorical Eligibility.

4.4 If the applicant does not present with proof of residency, review the Connecticut WIC Program Identity and Residency Documentation Form (Section 2, Appendix E) with the applicant/participant and determine if acceptable documentation is available. If yes, reschedule a timely certification appointment.

4.5 If the applicant does not have any of the above listed reasons for lacking proof of residency and indicates that an acceptable form of documentation of residency is not available i.e. victim of theft, loss or disaster, a homeless individual, a migrant or a person holding a Verification of Certification (VOC) card, ask the applicant if a reliable third party, such as a social service agency, church, legal aid society or an employer can confirm the individual's residency. If yes, give a copy of the Verification form (Section 2, Appendix I) with instructions for completion to the applicant, and reschedule the certification appointment. If no, refer the applicant to the Program Coordinator or designee for assistance in obtaining adequate documentation.

5. Categorical Eligibility:

**During the certification process, an applicant shall be in one of the WIC approved categories: pregnant women, postpartum women up to six months after the termination of pregnancy (miscarriage, abortion or fetal death), breastfeeding women up to the breastfeeding infant's first birthday, infants from birth to their first birthday, and children to their fifth birthday.**

5.1 Determine if the applicant is within a WIC approved category.

**5.1.1 If categorical ineligibility was determined during an appointment, complete and issue a Notice of Participant Action form (Section 2, Appendix J).**

- Give a copy to the participant and keep a copy of the documentation in the ineligible applicant document file.

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**CERTIFICATION, Continued**

6. Income Eligibility:

**An applicant's household unit income shall be at or below 185% of the Office of Management and Budget's poverty guidelines, which are revised annually (Section 2, Appendix Q).**

**Recipients of the Food Stamp Program, assistance under the Temporary Family Assistance (TFA) program or the HUSKY A/Medicaid Program are automatically income-eligible for the WIC program. A person who documents that he/she is a member of a household that contains a Food Stamp Program or TFA recipient or that contains a pregnant woman or an infant who receives HUSKY A/Medicaid shall also be determined adjunctively income eligible for WIC.**

**The program staff shall consider the household income during the past 12 months or the household's current rate of income to determine which is the better indication of income.**

**NOTE:** For the migrant farm-worker, a letter from the current employer may be used to determine income.

**Applicants from households with adult members who are unemployed shall be eligible based on income during the unemployment period or if the loss of income causes the current household income to meet the WIC income eligibility guidelines.**

<b>Income includes:</b>
Gross cash or monetary compensation for services including wages, salary, commissions, or fees
Net income from farm and non-farm self-employment
Social Security
Dividends or interest on savings or bonds, income from estates or trusts, or net rental income
Public assistance or welfare payment
Unemployment compensation
Government civilian employee or military retirement or pensions or veterans' payments
Private pensions or annuities
Alimony or child support payments
Nutrition assistance document
Regular contributions from persons not living in the household
Net royalties
Other cash income, to include but not be limited to cash amounts received or withdrawn from any source including savings, investment trust accounts and other resources, which are readily available to the family.

**Military Income**

**In determining income eligibility of any applicant whose family contains one or more military members, all gross income should be counted except the value of in-kind housing:**

**Basic Allowance for Housing (BAH), Family Separation Housing (FSH) and Overseas Housing Allowance (OHA). Also excluded from determining income eligibility is the value of the Cost of Living Allowance (COLA), mandatory salary reductions for the GI Bill and other in-kind benefits. Basic Allotment for Sustenance (BAS) is considered income.**

**Section 2: Local Agency Policy and Procedure Manual**  
**CERTIFICATION, Continued**

Military off-base housing is not considered income. Additional monetary allowances provided to military personnel stationed in areas with higher than average housing costs, such as Basic Allowance for Quarters (BAQ) or Variable Housing Allowance (VHA), are not considered income. If a military family has one or more members stationed overseas or away from home who are receiving additional military compensation such as hazardous duty or combat pay, family separation allowance, and/or foreign duty pay, this is counted as family income. This additional income may only be provided on a temporary basis. If this is the case, the family's income should be averaged over the past 12 months. In summary, Military Income can be counted as outlined below:

<b>Included as Gross Income:</b>
Basic Pay
Basic Allotment for Subsistence (BAS)
Flight Pay
Deployment Pay such as:
• Family Separation Allowance
• Foreign Duty Pay
• Hazardous Duty Pay
• Combat Pay

(These payments can be counted over a 12-month period)  
 One year Extension Pay (Extension of Hazardous Duty Pay)  
 This payment begins on the 13th month of deployment of combat; this payment cannot be prorated over a 12-month period.

<b>Excluded Income for Military Families:</b>
Basic Allowance for Housing (BAH)
Basic Allowance for Quarters (BAQ)
Variable Housing Allowance Housing (VHA)
Family Separation Housing (FSH)
Overseas Housing Allowance (OSA)
Cost of Living Allowance (COLA)
Mandatory salary reductions for the GI Bill
Family Subsistence Supplemental Allowance (FSSA)

Applicants from families in which one or more family member are military reservists who have been placed on active duty may experience dramatic changes in their income sources and total gross income such that they may become eligible for the WIC Program. In this circumstance, the family's income eligibility is determined based on the family's current rate of income (while the reservist is on active duty), as opposed to income received over the past 12 months.

<b>Income shall NOT include:</b>
Basic Allowance for Housing (BAH) received by military service personnel for on or off-base housing
The value of in-kind housing and other in-kind benefits
Income or benefits received under any Federal program or act which are excluded from consideration as income by any legislative prohibition, including: The value of assistance to children or their families under the National School Lunch Act, the Child Nutrition Act, and the Food Stamp Act
Student financial assistance received from any program funded under Title IV of the Higher Education Act of 1965 (e.g., the Pell Grant, Supplemental Education Opportunity Grant, State Student Incentive Grants, National Direct Student Loan

Plus, College Work Study and Byrd Honor Scholarship used for specified costs (i.e., books, materials, tuition, fees, supplies, transportation)
Payments received under the Job Training Partnership Act
Payments received under the Low-Income Home Energy Assistance Act
Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act
Any payment to volunteers under Title I (VISTA and others), and Title II (RSVP, Foster Grandparents and others) of the Domestic Volunteer Service Act
Benefits received through the Farmer's Market Nutrition Program
The value of any childcare payments made under Section 402 (g)(1)(E) of the Social Security Act, as amended by the Family Support Act
Child Care and Development Block Grant payment
Short-term, non-secured loans
Federal/State Income Tax Rebates

6.1 Determine the applicant's income and complete the SWIS Update Participant Demographics SWIS, Screen 102 as follows:

6.1.1. If the applicant is a woman, indicate her employment status.

6.1.2 Document the number of people in the family (i.e., the "economic unit" or "household", composed of a person or group of persons, that has its own source of income). If the applicant is a pregnant woman, increase her family size/household by one or by the number of expected multiple births, if this would qualify her under WIC Program income eligibility standards.

**Note:** Agencies are not required to implement this procedure if increasing the pregnant woman's family size conflicts with her cultural, personal or religious beliefs.

6.1.3 Ask if the applicant is a recipient of TFA, HUSKY A/Medicaid and/or Food Stamps, or is a member of a family that contains a TFA recipient or a pregnant woman or an infant who receives HUSKY A/ Medicaid benefits. If the applicant states that he or she is on HUSKY A or Medicaid, obtain their ConnectCard to verify their enrollment by using telephone/internet access to the Medicaid Automated Eligibility Verification System (AEVS). If verified, enter the client number on the ConnectCard into SWIS, Screen 102 and on the back of the certification form. If applicable, document participation in TFA, FSP, and/or other public assistance programs in SWIS. If the applicant does not have a ConnectCard, other acceptable forms of income documentation are as follows:

**Proof of Adjunctive Income Eligibility\***

Food Stamp Program, TFA, HUSKY A/ Medicaid, notice of eligibility

**Proof of Non-Adjunctive Income Eligibility\*\***

Pay stubs (representing the 2 most recent pay periods)

Current W-2 Form

Current 1040 Tax Return Form (with Schedule C for self-employed)

Letter from employer on letterhead stating gross income and frequency

Unemployment benefit notification letter

Unemployment check

Tuition assistance document

Social Security retirement benefits letter

Alimony payments-Court Decree or copies of check

Child support payments-Court Decree or copies of check

VOC card

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CERTIFICATION, Continued

- 6.1.4 Indicate the type of proof shown for each applicant's income eligibility determination on SWIS screen #102. If the applicant is found to be adjunctively income eligible, ask the applicant (or parent or a guardian) to verbally state their household income. Enter the amount in SWIS.
- 6.2 If income eligible proceed to 7.
- 6.3 **If ineligible, complete and issue a Notice of Participant Action (Section 2, Appendix J).**
- Give a copy to the applicant and keep a copy of the documentation on file at the local agency.
- \* Document must specify that individual is eligible through the WIC certification date.
- \*\* Document cannot be more than 60 days old, unless using along with a current document to determine annual income

**An applicant with no proof of income, or an applicant for whom income documentation creates an unreasonable barrier to participation, such as the homeless, migrant workers, or those who work for cash, may sign a statement attesting to his or her household income.**

- 6.4 If the applicant does not have proof of income at the time of the certification visit, determine the reason. Use the Self Declaration Form (Section 2, Appendix H) to document the reason. Instruct the applicant to fill in the income amount, and to sign and date the form. Give the form to the Program Coordinator or a Nutritionist for review. If the Program Coordinator determines that income documentation creates an unreasonable barrier, proceed to *#7 Nutritional Assessment and Risk Determination*. If not, inform the applicant that if all other program requirements are met, 1 month's worth of WIC checks will be issued that day, but that income documentation must be presented at the next WIC appointment. Add a comment to SWIS, Screen 108 to ensure that additional checks are not issued until the documentation is received.
- 6.5 If the applicant indicates that one of the forms of income documentation listed in item 6.1.3 above is not accessible, ask the applicant if a reliable third party can confirm the applicant's income. If yes, give a copy of the Verification form (Section 2, Appendix I) and instructions for completion to the applicant, and proceed to *#7 Nutritional Assessment and Risk Determination*. If no, refer the applicant to the Program Coordinator or designee for assistance.
7. Nutrition Assessment and Risk Determination:  
A WIC NUTRITION ASSESSMENT is the process of obtaining and synthesizing relevant and accurate information in order to:
- Assess an applicant's/client's nutrition status and risk
  - Design appropriate nutrition education and counseling;
  - Tailor the food package to address nutritional needs and
  - Make appropriate referrals

A value enhanced WIC nutrition assessment is accomplished by systematically completing a series of five steps:

- Collect relevant information;
- Clarify and synthesize the information that has been collected;
- Identify the pertinent and appropriate risk(s) and other related issues;
- Document the assessment; and

- Follow up on previous assessments, as appropriate.

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These steps are sequential and cyclical in nature so that previous information collected builds on future assessment and education.

The Connecticut WIC Program has adopted the Health Outcome Based Nutrition Assessment as the model for its nutrition assessment process. At the core is the focus on desired health outcomes to collect relevant information. See Appendix C of the *VENA Guidance document* for an explanation of the desired health outcomes, specific health determinants and relevant information to be collected for the 5 categories of WIC clients. Each health determinant is associated with WIC nutrition risk criteria and additional information not associated with risk criteria, but *needed* to individualize nutrition services based on client needs.

Using this approach the nutrition assessment process allows staff to

- Emphasize strengths and healthy practices of the client and family;
- Highlight accomplishments and/or developmental progress and
- Reinforce the increasing competence of caregivers.

Nutrition Assessment and Risk Determination shall be conducted and documented by a local agency competent professional authority (CPA) OR by a CPA who has a written contract with the local agency **(See Administration, #4, Contracts for Nutritional Assessment)**. Nutritional Assessments and Risk Determinations that are documented by contracted staff shall be reviewed by a local agency CPA and countersigned.

A health care provider (HCP) who is a CPA **(See Definitions)** but who is not on the staff of the local agency and does not have a written contract with the local agency, may provide health and nutrition assessment referral data to the WIC Program for the purpose of the WIC Nutrition Assessment and Risk Determination. All such referrals shall be reviewed and countersigned by a local agency CPA.

**For program eligibility, a complete nutrition assessment will be performed, which shall include but not be limited to, a medical history, a clinical assessment, anthropometric measurements, hematological measurements, dietary assessment and risk determination.**

**A hematological test for anemia such as a hemoglobin or hematocrit test shall be obtained for clients based on the following schedule:**

Participant Category	Timeframe for hematological testing
<b>Pregnant Women</b>	<b>During the current pregnancy</b>
<b>Postpartum and Breastfeeding Women</b>	<b>After completion of the pregnancy: Preferably 4-6 weeks post-delivery (Note: An additional blood test is NOT required for breastfeeding women 6-12 months postpartum.)</b>
<b>Infants</b>	<b>Between 9-12 months of age (Note: A blood test done between 6-9 months can be used to meet this screening requirement.)</b>
<b>Children (12-24 months)</b>	<b>Between 15-18 months of age, preferably six months after the infant test. (Note: A blood test done between 12-15 months OR 18-24 months of age can be used to meet this requirement.)</b>
<b>Children (2-5 years)</b>	<b>Annually between the ages of two and five years. (Note: If the annual blood test result is abnormal, a repeat blood test is required at six-month intervals.)</b>

**The hematological test/screening for anemia should be obtained at the time of certification. However, if at least one qualifying nutritional risk factor is identified the individual shall be certified and issued checks on a monthly basis until the blood test results are obtained.**

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CERTIFICATION, Continued**

- 7.1 If the blood test is not available at the time of certification, inform the participant or parent/guardian that WIC checks will be issued on a monthly basis until it is received. Nutrition staff should attempt to resolve such cases by contacting the individual's Health Care Provider (HCP), when appropriate. Make any necessary referrals to assist the participant or parent/guardian in obtaining the bloodwork at no cost to the participant in a timely manner.
- 7.2 At the subsequent WIC appointment, nutrition staff will assess the participant or payee/guardian's progress in obtaining the bloodwork.

**Blood test results shall be documented in SWIS, Screens 104 & 105, and the participant or parent/guardian shall be informed of the test results when there is a finding of anemia.**

- 7.3 Upon data entry of bloodwork results, SWIS will reassess the participant's nutritional status and change priority assignment, when warranted. Nutrition education, health care referrals, and the food package prescription should be reassessed and amended, as appropriate, by the WIC CPA.

**Lead screening is recommended for infants between 9-12 months of age and children at two years of age. At the time of certification, local program staff shall determine if a lead test has been performed. Children who have not been screened for lead poisoning, or whose screening status is unknown, shall be referred to their Health Care Provider (HCP).**

- 7.4 Instructions to parents/guardians about the certification process should include information regarding lead screening recommendations.
- 7.5 At the time of certification, determine if a lead test has been performed. If the health care provider has not reported this information on the WIC certification form, ask the parent/ guardian if the child has been screened. Refer children who have not been screened, or whose screening status is unknown, to their health care provider.

**Anthropometric data shall be no more than 60 days old at the time of certification. If the participant/parent or guardian doesn't have current anthropometric measurements from his/her HCP, ask the participant the date/month of the last or future visit to the HCP to determine if measurements obtained will fall within appropriate timeframes for SWIS data entry and to determine if the child has a medical home. Often times, if it is not time for a child's annual physical, insurance will not cover a doctor's visit for height and weight check only. WIC certification requirements must occur at no charge to the participant (certification without charge). Therefore, local agency staff must be equipped to weigh and measure WIC participants and provide this service as long as there is evidence of ongoing health care.**

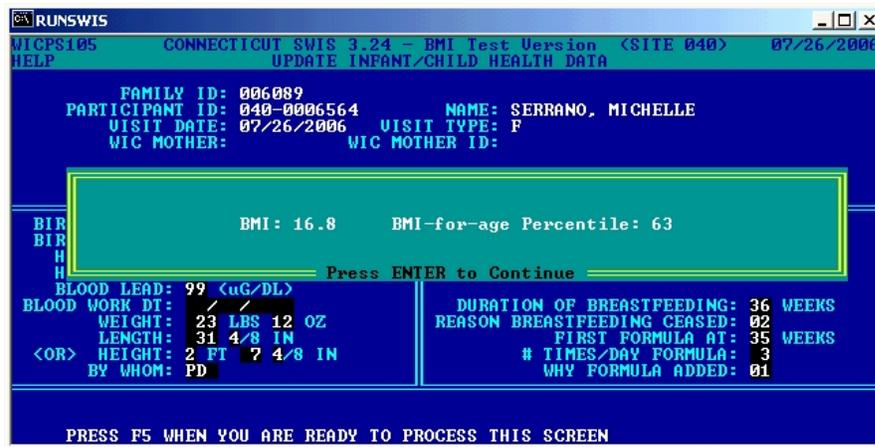
- 7.6 **Anthropometric Measurements (Section 2, Appendix WW p.2) Refer to WIC Numbered Memorandum 06-068 dated July 28, 2006 on Body Mass Index Implementation (BMI) for background and details.**

**7.6.1 Infants and Children**

- 7.6.1.1 Record anthropometric measurements in SWIS, Screen 105 for auto-assignment of anthropometric risk factors. VERIFY with IT automated vs manual gestational age adjustment.**

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CERTIFICATION, Continued

- 7.6.1.2 As of August 11, 2006, Weight-for-height will no longer be assessed by SWIS for children between 2 and 5 years of age. Weight-for-height for children 2 to 5 years cannot be used for the purpose of certification. If desired, the CPA can plot child's weight-for-height on the appropriate NCHS growth chart (Section 2, Appendix S). However the BMI-for-age percentile must be plotted and discussed with the child's parent or guardian. SWIS will display BMI and the BMI-for-age percentile immediately after entering height and weight in screen 105 as shown below.



- 7.6.1.3 Use of SWIS Risk Criteria 13 (Parent with BMI  $\geq$  30) is not a system-generated risk factor. CPA's are not required to request and/or calculate the BMI of each parent. However, if this risk is used, the parent information should be documented in SWIS Screen 113 in the Main Topics section or in the Office Use section of the child's Nutrition Questionnaire and Assessment form.

7.6.1.4 Maintain growth chart in participant file.

- 7.6.1.5 Plot/Assess Growth of Premature Infants and Children with a History of Prematurity. (Need additional updates for auto-assigned gestational age adjustment calculation)

For premature infants who are less than 40 weeks adjusted gestational age, growth may be plotted and assessed using the premature growth chart depicting the infant's growth trend from birth that is provided by the local hospital/health care provider, if available.

Premature infants who have reached the equivalent of 40 weeks gestation shall be assessed for growth using the 2000 CDC Birth to 36 months growth charts, adjusted for gestational age. The CDC growth charts shall not be used for premature infants who have not yet reached the equivalent of 40 weeks gestational age. In addition, under no circumstances shall any anthropometric data obtained prior to 40 weeks

gestation be plotted on the 2000 CDC growth charts to assess a premature infant's growth.

## **Section 2: Local Agency Policy and Procedure Manual** CERTIFICATION, Continued

When using the CDC growth charts for premature infants once 40 weeks gestational age has been reached and for children with a history of prematurity, plotting of length and weight shall be based on *adjusted gestational age until their second birthday* (Section 2, Appendix S-A). Plotting of head circumference for premature infants shall be based on adjusted gestational age until their first birthday.

Nutritional Risk assessment in premature infants and children with a history of prematurity shall be based on adjusted gestational age for the following risk criteria:

-Short stature or at risk of short stature (until their second birthday)

-Low head circumference (until their first birthday)

Refer to Section 2, Appendix S-A for instructions on how to calculate adjusted gestational age.

### 7.6.2 **Women**

7.6.2.1 Plot measurements on Prenatal Weight Gain Grid (Section 2, Appendix T).

7.6.2.2 Maintain chart in participant file.

7.7 **The Nutrition Questionnaire and Assessment form (Section 2, Appendix U, *Nutrition Assessment Form and Guidance*, revised 6/08) should be used to engage the client in dialogue regarding health, medical, clinical, and nutritional issues.**

**Bolded questions are required for SWIS processing and data collection; and are also relevant to collect to determine objective health/ medical /clinical /dietary risks.**

**The VENA Committee developed the non-bolded questions to facilitate a more conversational approach to assessment using the health outcome based model and consider these questions essential to providing a complete nutrition assessment (See CERTIFICATION #7, *Nutrition Assessment and Risk Determination*). Staff should use the questions as a guide to begin a conversation about parental concerns, mealtime behaviors and common health/nutrition practices.**

Per professional judgment, all of the non-bolded questions on the nutrition assessment form do not have to be obtained for each client. A *VALUE ENHANCED NUTRITION ASSESSMENT* allows the CPA to use the assessment form to plan a personalized nutrition intervention guided by the individual needs of the client. See each of the category specific Nutrition Assessment Form Guidance for more information (Section 2, Appendix U).

The preferred method for conducting a Value Enhanced Nutrition Assessment (VENA) is through a primarily verbal interview or conversation with the client to assist both staff and clients in transitioning to a more client-centered approach to assessment.

## Section 2: Local Agency Policy and Procedure Manual CERTIFICATION, Continued

The specific inappropriate nutrition practice(s) identified through the nutrition/dietary assessment process must be documented in SWIS and/or on the Nutrition Assessment form.

For clients with multiple risk factors, the CPA should document what risk factor (s) was/were discussed with the client at the time of certification (indicate if it was a client selected concern) and document (as needed) the plan to address other identified risk factors on subsequent clinic visits.

If a client is certified for the presumptive or predisposing risk factors (SWIS codes A6, 44 or D4) documentation in SWIS must include for continuity of care purposes what was discussed with the client i.e. anticipatory guidance, counseling and or referrals provided.

See NUTRITION SERVICES #4, *WIC Nutrition Services Documentation* for more details.

The Nutrition Assessment and interview shall be conducted by a nutritionist or another local agency CPA trained and certified as competent in the six (6) areas as outlined in the VENA Guidance and supervised by the program nutritionist.

- 7.8 Record pertinent information on the Certification Form (Section 2, Appendix R). Enter all applicable data, criteria and CPA initials into SWIS, Screen 106.
- 7.9 **If ineligible, complete and issue a Notice of Participant Action (Section 2, Appendix J).**
- Give a copy to the applicant and keep a copy of the documentation on file at the local agency.

### 8. Form Completion:

**At least two people shall be involved in the certification process for each participant. This must be reflected on the certification form by having the CPA complete and sign/countersign the medical/nutritional assessment and another WIC staff member shall be responsible for the income eligibility determination.**

**If the WIC certification form is completed by a CPA not on staff of the local agency i.e. physician, nurse practitioner, the form must be reviewed and countersigned by a WIC CPA on staff of the local agency.**

**A WIC staff member shall not be involved in his or her own eligibility determination nor in the certification of a friend, relative or member of the same household.**

**Signatures on the WIC certification form shall be handwritten and shall comprise at a minimum: first initial and last name. Signatures shall be legible.**

- 8.1 Complete the Certification Form (Section 2, Appendix R).

**At the time of certification, each program participant, parent or guardian shall read, or have read to him or her, the rights and responsibilities section of the certification form.**

8.2 Instruct the individual to date and sign the form.

## **Section 2: Local Agency Policy and Procedure Manual** CERTIFICATION, Continued

### 9. ~~Selected (Mandatory) Referrals, Targeted Referrals and Client Orientation~~

- 9.1 Refer all WIC applicants to the Food Stamp Program, Temporary Family Assistance (TFA), Healthcare for Uninsured Kids and Youth (HUSKY A)/Medicaid, the Child Support Enforcement Program and the Expanded Food and Nutrition Education Program (EFNEP). (Provide and review State developed *Selected Referrals* brochure).
- 9.2 Make other referrals such as to the CSHCN and Birth-to-Three programs, as appropriate. Document all referrals in SWIS, Screen 102 and 106 (See Section 2, Outreach #5).
- 9.3 Explain to the client the general purpose and scope of WIC.

WIC Policy Memorandum 2008-1: WIC Program Explanation for Clients, issued January 15, 2008 provides an overview of what information should be provided to clients during the certification process. This guidance was recently revised to align more effectively with the client-centered, positive approach emphasized in the Value Enhanced Nutrition Assessment (VENA) Guidance.

WIC Program Orientation, whether conducted individually or in a group setting must include an explanation of the following:

- The purpose of the WIC Program; which is to provide nutritional support (i.e., Nutrition assessment and education focused on appropriate nutrition practices and attainment of a healthy diet, supplemental foods, breastfeeding promotion and support and targeted referrals during critical times of growth and development, all to improve health and assist in achieving positive health outcomes).
  - The nutrition assessment process is necessary to identify nutrition/health needs (e.g., medical conditions, nutrition/dietary practices) and client interests so that WIC staff can provide benefits that are appropriate to the client.
  - The relationship between the WIC staff and the client is a partnership-to work towards achieving positive health outcomes identified for each category.
  - The food provided by the WIC Program is ~~supplemental~~ and not intended to provide all of the client's daily food requirements.
  - Food benefits are intended for the individual, based on the nutrition assessment and are to promote and support the growth and development of the individual.
  - WIC eligibility is dependent on 5 factors: identity, CT residency, income, category and nutrition assessment and that eligibility is reassessed after each certification period.
  - *As needed*, the nature of the WIC priority system, if the local agency is not serving all priorities.
- 9.4 Explain the Food Delivery System (See Food Delivery 1.1).
- 9.5 Encourage the participant to attend available nutrition education activities.
- 9.6 Explain the importance of obtaining health care and encourage parents/guardians to keep their children's immunizations up to date. Refer families to an Immunization Action Plan (IAP) site when appropriate. Additional information on the Connecticut Immunization Registry and Tracking System is available in Section 2, Appendix W.

- 9.7 Explain that it is illegal to participate in more than one WIC Program at the same time.
- 9.8 Explain the reasons a participant can be terminated. Emphasize to newly enrolled participants that failure to pick-up food instruments (checks) for two (2) consecutive months will result in automatic termination from the Program. Also, failing to recertify in a timely manner will also result in automatic termination from the Program.

**Section 2: Local Agency Policy and Procedure Manual**  
CERTIFICATION, Continued

**These key concepts can be conveyed in a variety of ways and can be discussed by different WIC staff i.e. clerks (program assistants), nutrition aides/assistants and nutritionists however, WIC eligibility should not be “assumed” or “conferred” until a client is seen by a CPA to reinforce the necessary component of nutrition assessment in the certification process.**

- 10. Food Package Prescription:  
Select the appropriate food package (See NUTRITION SERVICES, #3, Food Package Prescription).
- 11. Certification Periods:  
**Local program staff shall adhere to established certification schedules for each participant category. See below.** (When possible, certification schedules should be coordinated with medical visits).

**The standard length of the certification period is six months from the date of certification** (This applies for all participants *except* those whose certification period is pre-designated, such as pregnant women who are certified until six weeks from delivery, children who are approaching their fifth birthday and infants, who are certified up to their first birthday).

**All data used to determine nutritional risk of pregnant, postpartum and breastfeeding women shall be reflective of their categorical status at the time of certification.**

<b>Pregnant women</b>	<b>shall be certified only once for the duration of their pregnancy and up to six weeks postpartum.</b>
<b>Postpartum women</b>	<b>shall be certified once, after the six-week postpartum visit and up to six months after the date pregnancy ended.</b>
<b>Breastfeeding women</b>	<b>shall be certified at intervals of approximately six months ending with the breastfeeding infant’s first birthday.</b>
	If a women stops breastfeeding <del>before</del> her infant is six months old, she is categorized as a postpartum woman. If a woman stops breastfeeding <del>after</del> her infant is six months old, then she is ineligible to continue program benefits.
<b>Infants</b>	<b>shall be certified up to their first birthday. In order to ensure that the quality and accessibility of health care services are not diminished for infants, a mid-certification* health/nutrition assessment shall be conducted, including an assessment of the parent or caretaker’s access to quality health care for the infant.</b>

	<p><b>At a minimum, the infant's length and weight and the following documentation shall be obtained:</b></p> <ul style="list-style-type: none"> <li>▪ A WIC Certification form or other referral form signed by the health care provider or a CPA on the provider's staff, or</li> <li>▪ An infant/child health record that indicates that his/her immunizations are up-to-date, or</li> <li>▪ A letter signed by the health care provider indicating that the infant has been receiving ongoing health care.</li> </ul>
<b>Children</b>	<p><b>shall be certified at intervals of approximately six (6) months. They are no longer eligible at the end of the month when they reach their fifth birthday. The parent or guardian should be notified of this fact at the time of the last re-certification. Complete and issue a Notice of Participant Action (Section 2, Appendix J).</b></p> <p>Extend the certification period by up to one month, or certify a child up to thirty (30) days prior to his or her termination date, to coincide with well child visits and to synchronize family/household members base dates when possible.</p>

\* **At the time of mid-certification health/nutrition assessment, the parent or guardian shall be informed that a blood test for anemia at the time of the mid-certification health assessment, the parent or guardian shall be informed that a blood test to screen for anemia is required between 9 and 12 months of age, unless the infant's health care provider determines that it should be done between 6 and 9 months of age.**

12. Use of the Regression Provision

**The possible regression criterion shall not be used for an initial certification or for the certification of priority II infants or postpartum women.**

**The regression criterion shall be used only once consecutively.**

**The regression provision shall be used at the discretion of the CPA however it may only be used if there was a documented nutritional risk condition at a prior certification, as evidenced by anthropometric, biochemical, clinical or dietary data.**

13. Priority Assignment

**Participants certified for possible regression shall be assigned the same priority level to which they were previously assigned. High-risk postpartum women shall be assigned priority IV (See Nutrition Services 4.9, High-risk participants). Both the mother and infant of a breastfeeding dyad shall be assigned the higher priority for which either qualifies.**

13.1 **SWIS automatically assigns priority based on entered data and selected risk criteria. The CPA should carefully review the Update Participant Risk Assessment SWIS, Screen 106 to ensure that it is complete and accurate before saving the screen.**

14. Transfer of Certification - Verification of Certification

**The local program shall issue a Verification of Certification (VOC) card or SWIS generated VOC form (Section 2, Appendix AA) to all participants who plan to relocate outside of the state during the certification period. The individual's certification shall remain valid until the end of the certification period.**

14.1 Participants relocating to another service area outside of the state.

14.1.1 Complete and issue paper VOC or SWIS generated printout (Report: WICPR136), including the date of income determination, last check issuance and nutritional risk conditions.

- 14.1.2 Explain to participant the use of VOC as proof of eligibility for continued program benefits.
- 14.1.3 Terminate the participant after issuance of the VOC.
- 14.2 Participants relocating ~~into~~ service area.

**VOC cards shall be accepted from participants, including migrant farm workers, who have been participating in a WIC program outside Connecticut.**

The local program shall accept all VOC cards which are recognized as State or National cards if such cards include at a minimum the participant's name and the certification date, including those cards which may have incorrect or outdated information.

## **Section 2: Local Agency Policy and Procedure Manual** CERTIFICATION, Continued

- 14.2.1 Screen all VOC cards, as some may appear to be an identification card. The VOC card shall include the following items:
  - Participant's Name
  - Certification Date
  - Nutritional Risk Criteria
  - Date Certification Expires
  - Date of Income Determination
  - Signature and printed/typed name of the local program official in the originating jurisdiction
  - Certifying local program name and address
  - An Identification Number
- 14.2.2 If the certification period is no longer valid, process the individual as a new applicant (See 1, Application). However, migrant farmworkers and their family members with expired VOC cards will be declared to satisfy the income eligibility guidelines if the income was determined during the previous 12 months.
- 14.2.3 If the certification period is still valid and the VOC card is incomplete, obtain missing information and complete card.
- 14.2.4 Certify the individual and issue checks.

**If the State determines local agencies should institute waiting lists, the participant with a VOC card shall be placed first on the list ahead of all waiting potential participants, regardless of their priority group.**

### 15. Termination/Disqualification

The local program staff shall terminate a WIC participant during the certification period for any of the following reasons:

- If the individual is no longer in a WIC approved category;
- If family income exceeds the income guidelines, unless this is determined during the

fifth month of a standard certification period or unless the individual was determined to be automatically (adjunctively) income-eligible (See CERTIFICATION 4, Income Eligibility);

- If the participant requests termination;
- For misuse or abuse of checks (See ADMINISTRATION, Civil Rights 4, Participant Abuse);
- Participation in more than one local WIC Program;
- Participant resides in an unapproved facility for the homeless,
- If the WIC Program can no longer serve certain categories due to funding shortages;
- Or if there is insufficient timeframe to effect change, i.e. less than 90 days before child applicants are turning 5.

**Persons determined to be adjunctively income-eligible for the program shall continue to be income-eligible for their entire certification period even if their benefits under TFA, Food Stamps or Medicaid cease.**

## **Section 2: Local Agency Policy and Procedure Manual** CERTIFICATION, Continued

**A Notice of Participant Action (Section 2, Appendix J) form shall be provided to participants no less than 15 days before the termination/disqualification, except that participants' disqualification for residing in an unapproved facility for the homeless shall be provided 30 days notice.**

**Persons that are automatically terminated by SWIS due to failure to pick up checks for two consecutive months or failure to re-certify do not need to be issued the Notice of Participant Action form.**

**If the State agency instructs the local agency to institute a waiting list, due to funding shortages, which would require participants to be terminated in the middle of their certification periods, a Notice of Participant Action form shall be provided no less than 15 days before the disqualification.**

### 16. Certification Files

The local program shall maintain on file at the local program all certification and program forms for active and terminated "inactive" participants and ineligible applicants. (See ADMINISTRATION Outreach #5, Records)

#### 16.1 Active WIC participant files **MUST** include:

- Request for Alternate/Proxy (Section 2, Appendix Y)
- Certification form(s)
- Pre-natal weight gain grid for pregnant women, growth charts for children
- Nutrition Questionnaire and Assessment form
- Prescriptions for non-contract or special formula
- Denial of Participation/Termination/Ineligibility and Request for Fair Hearing Notice (Section 2, Appendix J)

The file may include:

- Application form required by local program
- Health care verification/referral from health care provider
- Laboratory slips

#### 16.2 Terminated "Inactive" files - participants who are no longer participating, who have been terminated or disqualified.

- 16.2.1 Retain all WIC information on file. For previously active participants this includes all information listed in 16.1, above.
  - 16.2.2 Document date of, reason for, and method of notification of termination or disqualification. Use Notice of Participant Action (Section 2, Appendix J)
  - 16.2.3 File under terminated "inactive" files.
  - 16.2.4 Retain files for three years for audit purposes. (See ADMINISTRATION 5. Records)
- 16.3 ~~Ineligible~~ applicants- Applicant who upon *visiting* the local agency are determined ineligible for WIC benefits on the basis of category, residency, income or nutrition risk.

Ineligible applicant file must contain:

- Completed WIC certification form (income documentation, date, signature of applicant and WIC staff person(s) completing application).
- Copy of completed, dated and signed Notice of Participant Action form. One copy must be given to the applicant for records.

**Section 2: Local Agency Policy and Procedure Manual**  
CERTIFICATION, Continued

- 16.3.1 Retain files for three years for audit purposes. (See ADMINISTRATION 5. Records)

\* Local agencies are not required to keep the above documentation or to mail a completed "Notice of Participant Action" form to applicants whose ineligibility was determined over the phone. Applicants should be advised to call back and re-apply if their situation changes.

17. ~~Phenylketonuria (PKU) or Metabolic Disorders with nutrition implications~~

The certification and enrollment of eligible children who have PKU, or women with Maternal PKU (MPKU), in the WIC program is accomplished through the coordination efforts of the local WIC program, the PKU clinics, the State WIC and Genetics Programs and the primary care providers.

The medical/nutritional assessments shall be completed at the clinic facility where the client receives medical care.

- 17.1 Using guidelines supplied by the State agency, the State Genetics Program Coordinator does preliminary income screening.
- 17.2 The medical/nutritional assessment is completed by the clinic physician, nurse/or dietitian or the primary care physician. (See 5. Nutrition Assessment and Risk Determination).
- 17.3 The PKU dietitian completes a nutrition assessment, determines the diet prescription and sends a copy of both to the local WIC Program.
- 17.4 To determine the diet prescription the PKU dietitian will take a diet recall and assess the blood phenylalanine level.
- 17.5 The clinic staff mails the certification form to the appropriate local WIC Program. The local WIC program completes the initial and subsequent certification.

The local WIC program nutritionist shall develop a nutrition care plan for women and children with PKU. (See Nutrition Services 4.7 Nutrition Care Plan).

The local WIC program shall establish and maintain certification records for all WIC/PKU participants.

- 17.6 Copies of the certification form, a current dietary assessment and growth chart will be on file at the medical facility. The original forms will be mailed to the local WIC Program.
- 17.7 Other metabolic disorders with nutritional implications shall be handled in the same manner as PKU.

18. Non-Resident Alien  
**Alien Status and Income Documentation**

Providing income information is a sensitive issue for some people. Individuals who have legal alien status, for example, may feel threatened or unsure about sharing documents with any government agency, for fear that this could affect their immigration status. These applicants should be reassured that all information in their files is confidential and will be used for health and nutrition services purposes only. The WIC program is not considered a public cash assistance program by the Immigration and Naturalization service (INS). Therefore, participants who have been granted "lawful temporary resident status" (LTRS) or who are applying for LTRS are not considered to be

**Section 2: Local Agency Policy and Procedure Manual**  
CERTIFICATION, Continued

public charges. However, alien students who participate in the WIC program may be considered public charges by the INS and may be subject to deportation.

**Public Charge Issue**

"Public Charge" is a term used by the Immigration and Naturalization who depend on public benefits such as welfare. Depending on a person's immigration status, the INS can refuse to let that person re-enter the US, or become a permanent resident or citizen, because they are considered a public charge who cannot support themselves. Applicants should be told that being on WIC does NOT make an alien a public charge. WIC benefits cannot be denied to any aliens who have used WIC, and the INS cannot request that aliens repay any WIC benefits they have received. It is the INS and State Department's position that receipt of WIC benefits will not have any effect on an individual's application for immigration or citizenship benefits. WIC is available to foreign citizens, including foreign students residing in the United States, provided they meet program eligibility requirements. Alien status cannot be a factor in eligibility determination.

- 18.1 During the certification process, do not inquire directly regarding an applicant's citizenship status. However, if this information becomes known, inform the alien student that participation in WIC may be considered by the INS as an indication that the alien student has become a public charge and may be subject to deportation. Refer the applicant to the INS for counseling. Do not further advise the applicant on this subject.
- 18.2 Any Immigration and Naturalization Service officials seeking information regarding WIC Program participation are to be referred to the State WIC Office.

19. Special Populations Homeless Individuals  
**Applicants residing in facilities for the homeless that serve meals which have not yet been approved or disapproved shall be certified for 60 days during which the facility shall be reviewed for approval. If the facility is approved, the certification period shall be extended for the normal duration. If the facility is not approved or falls out of compliance, all WIC participants shall receive 30 days notice of the need to sever connection with the homeless facility or be disqualified from the WIC program. However, if a participant takes up residence in a homeless facility after having been certified, the participant must be allowed to complete the certification period**

**regardless of the status of the facility.**

- 19.1 At the time of certification, inform eligible applicants who live in a facility for the homeless that serves meals of the status of the facility.
- 19.2 If the applicant resides in an approved facility, certify the individual for the standard length of time (see 9, Certification Periods).
- 19.3 If the applicant resides in a facility which has not yet been approved or disapproved, certify the individual for 60 days and initiate a review of the facility for approval (see ADMINISTRATION 11, Facilities for Homeless Individuals).
- 19.4 If the facility is not approved or falls out of compliance, provide 30 days notice to participants that they must sever connection with the facility or be disqualified from the program (see 13. Termination). Refer the individual(s) to an approved facility.
- 19.5 If it becomes known that a participant moves into a facility that has not yet been approved, initiate the approval process. If the participant has moved into a disapproved facility, inform the participant that they may complete the current certification period but future certifications may be negatively affected.

## **Section 2: Local Agency Policy and Procedure Manual** CERTIFICATION, Continued

### Children in State Custody

**The local agency shall make efforts to provide program benefits to unserved infants and children under the care of foster parents, protective services or child welfare authorities. This category also includes infants exposed to drugs perinatally (See ADMINISTRATION 4, WIC Referrals).**

### Employed Individuals and Rural Residents

**In addition to giving employed individuals a scheduled appointment to apply for the program (see 1, Application), the local agency shall make provisions for employed individuals to receive nutrition education and pick up their checks, in order to minimize the amount of time the individual must spend away from work to obtain WIC benefits.**

**The local agency shall adopt or revise procedures and practices to minimize the time participants must travel, including adjustment of clinic hours and/or locations (see 8, Administration).**

Note: Inasmuch as there are small numbers of Native American Indians dispersed in the general population in Connecticut, the Connecticut WIC Program has determined that these special populations are best served by being processed individually in the normal fashion consistent with the local WIC Program's procedures.

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**NUTRITION SERVICES**

Nutrition Services

**It is the expectation that WIC Program Nutritionist is responsible for the nutrition component and overall delivery of quality nutrition services for the entire local agency.** (This role encompasses the oversight of the following aspects necessary for the provision of quality nutrition services by WIC nutrition staff: the nutritional assessment that establishes the applicant's and client's needs and nutrition risk factors, assignment of the food package prescription that provides the most appropriate WIC foods, when appropriate breastfeeding promotion, education and support, targeted, client-centered nutrition education/counseling and referrals to best assist the client in making positive changes in nutrition and health practices and the documentation of these components in a complete and concise manner). *For large or merged programs, it is expected that the Program Coordinator, Program Nutritionist and Site Nutritionist(s) work together to ensure an effective and cohesive operation of the nutrition component of the program. In FY 2009 we plan to work closely with local agency management to further refine staff roles and responsibilities to improve overall WIC operations.*

1. Nutritional Assessment

See CERTIFICATION #7, Nutrition Assessment & Risk Determination.

2. Food Package Prescription

**A competent professional authority on the staff of the local agency shall prescribe a food package for each WIC participant upon completion of the certification process. The food package shall be based on the participant's age, nutrition assessment, health status, living accommodations and personal preferences.**

**The amount and types of foods prescribed for a participant shall not exceed maximum allowable quantities (Section 2, Appendix EE).**

2.1 Select the appropriate Food Package (Section 2, Appendix FF).

2.1.1 Whenever the standard package is inappropriate for an individual, prescribe an alternate food package using the Food Package Codes (Appendix GG).

2.1.2 Determine the types and amounts of food to be issued, using the Food Package Tailoring Guidelines (Appendix VV), when appropriate.

2.1.3 For WIC special formulas, See FOOD DELIVERY 6. Special Formulas.

**If a participant's nutritional needs warrant a food package change or if the participant requests a change, a CPA shall prescribe a new food package.**

- Determine the types and quantities of foods desired, using the Food Package Tailoring Guidelines (Section 2, Appendix VV).
- Select the appropriate food package codes (Section 2, Appendix GG).

**Food packages shall not be tailored for cost reasons.**

3. Nutrition Education

**Per federal regulations, nutrition education shall be made available to each participant, parent, guardian, or caretaker at a rate of at least once per quarter but not necessarily taking place within each quarter. Contacts shall be made available through individual or group sessions which are appropriate to the individual participant's nutritional needs interests, household situation, cultural preferences, language spoken, literacy level and religious values.**

**Nutrition education shall also be based upon the current U.S. Dietary Guidelines for Americans, the nutrition assessment and connected to positive health outcomes established for participant categories. All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons.**

**Section 2: Local Agency Policy and Procedure Manual**  
NUTRITION SERVICES, Continued

- 3.1 Offer newly enrolled participants an explanation of one or more of the following:  
(See CERTIFICATION 9. Selected (Mandatory) and Targeted Referrals and Orientation)  
These key points should be conveyed to applicants/clients at the time of first enrollment. These items alone do not satisfy the nutrition education requirement for the certification period.  
Subsequent certifications should re-affirm these key points covered in orientation, however nutrition education should focus on the client's identified nutritional risk condition, specific area of concern (i.e. nutrition, diet, health, and/or referral) and ways to achieve the identified, category-appropriate positive health outcome.  
Barriers to achieving desired health outcomes for client's category as identified by client and CPA through the collaborative assessment process.  
Participant's concerns or questions (related to health, nutrition practices, referrals etc.)
- 3.2 Plan and offer subsequent nutrition education contacts which ensure continuity of care and follow-up on initial assessment to include a discussion of one or more of the following:  
Participant's concerns or questions (related to health, nutrition practices, referrals etc.)  
Participant's particular nutritional needs according to the category of eligibility and desired health outcomes, (i.e., needs of pregnant, breastfeeding, postpartum women, infants, and children.)  
Relationship of diet to health.  
The benefits of consuming a variety of foods including those not provided by the program.  
CPA or client determined nutrient of special interest or need  
Additional nutrition related topics.  
A review of topics listed above (under 3.1).
- 3.3 Breastfeeding Promotion and Support  
**All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons. Support systems shall be made available to all breastfeeding participants.**  
3.3.1 Encourage all pregnant participants to breastfeed unless contraindicated for health reasons.  
3.3.2 Establish systems and procedures for targeting promotion efforts and for providing support to those who choose to breastfeed, based on the *Guidelines for Breastfeeding Promotion and Support* (Appendix L).  
3.3.3 Coordinate WIC efforts with existing local resources for breastfeeding promotion.  
3.3.4 Participate in the implementation of a WIC Breastfeeding Peer Counselor Program, if available. (Appendix Z)
- 3.4 **Drug Abuse Information and Referrals**  
**All adult participants and the parents, guardians, or caretakers of**

participating infants and children shall be provided information on the harmful effects of drugs, alcohol and tobacco use during childbearing years.

**Section 2: Local Agency Policy and Procedure Manual**  
NUTRITION SERVICES, Continued

**A list of local resources for substance abuse counseling and treatment shall be maintained and made available to adult WIC applicants and participants, as appropriate. Referrals to counseling and treatment services shall be made when necessary. The Local Agency community referral list should include these services.**

- 3.4.1 Provide information on the harmful effects of drug, alcohol and tobacco use during pregnancy to all adult participants and make available to the parents, guardians or caretakers of participating infants and children. Provide a copy of "Pregnant? Drugs and Alcohol Can Hurt Your Unborn Baby." (USDA 1990). Document information provided in SWIS, Screen 106.
  - 3.4.2 Using the appropriate SWIS screens and/or Nutrition Questionnaire and Assessment forms (Section 2, Appendix U) to screen all adult applicants who meet the income eligibility criteria to determine if they use harmful substances.
  - 3.4.3 Maintain an updated list of local substance abuse counseling and treatment services and make the list available to adult WIC applicants participants when appropriate.
- 3.5 Postpartum Nutrition Education (Exit Counseling)  
**Breastfeeding and postpartum women shall be assessed for and counseled on the following topics including but not limited to: breastfeeding benefits and strategies for successful lactation, accurate information on the harmful effects of alcohol, tobacco, and other drugs, the benefits of and information on childhood immunizations, the importance of maintaining appropriate nutrition practices to include the benefit of a daily supply of folic acid in the diets of women of childbearing age.**
- 3.5.1 **During the certification period provide a variety of opportunities (i.e. individual or group education sessions) to discuss the desired health outcomes for breastfeeding and postpartum women (See VENA Guidance Appendix C) which are dependant on achieving the health determinants specific to her client category. A complete nutrition assessment is the foundation for assisting the client in achieving a positive/desired health outcome. For example, the desired health outcome for breastfeeding women is: *Achieves optimal health during the childbearing years and reduces the risk of chronic diseases.* The health determinants are: receives on-going preventative health care including early postpartum care, achieves a desirable postpartum weight or BMI, remains free from nutrition or food-related illness, complications or injury, avoids alcohol, tobacco and illegal drugs, consumes a variety of foods and/or recommended supplements to meet energy and nutrient requirements and breastfeeds her infant(s) successfully.**
  - 3.5.2 When indicated and prior to categorical termination from the WIC Program, recommend/reinforce referrals to other health care providers/services.
- 3.6 Coordination with Community Resources.  
**Each local WIC program is responsible for coordinating nutrition education with other community resources.**
- 3.6.1 Establish systems and procedures for integrating the services of community resources such as the Expanded Food and Nutrition Education Program (EFNEP), if available in the area, and local resources for substance abuse

counseling and treatment with the nutrition education services provided by WIC.

## **Section 2: Local Agency Policy and Procedure Manual** NUTRITION SERVICES, Continued

3.7 Participant Feedback  
**Participant feedback on nutrition education shall be obtained each fiscal year. A summary of results shall be incorporated into the local program plan.**

3.7.1 Develop a participant survey using the items developed by the State WIC Program (Appendix CC) with additional items developed by the local office.

3.7.2 Survey and compile results of survey.

3.7.2 Include a written summary in the Local Program Plan (Appendix C).

3.8 Nutrition Education Expenditures

Nutrition education expenditures must account for at least 25% of each local program's total expenditures (See ADMINISTRATION, 5. Financial Management)

#### 4. **WIC Nutrition Services Documentation** *Work continues on this area in FY 2009.*

**WIC Nutrition Services Documentation Policy identifies the purpose, outcomes and necessary elements for nutrition services documentation in the WIC program. WIC nutrition services include nutrition assessment and risk assignment, nutrition education/counseling, breastfeeding support, food package prescription, targeted referrals and related follow-up. Quality documentation facilitates the delivery and tracking of meaningful nutrition services and ensures continuity of care for both medically fragile and generally healthy WIC clients.**

**Documentation provides invaluable information for managing and evaluating services delivered. It is also the primary means by which WIC staff communicate within local agencies about individual clients.**

**Documentation is necessary to ensure the:**

- **Quality** of nutrition services provided by identifying nutrition risks and/or client concerns, facilitating follow-up and continuity of care (help staff follow-up on counseling that occurred during the last clinic visit, check on client's progress, referral information and/or reinforce nutrition education messages)
- **Integrity** of the WIC Program through documentation of nutrition services data used for eligibility determination (identity, residency, income, category and nutrition risk), WIC Participant and Characteristics reporting and CDC Surveillance Data (PedNSS/PNSS) and appropriate nutrition education contacts are provided to each client at a rate of a least once per quarter.

**The elements of quality nutrition services documentation processes must be:**

- Consistent
- Clear
- Organized
- Complete
- Concise

**Efficient, meaningful documentation provides a brief synopsis of the client's appointment/visit and can be used to facilitate tracking or monitoring of clients' behavior change over time. At the local level, quality documentation increases the CPA's effectiveness in assisting the individual in achieving desired nutrition behaviors.**

**At the State and Federal level, quality documentation helps organize information, determine if quality WIC nutrition services are provided and give perspective on**

the effect the WIC Program has on clients' nutrition and lifestyle practices.

**Section 2: Local Agency Policy and Procedure Manual**  
NUTRITION SERVICES, Continued

4.1 Each local agency shall be responsible ensuring that nutrition services are provided and documented in SWIS. The expectation is that all client files contain the following:

**Contact type:** Certification, re-certification, second nutrition contact, referral follow-up, food package change, or check issuance

**Initials of staff providing the contact**

**Relevant assessment information:** Including risks identified through the assessment process (SWIS, Screen 106)

**WIC category and priority:** (SWIS, Screen 106?)

**Food package prescribed:** Include medical documentation when required and rationale for individual food package tailoring.

**Nutrition education/  
counseling topic(s):** SWIS, Screen(s) 113 and 115- high risk including referrals made and follow-up plans.

4.1.1 Follow established procedures to ensure that appropriate nutrition education contacts are provided to each participant at a rate of a least once per quarter.

REQUIRED INFORMATION TO ENSURE CONTINUITY OF CARE for all clients must include:

- Main topics covered in education (especially when multiple risks are identified) SWIS, Screen 113 or 115.
- Progress toward behavior change (if goal was set at previous visit) SWIS, Screens 113 or 115.
- How education was provided (group, individual) and reinforcements used (i.e. handouts, brochures)

4.1.2 For all individual contacts, use SWIS, Update Nutrition Education Screen 113 to document utilizing appropriate topic codes. Specify in Main Topics section what information was discussed since a topic can cover a wide range of issues and client's/ CPA concerns.

4.1.3 For participants who attend group education sessions, use SWIS, Screens 107 and/or 113 to document the group contact. A lesson plan for each group should be kept on file at each local agency.

4.1.4 Document participant refusal or inability to attend or participate in nutrition education.

**4.2 Follow-up on referrals.**

**Nutrition staff shall follow up on the status of prior referrals.**

See ADMINISTRATION, Outreach, #5 Program Referrals and CERTIFICATION, #9 Selected (Mandatory) and Targeted Referrals and Program Orientation for more WIC Referral Guidelines.

4.3 Nutrition Care Plan

**A nutrition care plan shall be developed and implemented by a nutritionist**

**for each high-risk participant and for each participant who wishes to have such a plan.**

**Section 2: Local Agency Policy and Procedure Manual**  
NUTRITION SERVICES, Continued

4.3.1 Document the nutrition care plan on SWIS. Use the SWIS, Progress Note Screen 115, using the S.O.A.P. note format for the initial note for high-risk clients.

4.3.2 At a minimum, include a follow-up note describing the client's progress in achieving the objectives agreed upon.

**At the discretion of the nutritionist, a nutrition care plan does not need to be developed or implemented for an individual whose current condition does not warrant it. The reason(s) for such determinations shall be documented in SWIS Update Nutrition Education 113 by the nutritionist.**

4.4 High Risk Participants:  
**High-risk participants are participants satisfying one or more of the following criteria:**

**4.4.1 High Risk Pregnant Women:**

- Teenager  $\leq 15$  years OR 16 to 19 years if within 3 years of menarche
- Interval since last pregnancy  $\leq 12$  months
- Diagnosed disease requiring special therapeutic diet
- Inadequate preconceptional weight/height ( $\leq 80\%$  standard)
- Inadequate weight gain during pregnancy ( $\geq 6$  lbs. below preferred weight gain range on chart. Appendix TT)
- Poor obstetrical history characterized by: Prior low birth weight infant or neonatal death or multiple spontaneous abortions (including fetal deaths)
- Smoking ( $\geq 2$  packs per day) / alcohol consumption ( $\geq 2$  drinks per day)/ drug abuse
- Multiple pregnancy

**4.4.2 High Risk Infants/Children:**

- Infants up to 1 year of age who were  $< 5.5$  pounds at birth
- Failure to Thrive (infants)
- Diagnosed chronic disease requiring special therapeutic diet
- Serious nutritional anemia (Hgb  $\leq 10$  grams/dl or HCT  $\leq 31\%$ )
- Weight for length  $\leq 5\%$ ile (infants)

**4.4.3 High Risk Postpartum Women (including breastfeeding women):**

- Alcohol consumption ( $\geq 2$  drinks per day)/drug abuse
- A teenager  $\leq 15$  years OR 16 to 19 years if within 3 years of menarche
- Diagnosed chronic disease requiring special therapeutic diet
- Poor obstetrical history characterized by: Low birth weight infant or neonatal death or multiple spontaneous abortions (including fetal deaths)

4.4.4 Participants with any other documented condition which, in the professional judgment of the C.P.A. or referring physician, warrants the development of a nutrition care plan.

5. Breast Pump Issuance

**Subject to availability, an electric breast pump may be issued to a breastfeeding woman who is returning to work or school, or who has an extenuating circumstance that would separate her from her infant for a significant amount of**

**time on a regular basis. A manual pump may be issued as an alternative. a nutritionist shall use established criteria to determine if a woman is eligible to receive a breast pump.**

**Section 2: Local Agency Policy and Procedure Manual**  
NUTRITION SERVICES, Continued

- 5.1 During the certification process, determine if a pregnant woman intends to breastfeed her infant and if she plans to return to work or school after delivery. Schedule follow-up visits, as appropriate, and further discuss her breastfeeding plans. Inform her that the WIC Program can provide a breast pump to women who meet certain criteria, subject to availability. Discuss the minimum criteria for breast pump issuance (Appendix E, Attachment 1) and advise her that she may request an electric pump after her infant is 4 weeks old.
- 5.2 At the breastfeeding certification visit (or earlier, as appropriate) administer the Participant Breast Pump Questionnaire (Appendix E, Attachment 2) and assess the woman's eligibility for a pump. If she is not returning to work or school, document any extenuating circumstances necessitating separation from her infant for significant amounts of time on a regular basis. Determine if she meets the criteria for breast pump issuance and proceed to 5.3, or schedule an appointment to issue the pump approximately one week prior to her return to work or school.
- 5.3 Prior to issuing an electric breast pump, view the instructional video with the participant and answer any questions regarding the pump. Discuss and provide a copy of the Breast Pump Fact Sheet (Appendix E, Attachment 3). Observe and assess her understanding of the assembly, use and care of the pump.
- 5.4 Ask the woman to read and sign the Breast Pump Release Form (Appendix E, Attachment 4). If she is unable to read the form, read it to her and document in the designated area of the form. Provide a copy to her with the phone number to call if she has any questions about the pump. Complete the Breast Pump Education Checklist (Appendix E, Attachment 5) and the Breast Pump Reconciliation Form (Appendix E, Attachment 6). Verify her current telephone number and inform the woman that she will be contacted within 3 days to see if she has any questions about the use of the pump.
- 5.5 Advise the participant that a letter will be sent to her infant's Primary Care Provider (PCP) to inform him or her that an electric breast pump has been issued by the WIC Program (Appendix E, Attachment 7). Verify the PCP's name and address, obtain verbal consent from the participant and send the letter within 3 days of pump issuance.
- 5.6 If the participant cannot be reached by phone, send the Breast Pump Survey (Appendix E, Attachment 8) to her with a self-addressed stamped envelope.
- 5.7 Provide follow-up counseling to the participant as appropriate and document in SWIS
- 5.8 Contact the State WIC Nutrition Coordinator to discuss any participant complaint regarding the performance of an issued breast pump and to obtain instructions for follow-up with the pump manufacturer.

**Section 2: Local Agency Policy and Procedure Manual**  
**FOOD DELIVERY**

The Connecticut WIC Program utilizes a statewide-computerized food delivery system. The system is used by local agencies to (1) complete the enrollment of a participant during the initial certification visit, and (2) provide checks which are used by the participant to purchase approved foods at authorized retail stores.

To enroll a participant in the computerized food delivery system, the local staff person completes the certification process. The certification process is used to capture all necessary information about new participants including demographic, health, and risk information. If a participant qualifies for the WIC Program, a Competent Professional Authority (CPA) assigns the appropriate food package during this process.

Checks are printed while the participant waits. A maximum of three months of checks may be issued at one time. The checks, which specify the type and amount of food to be purchased, must be used between the first day to use and the last day to use, which are printed on each check.

This section, FOOD DELIVERY, is composed of the information on the following pages and the SWIS user procedure manual. The SWIS Manual and all Amendments thereto are an integral part of this plan and are incorporated herein by reference.

1. Initial Enrollment in the Food Delivery System

The foods allowed on the WIC Program have been selected according to their nutrient content, cost, availability and acceptability. These foods are grouped into "food packages" designed to supplement the participant's nutrient and caloric needs.

**The local WIC staff shall explain to participants the type and amount of foods which are pertinent to their needs.**

- 1.1 Explain verbally the type of foods approved for the WIC program (Section 2, Appendices DD and EE). An audio-visual presentation may be used for reinforcement purposes only.
- 1.2 Instruct the payee to sign the first check stub and initial the last check stub for checks received.

**The local program staff shall issue a WIC identification (ID) card or folder to each family.**

- 1.3 Complete the ID card or folder (Section 2, Appendix X) in the following way:
  - Family Number – record assigned family number.
  - Local Agency Code – enter the identifying local agency code that issues the ID folder.
  - Payee's Name– print name of payee whose name appears on checks.
  - Payee's signature.
  - Alternate's Name, Signature and Expiration Date.
- Advise the payee that they may request authorization for an alternate/proxy to pick up and/or shop with their WIC checks.
- If an alternate has been duly authorized (see 2. Alternate/Proxy Authorization) print the alternate's name and have the alternate sign the designated space on the card or folder in the presence of the WIC staff.
- If an alternate is not desired or not yet authorized, cross out or otherwise invalidate the "Alternates Name" and "Alternate's Signature" boxes.

## Section 2: Local Agency Policy and Procedure Manual

### FOOD DELIVERY, Continued

- Enter the date that corresponds to the month or months for which the payee authorizes the alternate to pick up checks. If the payee requests that the alternate be authorized until further notice, cross out or otherwise invalidate the "Alternate's Expiration Date" box.
  - Expiration date (identification card) - This box may be left blank, may be filled in with the date certification ends or may be some date in the future. The use of this box is up to local program coordinators.
  - Date issued, (identification card).
  - "Your local office is" or "If found, please return to " section – stamp name, address, and telephone of the local WIC program issuing card or folder.
  - Authorizing agent or local WIC staff signature.
  - Record the date and time of next appointment on the back of ID card or folder.

- 1.4 Provide the payee/alternate with checks.
- 1.5 Tell the payee/alternate to call the WIC office to schedule another appointment if checks cannot be picked up on the assigned date and time. Inform her or him that if checks are picked up more than 10 days late, a partial food package will be issued (See 3.4 Proration).
- 1.6 Give the payee/alternate the WIC Approved Food List (Section 2, Appendix DD) and the most current monthly list of authorized WIC vendors in the area.
- 1.7 Review with the payee/alternate the "Participant Check Using Instructions" (Appendix II).
- 1.8 If an alternate/proxy has been authorized, tell the payee that if (s)he is unable to pick up checks and/or shop for WIC foods, the alternate/proxy must present the payee's identification card or folder for proof of identify.
- 1.9 Encourage the payee/alternate to report all problems with a WIC vendor to the local WIC office.

#### 2. Request for Alternate/Proxy Authorization

**A payee may request in writing, authorization of an alternate/proxy to pick up and/or redeem WIC checks only. Authorization of an alternate/proxy shall be performed in a manner that ensures that only two individuals, the payee and the current alternate, may use WIC checks. The alternate/proxy shall be properly oriented to check pickup and use. The request for alternate proxy form MUST be retained by the local program and shall clearly indicate the individuals authorized to use each set of WIC checks and shall include the individuals' signatures.**

**The selection of an alternate/proxy by a payee should be documented in the participant's file. However, non-selection of an alternate/proxy should be documented in SWIS, screen #111. It is at the discretion of the Program Coordinator to choose to document selection/non-selection of an alternate/proxy in both the participant's file and in SWIS. Alternate/proxy forms should be completed and signed and kept in the participant's file/family folder.**

**The following limitations shall apply to the authorization of an alternate/proxy:**

- **an alternate/proxy shall be at least fifteen (15) years of age; (see 2.4.2)**
- **an individual shall not serve as an alternate/proxy for more than three (3) families at one time;**

**Section 2: Local Agency Policy and Procedure Manual**  
FOOD DELIVERY, Continued

- a payee shall have only one authorized alternate/proxy at a time;
- an alternate/proxy shall not participate in the certification process on behalf of a payee;
- an alternate/proxy shall not participate in nutrition education activities on behalf of a payee unless the alternate/proxy is the known care provider of the payee's enrolled child.
- an alternate/proxy shall pick up checks no more than five (5) times during any certification period.

**In documented cases of special hardship, the local program coordinator or CPA may authorize a temporary (one month) alternate/proxy without a written request from the payee.**

**A WIC staff member shall not serve as an alternate/proxy for a WIC payee without written authorization from the local program coordinator.**

- 2.1 If the payee requests authorization of an alternate.
  - 2.1.1 When the alternate is present.
    - Complete the Request for Alternate/Proxy form (Section 2, Appendix Y). (Note: If the payee requests that an alternate be authorized until further notice, complete the form accordingly.)
    - Complete the alternate information on the WIC ID card or folder (see 1.3).
    - Retain the completed Request for Alternate/Proxy form in the participant's file.
  - 2.1.2 When the alternate is NOT present.
    - Complete the Request for Alternate/Proxy form (Section 2, Appendix Y). (Note: If the payee requests that an alternate be authorized until further notice, complete the form accordingly.)
    - Provide the request form and new ID folder/card if necessary to the participant.
    - Have the participant return the completed ID and form to the WIC office and compare the alternate's signature.
    - Retain the completed Request for Alternate/Proxy form in the participant's file.
- 2.2 If the payee sends the proposed alternate to pick up WIC checks along with the WIC ID and a signed note requesting authorization of the alternate:
  - Verify the payee signature on the note with the payee's signature on file.
    - Record the family number on the note.
    - Have the alternate sign and date the note.
    - The local WIC program must sign and date the note.
    - Complete the WIC ID alternate information (see 1.3) limiting the duration of alternate authorization to one month unless the payee in the note specifies a longer period (identification card-expiration). The local WIC program must sign and date the note.
    - Retain the completed note in the participant's file.

## Section 2: Local Agency Policy and Procedure Manual

### Food Delivery, Continued

#### Request for Alternate (Proxy) Authorization (continued)

- 2.3 In instances of special hardship (For example: payee is hospitalized).
  - 2.3.1 On a Request for Alternate/Proxy form, document the hardship, record the effective dates for a one-month period and complete the signature sections for the alternate/proxy and local WIC office.
  - 2.3.2 Complete the alternate information on the WIC ID or folder (see **1.3**).
  - 2.3.3 Retain the signed Request for Alternate/Proxy form in the participant's file.
- 2.4 General Conditions relating to Alternates
  - 2.4.1 When reviewing a request for an alternate, verify the individual's identity before completing the authorization
  - 2.4.2 The alternate must be either an adult or an emancipated minor (parenthood, marriage, court decree, self-sufficiency with relinquishment of parental rights and duties).
  - 2.4.3 The authorized alternate must sign on a currently valid WIC ID card or folder, which the payee has previously signed (for exception, see 2.4.5)
  - 2.4.4 When picking up checks, the alternate must sign for checks received (see 1.2).
  - 2.4.5 The alternate must present a valid WIC ID in order to be able to pick up checks. If the WIC ID is lost, the payee must appear in person to obtain a new card or folder unless the WIC Coordinator or CPA on staff documents special hardship.
  - 2.4.6 Instruct the payee to train the alternate on proper WIC procedures.**
- 2.5 Program Abuse by An Alternate/Proxy  
**Abuse of the program by an alternate shall, as a minimum, result in the alternate's disqualification from serving as an alternate for the duration of the certification period.** First offenders may be issued a warning rather than being disqualified if a Coordinator or CPA determines and documents that such disqualification would, in effect, prevent the participant from receiving program benefits.

#### Check Pickup/Prorating

### 3. Check Pickup/Prorating

#### 3.1 Base Check Pickup Date

## Section 2: Local Agency Policy and Procedure Manual

### FOOD DELIVERY, Continued

The base check pickup date is the day of the month that the participant is scheduled to pickup checks. This date is automatically set to the day a participant is certified and defines the participant's pickup cycle. This date represents the first day a check is valid. For example, if a participant is certified on June 16, the participant's base check pickup date is June 16 and the participant's pickup cycle is on the 16th day of each month.

- 3.1.1 As checks are printed, the base check pickup date will roll forward one month. This will occur for each month of checks that is printed. Thus, the base check pickup date represents the date through which a participant has been issued checks.

#### 3.2 Next Base Check Pickup Date

The next base check pickup date is equal to one calendar month from the base check pickup date. This date is the last day a check is valid. For example, the participant's base check pickup date is June 16 and the next base check pickup date is July 16. The checks printed for this period will be valid from June 16 through July 16.

- 3.2.1 Situations may arise that require the participant's next check pickup date to be altered. This may occur when:

A new participant is being added to an already existing group. For example, an infant was certified on April 15. The infant's mother and sister were certified on March 21. The infant's base check pickup date and the group's base check pickup date are different. A change in a group relationship is necessary. Changing next base check pickup date will permanently alter the participant's pickup cycle. If minor scheduling changes are necessary, the participant's scheduled check pickup date should be changed. The next base check pickup date cannot be more than one month from the base check pickup date.

- 3.2.2 To adjust a participant's pickup cycle to a group, the next base check pickup date should be set equal to the group's next base check pickup date. The participant's checks will be valid until the participant's base check pickup date is the same as the group's base check pickup date.

#### 3.3 Scheduled Check Pickup Date

The scheduled check pickup date is the date the participant is scheduled to pickup checks. This date typically is the same as the next check pickup date but this is not always the case. For example, the participant's next base check pickup date may be June 16. Because this date is a Sunday, the participant's scheduled check pickup date may be the Friday before, June 14, or the following Monday, June 17. Participants may pick up checks \_\_\_ days prior to the base check pickup date.

#### 3.4 Proration

Prorated food packages may be produced for several reasons. The system will automatically select prorated food packages when a participant picks up checks late, when a participant's next base check pickup date is changed, or when a participant reaches their terminated date.

- 3.4.1 The payee/alternate is considered late for check pickup if the

## Section 2: Local Agency Policy and Procedure Manual

### FOOD DELIVERY, Continued

payee/alternate appears at the site more than 10 days ~~after~~ the participant's base check pickup date. The prorated period is based on today's date and the next base check pickup date. If between 11 and 20 days remain until the next base check pickup date, a 20 day prorated package is issued. If 10 days or less remain, a 10 day package is issued.

- 3.4.2 Each full month food package has a 10-day and 20 day prorated version. These prorated packages have a food package name different from the full food package. Thus, when prorated food packages are printed, the food package name on the check will ~~not~~ be the same name that was assigned to the participant. Full month food packages are assigned to a participant and the system will automatically print any prorated package that is necessary.
- 3.4.3 Whenever a participant is late for check pickup, benefits may be lost. When a participant is more than 1 month late for check pickup, the number of months printed may not match the number of months on the "produce checks" screen. For example, if a participant is scheduled for pickup on August 1 and does not come into the site until September 15, the participant will receive a prorated package for the period September 1 - October 1 and a full package for October 1 - November 1. Benefits for August 1 - September 1 are lost.

#### 4. Changing a Participant's Food Package

Determine the new food package to be issued, including the type and quantity of foods to be given.

- 4.1 If the change is not immediate, inform the payee/alternate when the new food package will take effect.
- 4.2 If the change is immediate, prepare checks for the new food package.
  - 4.2.1 Void the previously issued checks with the proper code. Use the "Void in Hand" code only if you are in possession of the checks. Use the "Void as Used" code if the checks have been used at a WIC Vendor. Mark each check as void and file them with that day's WIC check stubs.
  - 4.2.2 Issue the checks for the new food package.

#### 5. Theft and/or Loss of WIC Checks

**In order to minimize the chances of a theft or loss of unissued WIC check stock on hand, local agencies will use a locked storage area for all check stock that is not intended for immediate use.**

These procedures will be followed in cases involving a theft and/or loss of unissued WIC check stock at local agencies:

- 5.1 Determine the extent of the loss and make a list of all check numbers involved. Complete the WIC-10 "Lost or Stolen Check Report" (Section 2, Appendix TT).
- 5.2 Notify the local police department and the State WIC Office immediately.

**Section 2: Local Agency Policy and Procedure Manual**  
FOOD DELIVERY, Continued

- 5.3 Local agency staff must write a description of the theft and/or loss including date and time discovered and surrounding circumstances.
- 5.4 Forward copies of both the police report and local agency reports to the State WIC Office.
- 5.5 Void the check numbers of the missing checks from the unused check stock.

**Complete the WIC-10 "lost or stolen check report" (Section 2, Appendix TT) for all reported occurrences of damaged, lost, or stolen checks.**

**WIC checks which have been issued to participants, shall not be replaced except under the following circumstances:**

- Damaged and returned to local agency
- Damaged or destroyed by a documented Fire or Natural Disaster, e.g.: hurricane, tornado, flood, etc.
- Foster mother who is unable to obtain issued checks from the birth mother.

**6. Unused Check Stock Inventory**

Each month, the local agencies will perform a reconciliation of perpetual and physical inventories of the unissued WIC check stock.

- 6.1 **Click the icon on the communications pc desktop for the Unused Check Stock Inventory Report (perpetual inventory of check stock on hand) to obtain the report in Notepad.**
- 6.2 **Print the report.**
- 6.3 **Take a physical inventory of the check stock on the premises and compare the results with the perpetual inventory report.**
- 6.4 **Make a notation confirming each batch of check stock that has been located and explain any missing check stock.**
- 6.5 **Any unissued WIC check stock that will not be used should be voided in the system. (see 6.6), each check should be marked as void and placed with that day's issued check stubs.**
- 6.6 **Voiding Checks in the system.**
  - **Go to Screen WICPS303, Void/Reissue Screen**
  - **Specify the range of checks to be voided**
  - **Void the checks "In Hand"**
  - **Enter "No" at the "Reissue" prompt**
  - **Press F5 and select Void/Reissue from the light bar to void the checks**
- 6.7 **Submit a copy of the Unused Check Stock Inventory Report to the State WIC office each month indicating the results of the reconciliation.**

**Section 2: Local Agency Policy and Procedure Manual**  
FOOD DELIVERY, Continued

7. Special Formulas

**Only formulas that are approved by USDA and the Connecticut WIC Program shall be authorized for use in the Connecticut WIC program. A prescription is required for non-contract standard formulas and other special formulas.**

7.1 The current standard contract formulas for the Connecticut WIC Program are Good Start Supreme and Good Start Supreme Soy. All other formulas are considered "special formulas" and require a WIC prescription. The only exception to this is for religious reasons in certain situations. In such cases, the participant can verbally state their religious needs.

7.2 Use the "Special Formula Approval List" (Section 2, Appendix LL). If a formula is not on the Special Formula Approval List and you have not received a numbered memo regarding approval status for use in the Connecticut WIC Program, call the State WIC Office.

**The local program shall directly issue special formulas if the formula cannot be obtained locally from an authorized WIC vendor within the price limits of the WIC checks. The formula must be prescribed by a medical doctor (MD), advanced practice registered nurse (APRN), or a physician's assistant (PA).**

**The prescription order shall be valid until the length of issuance has expired. However, under no circumstances shall a prescription be valid if the prescription order is more than one year old.**

**Any formula prescription received shall be followed up on promptly. If a new formula prescription order is received, the new order will invalidate any previous order.**

7.3 Obtain the WIC prescription form from the health care provider. Ensure that all parts of the form are filled out, including patient's name, date of birth, name of parent or guardian, medical rationale, prescribed formula, name of formula (and packaging if appropriate; ready to feed, powder, etc.), caloric density when appropriate (24 cal/oz, 20 cal/oz), daily amount needed (unless ad lib), length of issuance, health care provider signature with credentials (e.g., MD, APRN, or PA), and the date.

**A nutritionist shall, when indicated, contact the health care provider who wrote the prescription to clarify the prescription order.**

7.4 Contact the participant's health care provider to obtain any missing information, relay any concerns regarding medical rationale for the product, and/or if the daily amount needed/consumed exceeds what WIC can provide. Document your communications with him/her.

7.4.1 Refer to the following: "Guidelines For Clinicians Regarding WIC Special Formula Orders" (Section 2, Appendix YY), "Formula Products: Age Appropriate Indications for Usage" (Section 2, Appendix PP), and/or the product information/medical rationale provided to you from the State WIC Office. The formula order shall be written on the Connecticut WIC prescription form (Section 2, Appendix KK). However, an order written on a prescription pad may be accepted if all relevant

information is provided.

## Section 2: Local Agency Policy and Procedure Manual FOOD DELIVERY, Continued

- 7.5 If the order is written on a prescription pad, attach the prescription to the WIC prescription form.

**NOTE: In an emergency, a verbal order may be accepted, but must be followed by appropriate documentation received by the local WIC office within one (1) business day.**

- Document on the WIC prescription form that the order is a verbal order (V.O.), date it, and sign your name. Also specify the name/credentials of the health care provider who gave the verbal order.

Example: Neocate One Plus Powder V.O. Dr. Smith, MD received by Jane Doe, WIC Nutritionist 6/30/05.

- When the local WIC office receives the appropriate documentation, attach it to the original form.

- 7.6 Once all necessary information is obtained, a local agency CPA must sign and date the WIC prescription form.

- 7.7 Look at the manufacturer's product information to see what size and type the formula is available in. Call the State WIC Office if you are unsure of formula type, size, or amount to order.

- 7.8 Confer with the payee/alternate and identify at least one WIC authorized pharmacy/grocer which is conveniently located.

- 7.8.1 Nutritionists or other CPA calls the pharmacy/grocer to ask if they stock the formula. Obtain the price and call the state WIC office to ascertain if the maximum price allowed will be exceeded.

- 7.8.2 Select an appropriate food package.

- 7.9 If the formula cannot be purchased through the retail vendor system or exceeds price limits of WIC checks, the formula must be ordered directly through the State WIC Office.

- 7.9.1 Fax the WIC prescription form to the State WIC Office. On the fax cover letter, document the amount of formula to be ordered and the number of months supply this represents.

- 7.9.2 If formula is needed prior to when the order would arrive, obtain instructions from a State WIC Nutritionist about coordinating the participant's needs until the order arrives.

- 7.9.3 If verbal order documentation (6.4 above) was given to the State WIC Office to expedite an order, promptly forward a completed WIC prescription form with the health care provider's written prescription to the State WIC Office.

**Section 2: Local Agency Policy and Procedure Manual**  
FOOD DELIVERY, Continued

7.9.4 If you have not received the order within two weeks of the request, call the State WIC office.

7.9.5 Upon receipt of the formula, verify that the delivery is accurate, sign the packing slip as being received and fax it to the State WIC Office.

7.9.5.1 Using the Formula Reconciliation form (Appendix HH), document the quantity of formula received. As the formula is issued, fill in the family number, recipient name and number; check number, date and amount of formula issued. A running balance should be kept of formula on hand.

Each month, the reconciliation form **MUST** be returned to the State WIC Office.

**7.10 Any formula returned by participants, which is in sealed, undamaged, unexpired cans must be added back to the infant formula reconciliation form and placed in storage.**

7.10.1 Sealed, undamaged, unexpired cans are handled as follows:

- Record the date that the formula is returned on the Formula Reconciliation Form.
- Then write "Formula Returned By" and the participant's name.
- Record the number of cans returned in the "Amount Received" column.
- Add the amount returned to the "Balance".
- Place the cans returned in storage.

Opened, damaged or expired cans must not be added back to the Reconciliation Form or put back into storage. Damaged or expired cans of formula should not be returned to the State WIC Office unless specifically instructed to do so.

A memo should be sent to the State Office by the Coordinator or Program Nutritionist indicating the product name, packaging, quantity and expiration date of the expired formula. Once the State WIC Office has received confirmation that credit has been issued by the manufacturer, the local agency will be instructed to discard the formula.

<b>Section 2: Local Agency Policy and Procedure Manual</b> <b>VENDOR MANAGEMENT</b>
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### Food Vendors

The food delivery system involves authorized retail food vendors and pharmacies that redeem WIC checks to enable WIC participants to receive WIC approved foods. State WIC Program staff handle requests from food vendors who wish to become authorized WIC vendors. The State trains vendors and monitors vendor performance.

#### 1. Applicant Vendors

- 1.1 **To be eligible for authorization as a WIC vendor, a store MUST meet the established WIC program selection criteria (Section 3, Vendor Management).**
- 1.2 **All vendor applicants must be trained prior to receiving an application package.**
- 1.3 **The State WIC office makes the final authorization decision for WIC vendors.**
- 1.4 **The State WIC program shall enter into written agreements with all authorized vendors.**
- 1.5 **Assist in recruiting new vendors where there is inadequate participant access to authorized WIC vendors (Section 3, Vendor Management).**

#### 2. Authorized Vendors

**The local agency shall retain the list of authorized vendors furnished monthly by the State WIC office. The State WIC program must be notified in writing of all changes in vendor status that come to the attention of the local agency.**

- 2.1 Change of Ownership, Location or Permanent or Temporary Closing of a Store.
  - 2.1.1 A change of ownership or closing of a store automatically terminates the WIC Vendor Agreement.
  - 2.1.2 Change of location will require a monitoring visit and may necessitate a new application if the new location is more than one mile from the old location.

#### 3. Participant Complaint

- 3.1 Document receipt of the complaint in writing. This written documentation should include the following information.
  - Date of complaint.
  - Name of participant making complaint (optional).
  - Name of vendor and address, if known, about whom participant is making complaint.
  - Nature of complaint according to participant.

**Section 2: Local Agency Policy and Procedure Manual**  
VENDOR MANAGEMENT, Continued

- 3.2 If the complaint concerns a State Agency-Established Sanction (Section 2, Appendix W pages F2-F3) (discourteous treatment, not following check processing procedures, not ordering infant formula for participants upon request, etc.) contact the identified vendor within three days after receiving a complaint to:
  - 3.2.1 Inform the vendor owner, manager, or person in charge of store operations of the complaint.
  - 3.2.2 Obtain any information the vendor wishes to provide about the complaint.
  - 3.2.3 Explain the WIC program requirement that the store has violated, if any. For example, remind the store of the requirement to order infant formula, if a participant requests it, and make it available within 48 hours.
  - 3.2.4 If necessary, help the participant to find another vendor to meet current needs.
  - 3.2.5 Submit the original copy of the written documentation (including information obtained from the participant and the vendor) and any corrective action to the State WIC Program within 10 business days of contact with the vendor/complainant.
- 3.3 If the complaint is about a Federal Mandatory Sanction (Section 2, Appendix W-page F1) (providing cash or other non-food items for checks, unauthorized store taking WIC checks, overcharging, etc.), forward the complaint to the State WIC Office and do not contact the store.
- 3.4 Retain a copy of the written documentation for the local program file.

**4. Vendor Files**

For all vendors in the local program's area, a file shall be maintained which contains the following:

- 4.1 A list of authorized vendors including store name, address, phone number and local agency number.
- 4.2 Other pertinent information such as documentation of the telephone conversations with the vendor and complaints received about the vendor.

**Section 2: Local Agency Policy and Procedure Manual**  
**DEFINITIONS**

All definitions set forth in the WIC Program Federal Regulations, as revised, are incorporated by reference with the following additions or modification:

1. Competent Professional Authority or C.P.A.
  - A. ~~Local Agency CPA~~  
A local agency CPA is a Nutritionist or a health care provider (Medical Doctor, Physician's Assistant, Advanced Practice Registered Nurse, Registered Nurse or Registered Dietitian) who is employed by the local agency.
  - B. ~~Health Care Provider Who is a CPA~~  
A Medical Doctor (MD), Physician's Assistant (PA), Advanced Practice Registered Nurse (APRN), Registered Nurse (RN) or Registered Dietitian (RD) is considered a health care provider who is a CPA.
2. Connecticut WIC Program  
  
Is a network of all WIC program sites in the state, including the State WIC office.
3. Continuing Education  
  
Includes seminars, conferences, workshops, short courses and relevant subject matter meetings.
4. Contract Budget  
  
The budget approved along with the most recent contract amendment.
5. Department  
  
State of Connecticut, Department of Public Health.
6. Homeless individual
  - (A) An individual who lacks a fixed and regular nighttime residence; or
  - (B) An individual whose primary nighttime residence is--
    - (i) a supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations;
    - (ii) an institution that provides a temporary residence for individuals intended to be institutionalized;
    - (iii) a temporary accommodation in the residence of another individual, not to exceed 365 days; or
    - (iv) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

7. Indirect Costs  

Indirect Costs are those that are incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. The term "indirect costs" applies to costs of this type originating in the grantee department, as well as those incurred by other departments in supplying goods, services and facilities, to the grantee department.
8. Local agency  

An administrative unit of a health or human service agency, public or private, under contract with the State of Connecticut Department of Public Health to administer the WIC Program in a designated area of the State.
9. Nutritionist  

An individual who is paid either in whole or in part by the local WIC Program and whose primary responsibility is the provision of nutrition services. This person shall hold a bachelor's or master's degree in clinical nutrition, community nutrition, dietetics, home economics with an emphasis in nutrition, nutritional sciences, or public health nutrition from a four year or post baccalaureate institution, which is accredited by a recognized regional accrediting body.
10. Physicians' Assistant  

An individual certified as a physicians' assistant by the National Committee on Certification of Physicians' Assistants or certified by the state medical certifying authority.
11. Migrant Farmworker  

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

Any office, room or space frequented by the public. It includes all reception areas, waiting rooms, interviewing offices or locations, check distribution areas, and offices and other areas used for certification or nutrition education.
13. State WIC office  

The administrative lead of the CT WIC Program, based at the State of Connecticut Department of Public Health.
14. SWIS  

The Statewide WIC Information System, which is a system of computer programs, manuals, and reports.
15. USDA  

The United States Department of Agriculture – the DPH WIC Program is administered by the Department of Public Health in accordance with the USDA regulations, 7CFR246.1, through 246.28, as amended.

**Section 3: State Operations**

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## Section 3: State Operations

### Vendor Management

The Connecticut WIC Program has approximately **490** retail food stores and **115** pharmacies authorized to accept WIC checks in exchange for WIC foods. These vendors are located throughout the state, serving all communities in which WIC participants reside. Participants may use their WIC checks at any authorized vendor throughout the state.

The DPH WIC Program is responsible for the following:

1. Determining if a store may apply for authorization.
2. Establishing and implementing selection criteria for vendor authorization.
3. Planning and implementing vendor training.
4. Executing vendor agreements.
5. Conducting vendor monitoring visits.
6. Maintaining vendor records.
7. Identifying high-risk vendors.
8. Conducting compliance investigations.
9. Maintaining a vendor sanction system.
10. Coordinating information with the FNS Field Office (Food Stamp Program).
11. Identifying vendors and vendor applicants as above-50-percent vendors.

The components of vendor management are described below.

#### 1. **Determining if a store may apply for authorization.**

**The Connecticut WIC Program seeks to authorize an appropriate number and distribution of food vendors in order to ensure the lowest practicable food prices consistent with adequate participant access to supplemental foods and to ensure effective management, oversight and review of authorized vendors. Before a store whose owner does not have a currently authorized store in the program is allowed to apply, the following requirements must be met:**

- A. **For a vendor that has changed ownership, a request for an application must be received within 15 days of the change.**
- B. **A vendor will not be considered eligible or shall be denied authorization if said vendor has not paid in full any fiscal claim owed to the Connecticut WIC program.**
- C. **A vendor must not have accepted WIC checks anytime during the past three (3) years while not authorized to do so.**
- D. **The WIC Program will determine if there is a need for additional authorized vendors at least once a year in January. If a need for new authorized vendors is determined, the**

**WIC Program will post a notice on the Department of Public Health website informing stores of the location of the need and how to request an application package. Determination of need will be based on the following criteria:**

### Section 3: State Operations Vendor Management, continued

- i. **Prices charged for WIC foods by the stores in the selected areas.**
  - ii. **Proximity of participants to authorized vendors.**
  - iii. **Participant to cash register ratio of currently authorized stores within a radius of .75 mile in areas with an average population density over 3000 per square mile, within a radius of 1.5 miles in areas with an average population density of 1001 to 3000 per square mile, or within a radius of 3 miles in areas with an average population density of 1 to 1000 per square mile.**
  - iv. **Special needs in the selected area, such as, but not limited to, a second language spoken by employees of the store or a store with handicapped access based on current knowledge.**
  - v. **Geographic barriers (e.g., railroad tracks, highways) to any of the vendors in the selected area.**
2. **Establishing and Implementing Selection Criteria for Vendor Authorization.**  
The following Vendor Selection criteria apply:
  - **A vendor must submit a complete application package before the last acceptable deadline date. If incomplete at the time of the initial submission, a vendor will receive 15 days from the date of notification of the deficiency to cure such deficiency, and to file a completed application package.**
  - **A vendor must be open for business at the time an application is submitted to the WIC Program.**
  - **A vendor must be open at least twelve consecutive hours a day, six days a week. This must include the core business hours of 9 a.m. - 5 p.m. Monday through Friday.**
  - **Falsification of any significant information required during the enrollment process shall be a basis for denial of participation.**
  - **A vendor must attend all assigned mandatory training sessions.**
  - **A vendor must not be expected to derive more than 50% of its annual food sales revenue from the acceptance of WIC checks. Food sales means sales of all foods, based on all payment methods that are eligible items under the Food Stamp Program. These include breads and cereals, dairy products, fruits and vegetables, meat, fish, and poultry, as well as non- alcoholic beverages, snack foods, soft drinks, candy, ice, and seeds and plants intended to grow food.**
  - **A vendor, with more than 50% of its food revenue from WIC transactions may not provide incentive items or other free merchandise, except food or merchandise of nominal value (less than \$2.00), unless the vendor provides proof of obtaining the items or merchandise at no cost.**
  - **A vendor must provide, upon request, total food sales revenue, based on the definition of Food Stamp Program eligible food items, for a stated period of time and must be verifiable or documented.**
  - **A vendor must allow the WIC Program to receive information reported on its forms OS-114, Sales and Use Tax Return, from the Department of Revenue Services.**
  - **A vendor must post product prices, either on the store shelf in front of the item, on the product itself or, in the case of chilled or frozen items, on a sign attached to the door of a cooler or freezer in front of the food item.**

### Section 3: State Operations Vendor Management, continued

- A vendor must have and maintain the established WIC Program Minimum Inventory Requirements (Section 3, Appendix W).
- A vendor must meet established competitive pricing criteria, which involve the ranking, by peer group, of the price index of all vendors. The price index is calculated by using each vendor's reported prices for WIC food items. Each vendor's price index is then compared to the average price index for the peer group with which it is associated. Any vendor with a price index that exceeds 1.5 standard deviation of the peer group's average will be denied authorization. Vendors are assigned to peer groups based on population density in the zip code area of the store and the number of checkout lanes or the number of cash registers in the store. There are three population density groups (population density of 1-1000 people per square mile, 1001-3000 people per square mile, and over 3000 people per square mile). There are three cash register groups (1-3 cash registers, 4-9 cash registers, and 10 or more cash registers). Vendors that are in the same population density and cash register group are placed in a peer group. There are a total of 9 basic peer groups, as described above. Stores that meet the more than 50% criteria will be distinguished from other vendors and placed in a peer group comprised of only above-50-percent vendors. Pharmacies are divided into two peer groups: one for large chain pharmacies and the other for small chain and independent pharmacies. In addition, a vendor's price for any WIC check type must not be higher than the maximum not-to-exceed price for its peer group. The maximum not to exceed prices are based on average vendor prices for WIC food items plus two standard deviations and are used by the WIC Program bank to determine if a particular WIC check exceeds the maximum reimbursement level for that check type and peer group.
- A vendor must be currently authorized by the Food Stamp Program and must provide the FNS number prior to receiving WIC authorization.
- A vendor must not be currently disqualified from the Food Stamp Program or must not have been assessed a Food Stamp Program civil money penalty for hardship, and the disqualification period that would otherwise have been imposed has not expired.
- A vendor applicant or current owners, officers or managers must not have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity within the last six (6) years.
- A vendor must purchase infant formula only from wholesalers, distributors, retailers and manufacturers from a list, which is provided by the WIC Program.
- A vendor must not have paid more than \$1,000 in fines related to State Agency-established sanctions in the last three (3) years.
- Vendors must maintain sufficient WIC redemptions, defined as averaging more than twenty-five WIC checks per month within the most recent three-month period.
- The WIC Program shall not authorize a vendor applicant if it determines that its previous owner sold the store in an attempt to circumvent a WIC sanction.

**Note:** Except for the Minimum Inventory Requirements and Competitive Pricing Requirements, an exception may be made where adequate participant access does not exist as determined by the WIC Program.

3. Planning and implementing vendor training.  
Each year the Connecticut WIC Program reviews and revises the interactive Vendor Training Program. The purpose of this training program is to orient vendors to the WIC Program, to clarify the role that food vendors can play, to convey the responsibilities of authorized food vendors, and to provide an opportunity for vendors to ask questions. This formal training program is presented to vendors throughout the state on a regional basis. The Connecticut WIC Program maintains

### Section 3: State Operations Vendor Management, continued

records documenting the training offered and received by all vendors. Interactive training is provided to all authorized vendors at least once every three years and new stores that are invited to training.

Annual training will be provided to all authorized vendors by individualized training or by a multi-page training document.

#### 4. Executing Vendor Agreements.

The State WIC Office has an official document for authorizing vendor participation in the Connecticut WIC Program. This document, the WIC Vendor Agreement, embodies the responsibilities of the vendor, the WIC Program Minimum Inventory Requirements, and the list of sanctions for vendor abuse. Either party may terminate the Agreement, upon not less than 15 days advance written notice or as a result of vendor abuse. The Connecticut WIC Program provides to the authorized vendor not less than 21 days advance written notice of the expiration of the Agreement and the need to reapply to continue to be authorized. Expiration of an Agreement with a food vendor is not subject to appeal.

Before a vendor is authorized, a thorough review must be completed of all information submitted. Vendors must meet all the eligibility criteria in order to be considered for authorization. A vendor is not authorized until that vendor has received training by a state WIC representative in proper WIC procedures and has received an executed WIC Vendor Agreement along with a state-issued WIC vendor stamp.

The Connecticut WIC Program will issue one, two and three year WIC Vendor Agreements in accordance with the following criteria. A one-year Agreement will be issued to new vendors, vendors that have previously served a WIC disqualification period, vendors with an active class B or C violation, vendors that have received a charge letter from the Food Stamp Program or vendors with less than 2 consecutive years as a WIC vendor. A two-year agreement will be issued to vendors with no active class B or C violations, or vendors with less than 3 consecutive years as a WIC vendor. A 3-year agreement will be issued to vendors that have no active violations and have not paid any fines within the past 3 years and have at least 3 consecutive years as a WIC vendor. Exceptions will be made in order to keep the number of agreements expiring each year about the same.

#### 5. Conducting Vendor Monitoring Visits other than Compliance Investigations.

In addition to the ongoing review of vendors that is conducted through analysis of data presented in computer generated reports, vendors are regularly monitored on site by Connecticut WIC Program staff to investigate complaints, review for compliance with program rules and procedures, and to reinforce training. At least 5% of all authorized vendors as of October 1 will receive routine monitoring visits. These vendors will be selected randomly. All other on-site monitoring will be based on indications of minor vendor violations and/or vendor requests for additional training.

The WIC Vendor Monitor completes a WIC Program Retail Vendor Monitoring Report (Section 3, Appendix C) at the time of the monitoring site visit. This report is reviewed and appropriate follow-up action is taken. All vendor-monitoring reports are maintained in the individual vendor file at the State WIC Office. The Vendor Monitoring Report is used to document vendor performance, current WIC food prices and violations of Program rules and regulations.

The number of monitoring visits made is tabulated and included in the annual summary report of monitoring visits. Monitoring visits provide information on vendor performance. Follow-up action includes warnings, fines, or compliance buys.

Also, any questions, concerns or special needs expressed by the vendor may involve follow-up action by Connecticut WIC Program staff. Follow-up actions taken are documented in the Vendor File.

### Section 3: State Operations Vendor Management, continued

6. Maintaining Vendor Records.  
The State WIC Office maintains the following records related to vendors:
- a. An individual folder for each vendor, which contains:
    - ☞ One original of the current fully executed WIC Vendor Agreement. A fully executed WIC Vendor Agreement is one that indicates the term of the agreement and is signed and dated by the vendor and the appropriate State staff.
    - ☞ A current application for WIC Vendor Authorization.
    - ☞ A Retail Vendor Training Certificate. This form documents that training has been provided to the vendor.
    - ☞ Price/Stock Survey(s).
    - ☞ A copy of any Warning/Fine/Disqualification notices sent to the vendor.
    - ☞ WIC Program Retail Vendor Monitoring Reports for all site visits made.
    - ☞ Miscellaneous correspondence.
  - b. A computer listing of all current WIC vendors. This listing includes the name and address of the store, the WIC Vendor Stamp number and the owner's name.
  - c. A computer listing of all WIC vendors who have been assigned sanctions for program abuse.
  - d. A WIC Vendor Stamp File, which contains information about when a stamp for a vendor is ordered and received, the WIC Vendor Stamp number assigned to the vendor, and the name of the store.
  - e. A Certified Mail Log, that contains a record of all State WIC Office vendor correspondence sent by certified mail.
  - f. A Complaint File, which includes specific information about any complaints about vendors made to the State WIC Office by local programs, vendors, participants, or other persons and the action taken by DPH.
  - g. The Closed File, which contains stores that closed or were sold to another owner. The change is noted, and the folder is retained in the Closed File once the stamp has been returned.
  - h. Disqualified Vendor File, for vendors who have been disqualified from the WIC Program, the label on the folder is color coded pink and is placed in the Disqualified Vendor File.
7. Identifying High Risk Vendors.  
The State WIC Office has developed a system for identification of High Risk Vendors, which includes a list of risk factors.
- RISK FACTORS:**
- Overcharged Checks. A check is considered an overcharge if after review and comparison with the vendor's prices indicates an excessive charge for the food items listed on the check.
  - Alteration of Checks. A check is considered altered if manual review reveals that the date, food items, food quantities or check number have been altered.
  - A ratio of average redemptions per cash register over \$10,000.
  - Redemption of Stolen Checks in cases where the participant ID was not stolen. Local WIC Programs report stolen checks to the State. A stop payment is placed on checks stolen before issuance. If deposited by a vendor, these checks are returned to the vendor unpaid. Acceptance of stolen checks is a sign that WIC procedures were not followed (e.g. checking the I.D. card) .

### Section 3: State Operations Vendor Management, continued

- Violation of vendor agreement. On site monitoring visits are conducted generating written monitoring visit reports. All violations found by monitors are included in the report. Any violation found during a site visit results in a warning or sanction letter and may indicate further investigation is needed. Additionally, violations that occur during compliance buys result in warning/sanction letters. Reported WIC violations observed by FNS Field Office Staff during Food Stamp Program monitoring can also result in documented violations.
- Complaints. Complaints of vendor abuse made to the State or Local WIC Programs by participants or the public are documented. (See Section 2, number 6). A serious violation complaint (e.g., providing cash or other non-food items for WIC checks) will be handled through covert compliance buys. Less serious violation complaints are researched through a visit to the store.
- High Volume of Checks from Outside Geographic Area. Report VMSP400I identifies a vendor who has accepted checks from a geographically distant issuance site. Vendors that have more than 10% of their redemptions from a geographically distant issuance site are reviewed.
- Payment of a settlement fine to the Food Stamp Program in lieu of a disqualification.
- Past history of vendor owner abuse.
- Pricing a WIC check by type rather than by the WIC foods actually purchased.

A vendor is considered high risk if any of the above risk factors is noted in a one-month analysis. Follow-up includes on-site monitoring, covert compliance buys, review of redeemed checks, or inventory audits.

#### 8. Conducting Compliance Investigations.

The DPH WIC Office conducts compliance investigations of WIC Vendors at risk for program abuse. The purpose of the compliance investigations is to assure that WIC vendors are following the rules and procedures for WIC authorization and to allow for appropriate sanctioning of violations of the WIC Vendor Agreement. Compliance investigations will be conducted on all high-risk vendors up to at least a minimum of 5% of the number of authorized vendors as of October 1. If fewer than 5% of the authorized vendors are considered high-risk, additional vendors will be selected randomly to meet the 5% minimum.

A Request for Proposal is issued to locate firms who provide compliance determining services. From among the proposals received a firm is selected. The Department enters into a contract with the firm for these services, which include preparing the reports of all compliance buys made.

The targeting of vendors for compliance investigation is based on random selection and those determined to be high-risk vendors.

The procedure for conducting compliance investigations of retail food vendors is as follows:

- a) Using various means including the High Risk Vendor Identification System, the WIC Vendor Specialist determines which vendors will undergo compliance investigation.
- b) For each vendor that is to undergo compliance buys, the Food Delivery Coordinator approves a REQUEST FOR COMPLIANCE BUYS form. Initially one buy is authorized for each vendor. When a result of this buy is known, additional buys may be authorized.
- c) The WIC Vendor Specialist selects fictitious participant names to be printed on computerized WIC checks.

### Section 3: State Operations Vendor Management, continued

- d) The Food Delivery Coordinator gives approval for computerized WIC checks to be printed for use during compliance buys. The WIC Vendor Specialist requests the WIC Program bank to forward the compliance buy checks to the State WIC office once they have been processed.
- e) The WIC Vendor Specialist prepares WIC identification cards for each of the participant names used on computerized WIC checks.
- f) The Food Delivery Coordinator prepares a cover letter to the firm that conducts compliance buys for the Connecticut WIC Program. The cover letter provides instruction about the selected vendors. The cover letter accompanies the REQUEST FOR COMPLIANCE BUYS form that specifies the number and type of buys to be performed, along with the WIC checks and ID cards.
- g) Written reports of the results of compliance buys are submitted to the state WIC office by the contracted firm.
- h) After redeemed checks used for the compliance buys are received from the WIC bank, the WIC Vendor Specialist reviews the written reports of compliance buys for each vendor and summarizes the results. The summary includes the following information: date(s) of buys, check number(s) of check(s) used during the buys and the description of the violation(s), which occurred (or "none" if no violations occurred)
- i) The WIC Vendor Specialist analyzes the results of the compliance buys and determines the appropriate action to be taken such as:
  - Conducting additional compliance buys,
  - Assigning appropriate sanctions to the vendor,
  - An investigation is closed if two consecutive buys indicate no violations were determined for which a Federal Mandatory Sanction would be required.

#### 9. Maintaining a Vendor Sanction System.

Contained in the WIC Vendor Agreement is a section describing WIC Program disqualifications, civil money penalties and fines. This section includes federal mandatory sanctions as well as State Agency-established sanctions (Section 3, Appendix W). Abuse of the WIC Program is determined by investigation, including compliance buys and monitoring by the State WIC Office, the United States Department of Agriculture Field Office and their designees.

A warning letter is sent to the vendor upon documentation of certain abuses in accordance with the WIC Vendor Agreement. Depending upon the type of abuse documented, fines are imposed or the vendor is disqualified from participation. An authorized vendor receives 15 days advance written notice of disqualification from participation in the WIC program. Pursuant to Section 246.12(k)(1)(ix) of the Federal WIC Program Consolidated Regulations, prior to disqualifying a food vendor, the State Agency shall consider whether the disqualification would result in too few stores in the area, therefore creating inadequate participant access.

The following criteria shall be used to determine if inadequate participant access would exist by disqualifying a vendor from the WIC Program.

#### Participant Access Criteria

- a) Availability of other authorized vendors in the same access area as the violative vendor.
- b) Any geographic barriers to using other vendors in the area.
- c) In areas with a population density greater than 3000, the availability of public transportation to other authorized vendors in the proximity of the violative store shall be considered.

### Section 3: State Operations Vendor Management, continued

d) Whether a language barrier would be created.

The availability of other vendors in the access area is based on the following criteria:

- Whether there are other authorized WIC vendors within the following measured radius (access area) of the violative store.

For areas with an average population density of:

- a. 1 to 1000 – Three (3.0) miles
- b. 1001 to 3000 – One and one-half (1.5) miles
- c. Over 3000 – Three-quarters (.75) of one mile

- The above distances shall be extended in cases when especially egregious vendor violations have occurred and public transportation is available to participants on a frequent and regular basis.
- Whether the participant to checkout lane (cash register) ratio for the access area (excluding the violative vendor) exceeds one hundred seventy five (175) to one (1).
- Geographic barriers to using other vendors in the access area would include:
  - Railroad tracks with no means of crossing safely.
  - A waterway or a large body of water without a bridge with pedestrian access.
  - The presence of a steep hill(s) that extend(s), without leveling off, to the other vendor(s) in the access area.
  - Any other geographic barriers that, in the judgement of the WIC Program, prevents or significantly restricts participant access to the other vendors in the access area.

In areas with a population density greater than 3000, the availability of public transportation to other authorized vendors in the proximity of the violative store shall be considered. In addition, as noted above, the availability of public transportation may be extended outside the normal access area when violative vendors have committed especially egregious violations. A language barrier would be created if a significant number of the WIC participants who shop at the violative store have such limited English language skills, that they would be unable to shop for food except in their native language and no other stores in the access area provide personnel that speak the language.

The WIC Program's participant access determination for a mandatory or State Agency-sanction shall not be subject to administrative appeal.

10. Coordinating information with the FNS Field Office (Food Stamp Program).

In order to promote cooperative efforts to reduce vendor abuse the WIC Program is committed to exploring and exercising efforts of information sharing with the USDA, FNS, and Food Stamp Program. Toward this end these two programs have entered into an Agreement on sharing Food Stamp/WIC Program Retail Vendor Information (Section 3, Appendix Q).

Applicant vendor names are compared with Food Stamp Program information to determine their authorization status with that program. Vendors may not be authorized for WIC if the Food Stamp Program disqualifies them or if a civil money penalty has been assessed in lieu of a disqualification.

11. Identifying vendors and vendor applicants as above 50 percent vendors.

Above-50-percent vendors are identified in accordance with the "Interim Guidance on WIC vendor cost containment of June 2006".

Initially, a vendor's WIC redemptions are compared with the vendors Food Stamp Program redemptions for the past fiscal year. If a vendor's Food Stamp Program redemptions exceed its WIC redemptions, no further assessment is made and the vendor would be deemed a regular vendor.

### **Section 3: State Operations Vendor Management, continued**

If a vendor's WIC redemptions exceed its Food Stamp Program redemptions or if the vendor is not authorized by the Food Stamp Program, then food sales data (based on the Food Stamp Program definition of eligible food items) is collected and the ratio of annual WIC redemptions to annual food sales is computed (based on previous calendar year amounts). If the ratio is greater than 50 percent, the vendor is considered to be an above-50-percent vendor.

The WIC Program obtains copies of Form OS-114, Sales and Use Tax Return, to document food sales revenue of vendors.

All above-50-percent vendors are placed in separate peer groups comprised solely of above-50-percent vendors.

Any new authorized store that was determined to be a regular vendor is reassessed within six months of authorization. If a store is found to be an above-50-percent vendor, it is reassigned to the appropriate peer group.

The maximum allowable reimbursement levels for above-50-percent vendors are based on the actual average payments by check type to regular vendors. This is based on the most recent completed month at the time of determination. The reimbursement levels are determined on a quarterly basis and are submitted to the above-50-percent vendors and the WIC Program bank for implementation. All necessary adjustments are included.

## Section 3: State Operations

### Financial Management

#### Drawdown Procedure - Food Money for Bank:

1. The Connecticut Department of Public Health receives a grant award from the United States Department of Agriculture documenting the amount of funds available for the period. The award with the Allotment or Appropriation Adjustment Request Form (B107) is sent to the Connecticut Office of Policy and Management and then forwarded to the State Comptroller at the beginning of the period. This allotment process notifies these Administrative Departments of available funds and quantifies the allotment in the State Comptroller System (CORE-CT). Funding adjustments to the award are made during the year as they are received.
2. Rebates from formula and infant cereal contracts are subtracted from the amount of the "wire transfer required" - only cash deficiencies are processed. An invoice is processed separately for each rebate or reimbursement, adding this amount to the Treasury's available funds for clearing WIC food checks.
3. The Department of Public Health receives periodic Letters of Credit from USDA based upon the grant award via "ASAP" (the financial automated system). The WIC Office prepares an invoice for the total amount of food dollars available for the period once the allotment is approved. This invoice is signed by the WIC Director and is sent to the Business Office. The Business Office will process this invoice, which notifies the Treasury of funds (appropriations) available to clear WIC food checks.
4. The bank on contract to clear WIC checks submits daily to the Business Office the "Net Wire Transfer Required". This daily draw represents a day's activity (amount) of WIC checks that were cashed. The Business Office, in turn, utilizes the Federal Automated Standard Application for Payments (ASAP) system to electronically transfer a reimbursement of cash from the Federal Government to the State Treasury. The Treasury transfers the funds to the bank in order to cover the daily WIC check activity.
5. The Business Office sends a copy of the cash amount drawn and copies of the requests from the current contracted bank (United Community Bank) to WIC Fiscal Administration. The Business Office utilizes the State Computer System (CORE-CT) to notify the Treasury that a deposit is forthcoming. The Treasury balances the deposits received to deposit tickets and notifies the Business Office of any discrepancies. Monies drawn before 2 o'clock p.m. are deposited that same business day.
6. Funds allocated in the fiscal year's grant may be drawn after the close of the Federal Fiscal year. Funding and expenditure transactions applicable to each grant year are coded to differentiate each Fiscal Year's activities for accounting purposes.
7. This procedure is subject to compliance with the CMIA Act (Section 3, Appendix NN).

#### Drawdown Procedure - State Administrative Expenses:

1. The Connecticut Department of Public Health receives a grant award from the United States Department of Agriculture documenting the amount of funds available for the period. The award with the Allotment or Appropriation Adjustment Request Form (B107) is sent to the Connecticut Office of Policy and Management and on to the State Comptroller at the beginning of the period. This allotment process notifies these Administrative Departments of available funds and quantifies the allotment in the State Comptroller System (CORE-CT). Any funding adjustments to the award are made during the year as they come in.
2. State Administrative Expenses are drawn in compliance with the CMIA Act. Currently, the periodic Letter of Credit for administration costs is divided by the number of pay periods in the period and an equal number of funds are drawn on the Monday following the date Payroll is paid (on a biweekly basis). This is the date (average) on which all payroll checks are considered cashed.
3. The request for funds are transferred via the Federal Automated Standard Application for Payments (ASAP) System to USDA, who, in turn, transfers the amount of the request to the State Treasury within 24 hours.

### Section 3: State Operations Financial Management, continued

4. The Business Office utilizes the State Computer System (CORE-CT) to notify the Treasury of the impending deposit via EFT (Electronic Fund Transfer). These deposits are matched to the funds received and any discrepancies are investigated and rectified.

#### Drawdown Procedure - Local WIC Programs:

1. In compliance with the CMIA Act, contracts with the local agencies are finalized at the beginning of the Federal Fiscal year (October 1). The respective local agencies receive biweekly payments. These payments are based upon the amount of their contracts divided by 26 pay periods plus one dollar for identification purposes. The WIC Office prepares the payment list and invoices that are forwarded to the Contracts Administration unit. This unit submits the invoices to the Business Office for processing.
2. The Business Office processes the list of invoices on a payment list and submits them to the comptroller for payment. Payment ideally is to be received within two weeks after submission of the pay lists to the Comptroller.
3. Reimbursements for contracts are not separate from other Administrative costs (Payroll, supplies purchased, etc.). Considered an Administrative Expense, cash drawdowns for Local WIC contract payments are made in accordance with the approved CMIA process mandated for administrative costs. This is done in an amount equal to the letter of credit divided by the number of pay periods in the period and may be modified if there is excess cash on hand at the local agency, or if reports to the State WIC office are outstanding. Drawdowns are done on the Monday following the pay period via the Federal Automated Standard Application for Payments System from USDA. Reimbursement funds are transferred to the State Treasury within 24 hours.
4. The Business Office utilizes the State Computer System (CORE-CT) to notify the Treasury of the impending deposit via EFT (Electronic Fund Transfer). These deposits are matched to the funds received and any discrepancies are investigated and rectified.

#### Financial Management System:

The State WIC Financial Office maintains WIC accounting records. These records reflect the current authorized amount and the balance of funds remaining for the fiscal year.

The Letters of Credit are posted to ledgers for each fiscal year, and all drawdowns are subtracted from the balance on the proper ledger. All proposed drawdowns are compared to the ledgers for accuracy before they are submitted for payment. The monthly reports for FNS-798 submitted to the USDA Regional Office show the breakdown of food and administrative expenditures, the current authorized levels of funding and participation levels.

Funds are allocated by the State for the Federal fiscal year (October 1 through September 30) even though the State fiscal year is July 1 through June 30.

All funds on the fiscal Letter of Credit are applied to that Federal Fiscal Year. Funds are encumbered at the State level for all obligations made at the State level. Expenditures at the State are separated by year on a monthly-computerized run. Local agencies may submit revised reports to the State showing the year to which the expenditures apply. Through the reconciliation process, all food checks are charged to the month that they were obligated regardless of when they are cashed.

Fiscal staff compiles expenditures at the end of the period allowed for the close of the fiscal year and submits a final report FNS-798. Any additional claims made after the close of the year are made on a Supplementary Claim Form (SF-270).

Refunds of overcharges and penalties made by store vendors are deposited into the administration account, infant formula and cereal rebates are deposited back into the food account and are shown on the monthly FNS-798 and the yearly report (Final-798) as a reduction to food expenditures.

### Section 3: State Operations Financial Management, continued

#### Procurement Procedures.

Procurement for services and supplies for the WIC Program is subject to the Office of Management and Budget Circular A-87 and the Federal Regulations for the WIC Program (7CFR part 246) as revised. The current State policy is followed for all purchases of equipment and services. Requests for contractual services of more than \$10,000 are sent to the FNS Regional Office for approval. Once approved, the request goes to the Branch Chief of the Public Health Initiatives Branch. Upon approval, the Purchasing Office then determines if bids are necessary and follows standard state purchasing procedures. All equipment and supplies purchased for more than \$2,500 must be sent out for bid. Information Technology equipment must use the state contract list or go out to bid. All sole source contracts must be approved by the governing sector within the State.

All local programs follow their parent organizations' method of procurement. The State WIC Office must approve local program purchases of equipment for more than \$1,000 in writing. Before approval is given, all requests are examined as to need and cost. The current State definition for equipment is: an individual item having a useful life of more than one year and a value of \$1,000 or more.

Prior approval shall be obtained from FNS for any acquisition of MIS equipment or services at either the State or local program level.

At both the State and local levels, perpetual inventories are maintained. At the State level, this is the responsibility of the DPH Business Office. Property inventory of local agencies is maintained by DPH personnel and is continually updated. Annually, equipment is checked for tags and approvals, and all equipment on-hand is compared with purchasing records. Any discrepancies are noted in writing to the local program.

#### Indirect Cost Rate:

The Department's indirect cost rate is negotiated each year (Section 3, Appendix G). For the State Fiscal Years 2007-2012, this rate is 36.2%. This rate is applied to salaries and wages including vacation, holiday and sick pay.

#### Allocation of Funds:

##### 1. Requests for Budget:

By March 1 of each year State WIC Co-Director's requests in writing from all local WIC Programs a budget for the next fiscal year. The requests reference the section of the Policy and Procedure Manual on Guidelines for Budget Preparation. The required budget form will be included with the request.

##### 2. Budget Preparation:

The Local WIC Program Coordinator will prepare and submit a line item budget for the next fiscal year to the State WIC Office by May 1. This budget will be submitted on the form provided by the State WIC Office and follows the Guidelines for Budget Preparation in the Policy and Procedure Manual. The budget format divides all expenses into four major areas: General Administration, Client Services, Nutrition Education, and Breastfeeding Costs.

##### 3. Budget Review:

State WIC Staff reviews budgets by line item to determine local program funding levels. This process determines how the total funds available for local program administration will be allocated equitably among the local agencies. When necessary, local programs will be asked to provide additional justification and/or participate in negotiating budget line items.

##### 4. Interim Budget and Contract Procedures:

Initial contracts are issued by July 15 of the current year, based upon that year's approved budget and contract since the funding level for the coming year is not known until after the beginning of that fiscal year. The initial contract, accompanied by an approved budget for the current fiscal year, is signed by the Commissioner of the Department by August 1, processed and returned to the local agencies by September 15.

### Section 3: State Operations Financial Management, continued

5. Budget Revision and Contract Amendment:

By December 31 or when the total grant figure is known, State WIC Staff develop budget revisions based on the final allocation of funds from USDA for the year. These revisions will take into consideration the interim approved budget. The WIC Director will negotiate budget revisions with the local WIC Programs if warranted. Budgets are then finalized for the year and written notification of approval is sent to the local program.

6. Budget Modifications:

All budget line items modifications from the Contract Budget which bring the running total of revisions to either \$500.00 for a line item or 10% of a line item, whichever is greater, must be approved in advance in writing by the State WIC Director. State WIC Staff will review any requests and respond in writing to the Local WIC Coordinator within 15 working days. Any request for an increase in the total budget must be submitted in writing with full justification.

7. Monitoring Activities:

The State Fiscal Administrative Officer is responsible for the monthly review of all local program administrative expenditure reports and comparison with the approved budget for appropriateness by line item by the 30th of the following month. Quarterly, the State Fiscal Administrative Officer will review the expenditure and cash-flow reports of the local programs in light of the approved budget in effect and send written communication to the local programs with questions, comments and/or approval.

The financial monitor is responsible for onsite comparison of reported expenditures with the backup information at the local agency, assuring proper procedures are being followed including acceptable documentation on hand.

8. Fiscal Reporting:

The Local WIC Program Coordinator is responsible for reporting revenue, expenditures and cash-on-hand to the State WIC Office on a monthly basis and in accordance with procedures outlined in the Financial Management Section of the Local Agency Policy and Procedure Manual.

9. Reallocation of Funds:

Mid-fiscal year, each local program's expenditures to date are analyzed. In addition, program enrollment is reviewed using the most recent six-month data. Based upon these analyses, administrative funds may be reallocated. Budgets are revised accordingly.

10. Reporting Monthly Expenditures:

Local programs report all expenditures to the State WIC Office on WIC Forms I-B, the supplement to WIC 1-B, and I-C (Section 2, Appendices J and K). These reports are then submitted electronically to the state via the WIC Financial System. The Supplement to WIC 1-B may be faxed, as it is not available electronically. The reports must be received at the State Office by the 20th of the following month. If a report is late, a letter is sent to the local program stating that the report is late and the reason why it is late is requested. If a local program is continuously late with its reports, a letter is sent to the Agency Director stating the problem and requesting that the problem be rectified. The letter states further that if the problem is not rectified, future allocations of funds to the local program may be withheld. The State WIC Office consolidates all local program reports onto the FNS-798 report and sends it to the FNS Regional Office via the Food Programs Reporting System on the Web (FPRS). Advances to local programs are based on their contract amount averaged over 26 payments.

11. Nutrition Education Expenditures:

The Federal Regulations of the WIC Program require that "not less than one-sixth of the funds expended by each State agency for administrative costs shall be used for nutrition education activities." In addition, the Connecticut WIC Program is required to spend no less than the targeted amount specified by FNS on breastfeeding promotion and support.

### **Section 3: State Operations** Financial Management, continued

12. Budget Development:

Each local program's nutritionist develops a nutrition education budget to conduct the program's nutrition education plan. The budget is subject to review by the State WIC Office.

13. Allowable Costs:

Only the cost of the items designated in the Federal Regulations of the WIC Program, Sec. 246.14 (c) (1) are included as allowable costs in the nutrition education budget.

14. Reporting Expenditures:

The reporting of nutrition education expenditures is in keeping with the accounting and reporting procedures outlined in the State WIC Policy and Procedure Manual.

## Food Delivery System

The Connecticut WIC Program has a statewide computerized food delivery system which has five main components: the State WIC Office, the local WIC Programs, the management information systems unit, the banking community and authorized food stores and pharmacies. Vendor Management is addressed in a separate section.

Firms that the State of Connecticut, Department of Public Health has contracted with in the operation of the Food Delivery System are as follows:

1.     **Bank of America**  
One Constitution Plaza  
Hartford, CT 06115
  
2.     **Nestle Nutrition, USA**  
800 North Brand Boulevard  
9<sup>th</sup> Floor  
Glendale, CA 91203
  
3.     **Gerber Products Company**  
A Division of Nestle Nutrition  
12 Vreeland Road  
Florham Park, NJ 07932
  
4.     **Northeast Express Transportation, Inc.**  
68C Kingspring Road  
Windsor Locks, CT 06096

The State WIC Office is responsible for the establishment of policies and procedures regarding WIC foods. The Food Delivery and Nutrition units share the following responsibilities:

- 1) Establishing and maintaining criteria for identifying foods to include on the WIC Program Food List, in consultation with local agency WIC staff.
  
- 2) Revising the WIC Program Food List as necessary based on a yearly review of new foods, which are, submitted for consideration or based on a documented need. Once printed, the revised food list is made available to Local WIC Program staff, participants and authorized food stores. (Appendix DD, Section 2)
  
- 3) Developing food packages and codes.
  
- 4) Developing standard food packages for women, infants and children. These standard packages are developed in consultation with local WIC staff. Local programs are notified of any revisions in writing, prior to enactment.
  
- 5) Providing the local programs with the list of current maximum quantities of WIC foods allowed per month per participant. (Appendix EE, Section 2)
  
- 6) Notifying local programs of any revisions in the Federal Regulations of the WIC Program regarding WIC foods.
  
- 7) Alerting local programs of market recalls, labeling issues and other WIC food product concerns or issues.

At the local program level, the food delivery system begins with participant certification. During the certification process, demographic, health, and risk information is captured. An eligible person is either allocated a case slot or placed on a waiting list based on the applicant's Priority Group designation and current policy. When a case slot is assigned, WIC staff issue an identification (ID) card or folder (Section

### Section 3: State Operations Food Delivery System, continued

2, Appendix Y), provide checks to participants based on current policy, and schedule a time to pick up subsequent WIC checks. The computer produces checks for the participant based on the food package prescribed by the nutritionist. The food package is usually broken down into one to five checks for each participant per month. A participant may receive up to three months worth of checks at a time. A sample copy of a WIC check can be found in Section 3, Appendix D.

To assure control of checks, the State WIC Office has established the policy that no WIC checks are to be mailed. Checks are picked up by the payee or authorized alternate at the local program after presenting a valid identification (ID) card/folder. The payee or alternate is instructed not to use checks until the "first day to use" and not after the "last day to use" printed on the food instrument. The payee or alternate signs the first and initials the last check stub for all months to verify receipt of the checks (in the presence of a WIC staff member).

A payee/alternate may redeem WIC checks at any authorized food store or pharmacy in Connecticut. At the vendor site the payee (or alternate) selects the desired WIC foods as printed on the WIC check and listed on the WIC Approved Food List. Either the store cashier or the payee/alternate may enter the purchase price on the check. After the price has been entered, the payee/alternate signs and dates the check. The vendor staff must verify that the information on the payee's or alternate's ID card or folder matches the payee's name and the payee or alternate's signature on the check.

To receive payment, the vendors deposit WIC checks at their bank. The checks circulate through the banking system in much the same way as personal checks. WIC checks are processed at the payer bank where the Connecticut WIC Program has a special WIC account. This bank is under contract to do the following:

1. Honor valid WIC checks.
2. Reject payment of invalid checks based on pre-edit criteria.
3. Stop payment on checks at the Connecticut WIC Program's request.
4. Prepare images on compact disks of all WIC food instruments.
5. Prepare a monthly electronically submitted data file of all checks drawn against the WIC Account.

For the above services the State of Connecticut is charged an amount per check processed, with additional charges for stop payments and other rejections. The DPH WIC Program maintains funds in the bank to cover the obligation estimated each day.

After the close of each month, the WIC MIS unit runs the monthly reconciliation. The reconciliation compares the daily check activity reported by the local agencies with the month-end redemption data reported by the WIC bank.

Checks not matched during the reconciliation process are called "unmatched redemptions". All such checks are listed, investigated, and resolved if possible prior to running the month-end reports. Reasons for having unmatched redemptions are:

- 1) Redeemed checks for which no issuance record has been received from a local agency.
- 2) Checks that were misnumbered by the local agency and then redeemed by participants.

The reconciliation reports the total actual food costs for the prior month. These food costs are listed on the federal reports. Administrative expenditures at the State and local programs are reported manually. All of the report data are compiled by the 20th of the month following a report month, and are subsequently submitted to the USDA Regional Office.

Theft and/or Losses of WIC Checks from Local Agencies:

The following procedures will be followed in cases involving thefts and/or losses of WIC checks:

- Electronically notify the WIC Program's bank by telephone to stop payment on all check numbers involved.

### Section 3: State Operations Food Delivery System, continued

- In writing, notify all vendors in the immediate area where the theft occurred in writing of the theft and/or loss of the WIC checks (include all check numbers).

#### Dual Participation:

Daily potential dual participation information is received by each local agency. Local agencies resolve these issues routinely. The system will not allow any WIC checks to be issued to a participant that is associated with an unresolved potential dual participation. The Connecticut WIC Program follows up on unresolved dual participation at the end of each month utilizing report number WICP305S (Potential Dual Certification). When the local WIC Program notifies the State WIC office of a dual participant, the check numbers in question are obtained from both local programs by the State WIC Office. The checks are reviewed to determine if they were cashed. If the checks were cashed, they are requested from the WIC bank for manual review.

#### Participant Complaints:

Local WIC Programs are notified of any complaints regarding WIC participants, payees or alternates that need follow-up. They may include persons:

- (a) who are abusive
- (b) attempting to purchase unauthorized foods or non-food items
- (c) concurrently participating in more than one local program
- (d) who use all checks at one time for items other than infant formula
- (e) who are not following other WIC program rules.

Follow up action may include a conference, warning, or termination from the program, dependent on the nature of the complaint.

#### Sole Source Rebate System - Infant Formula:

In accordance with the cost containment requirements of Section 645 of the Agriculture Appropriations Act of 1988 (Public Law 100-460), known as the Burdick Amendment, the Connecticut WIC program conducted a feasibility study to explore the implementation of a cost containment system for the acquisition of infant formula and other WIC foods.

As a result of this study, requests for proposals to enter into a sole source rebate agreement were forwarded to the three major formula companies, Mead Johnson Nutritionals, Ross Laboratories and Nestle Nutritional USA. Comments were solicited from local agencies, WIC local program staff, the nutrition community, the Connecticut Chapter of the American Academy of Pediatrics and other interested parties.

Effective October 1, 2006 the Department of Public Health entered into a Sole Source Rebate Agreement as part of the NEATO compact with Nestle Nutrition USA. The Agreement shall remain in effect until September 30, 2009, unless terminated sooner or extended in accordance with the terms of the agreement (Section 3, Appendix O).

#### Changes in the Rebate Amount:

The Nestle Nutrition USA rebate amount shall be increased during the term of the Agreement by the entire amount of any increase in the Nestle per-can commercial wholesale price between April 19, 2006, and the ending date of the Agreement. The increase to the Nestle rebate amount shall be effective the first day of the month following the effective date of the increase.

Monthly rebate payments are forwarded to the Department of Public Health and are deposited in the WIC food account. Within forty-five (45) days of the end of each month, the Department produces a summary from the monthly reconciliation report, which will indicate the total number of rebatable cans of infant formula issued and redeemed each month for which WIC has paid authorized retailers.

The rebate payment will be requested monthly from Nestle. The payment shall be determined as follows: total cans of rebatable infant formula purchased during the month, times the agreed rebate price per can. All rebate payments are subject to the following clause: net/30 days. The Statewide WIC Information System has been programmed to provide a detailed report of checks redeemed during the month and

**Section 3: State Operations** Food Delivery System, continued

broken down by the month of issuance. Reporting of the rebate on the FNS-798 report will be by the month of issuance. Total monthly rebates of approximately \$900,000 are anticipated to be generated under this new agreement. The total rebate amount expected during Fiscal Year 2009 is \$11,900,000.

## Fair Hearings

General Provisions (see also Section 2, Appendix J Notice of Participant Action):

A. Definitions

A person must be advised of fair hearing rights and given "due process" in exercising them. A "fair hearing" is an administrative proceeding (quasi-judicial in nature) through which a person (program beneficiary) can appeal a denial of WIC Program benefits.

"Due process" generally means that the system is unbiased and that the aggrieved person has the same knowledge and procedural rights as the agency which made the ruling. Some elements of due process are the following:

1. The right to counsel,
2. The right to cross-examine witnesses,
3. Adequate notice of the hearing, and
4. An adequate opportunity to prepare for it.

B. General Description of the Hearing Process for Participants

1. The State Agency provides a hearing procedure through which any individual may appeal a State or local agency action that results in the individual's denial of participation, disqualification or termination from the Program as a participant. An appeal must be made within 60 days from the date of the eligibility decision.
2. Due Process
  - a) An opportunity for the person to be assisted or represented by an attorney or other person in presenting the appeal.
  - b) An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
  - c) The hearing must be held within three weeks from date of receipt of the request and be at the convenience of the participant. Adequate notice, of at least ten days prior to the scheduled hearing shall be given to the person as to the time and place of the hearing.
  - d) If the appellant or representative fails, without good cause, to appear at the scheduled hearing or if a reply is not received by the State Agency within 14 days of the notification, the request for a hearing is considered abandoned.
  - e) An opportunity for the person to present oral or documentary evidence and arguments supporting the position without undue interference.
  - f) An opportunity for the person to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
  - g) The hearing shall be conducted and the decision made by a hearing official who did not participate in making the decision under appeal.
  - h) The decision of the hearing official shall be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
  - i) The appellant or designated representative shall be notified in writing of the decision of the hearing official and the reasons for the decision, within 45 days of the receipt of the request for the hearing.
  - j) If the person (appellant) is dissatisfied with the final decision of the hearing officer, the appellant has the legal right to a Judicial Review. It is the responsibility of the appellant to obtain legal counsel to promptly initiate a Judicial Review.

### Section 3: State Operations, Fair Hearings, continued

- k) A written record for each hearing should include a copy of the decision under appeal, any documentary evidence, a summary of any oral testimony presented at the hearing, the
- l) decision of the hearing official (including the reasons), and a copy of the notification to the family of the decision of the hearing official, and
- m) Such written record shall be preserved for a period of three years and shall be available for examination by the person's representative at any reasonable time and place during such period.

#### Request for a Hearing for a Local Agency or a Review for a Food Vendor:

##### A. Grounds for Appeal

Any agency whose application to be a local WIC Program is denied has the right to request a hearing. Additionally, a food vendor may request a review to appeal any action by the WIC Program, which adversely affects that vendor's participation during the agreement period.

##### B. Request for Hearing/Review

A request for a hearing/review is defined as a written statement by the local agency or food vendor or its authorized representative that asks for the opportunity to present its case to a higher authority. This request should be submitted to the Commissioner, Department of Public Health, 410 Capitol Avenue, MS #13PHO, P.O. Box 340308, Hartford, CT 06134-0308. (Section 2, Appendix J, Section 3, Appendix JJ).

##### C. Time Limit for Date of Hearing/Review

The date of request for a hearing/review is the day on which the local agency or food vendor presents its written statement to the Department of Public Health asking for the opportunity to present a grievance to a higher authority. An agency has up to 60 days from the date of action causing dissatisfaction to request a hearing and a food vendor has 7 days from receipt of notice to make a request. The hearing/review will be scheduled within 10 days from the date the request is received.

#### Procedure:

##### A. Scheduling

The Hearing Officer will set a date for the hearing/review and notify the local agency or food vendor. The Hearing Officer will designate a date and a site for the hearing. The local agency or food vendor will be allowed up to two opportunities to reschedule the hearing date.

##### B. Notice of Hearing/Review

Ten days written notice specifying the date, time, and site of the hearing/review will be given to the local agency or food vendor prior to the hearing. An explanation of the hearing/review procedure and the agency's or food vendor's right to representation shall be included with the notice. If legal counsel charges fees, the local agency or food vendor is responsible for payment.

##### C. Evidence and Testimony

All evidence, testimony, materials, and regulations on which a decision is to be based must be presented at the hearing/review. The local agency or food vendor will have an opportunity to cross-examine adverse witnesses. The Hearing Officer shall consider all evidence that is pertinent and shall exclude unduly repetitious or clearly irrelevant evidence. All regulations, memoranda, and other relevant documents must be placed into evidence at the hearing/review. Regulations may be put into evidence by reference to the citation or by submitting a copy of them. Memoranda or other material may also be put into evidence by submitting a copy of the material.

All documents and other evidence offered or taken for the record shall be open to examination by the parties, and an opportunity shall be given to refute arguments advanced on either side of the issue. The agency or food vendor or its authorized representative shall

### Section 3: State Operations, Fair Hearings, continued

have reasonable opportunity prior to and during the hearing/review to examine all records and documents to be used at the hearing/review.

A written record shall be prepared which includes the decision under appeal, documentary evidence admitted, a summary of any oral testimony presented at the hearing/review, the proposed decision of the Hearing Officer (including the reasons for the decision), and a copy of the notification to the local agency or food vendor of the proposed decision of the hearing officer. In the case of a food vendor which has been non-selected for authorization, the hearing officer will issue only a final decision. Such written record shall be preserved for a period of three years and shall be available for examination by the agency or food vendor or its authorized representative at any reasonable time and place during the period.

#### D. Findings, Rulings and Others

The decision shall be a comprehensive statement of the Hearing Officer and include the following:

1. A statement of the issues involved in the hearing/review,
2. Clear and complete findings of fact on all relevant factual matters which are supported by evidence in the record,
3. a statement of all relevant regulations, upon which the proposed decision was based,
4. a concise statement of the conclusions drawn from the findings of fact and regulations including the reasoning used by the Officer in reaching the conclusions, and
5. if the decision is in favor of the appellant, a precise, clear order to the appropriate official of the local agency or the State WIC office to take necessary corrective action.
6. if the decision is not in favor of the appellant:
  - a. if the appellant is a food vendor the vendor will receive written notice of the adverse action not more than 60 days from the date of the request of the hearing/review.
  - b. if the appellant is a local agency the agency will receive written notice of the adverse action not less than 60 days in advance of the effective date of the action.

#### E. Rendering the Decision

The proposed decision of the Hearing Officer is presented to the Commissioner of the Department of Public Health, who reviews and may adopt it as the final decision.

The signed decision of the Commissioner shall be final and binding on the Connecticut WIC Program. Copies of the decision and reasons for it shall be forwarded to the Connecticut WIC Program, the local agency or the food vendor, and any authorized representative.