

Pennsylvania Department of Health

Bureau of WIC State Plan

Table of Contents

Goals and Objectives for Functional Areas.....	2
Outreach Goals and Objectives.....	5
I. Vendor and Farmer Management.....	10
II. Nutrition Services.....	36
III. Management Information System (MIS).....	51
IV. Organization and Management.....	60
V. Nutrition Services and Administration (NSA) Expenditures.....	67
VI. Food Funds Management.....	77
VII. Caseload Management.....	85
VIII. Certification, Eligibility & Coordination of Services.....	96
IX. Food Delivery and Food Instrument (FI) Accountability and Control.....	18
X. Monitoring and Audits.....	137
XI. Civil Rights.....	146

## Goals and Objectives for Functional Areas for FFY2019

### **I. Vendor and Farmer Management**

1. Reauthorize 100% of all retail stores that are due for reauthorization.
2. Achieve 100% training of all WIC authorized stores.
3. Monitor competitive and maximum allowable pricing to assure cost containment.
4. Evaluate PA's vendor peer group selection to assure achievement of maximum cost containment.
5. Coordinate efforts with our Health and Human Services Delivery Center (HHS DC) to develop processes to ensure successful transmission of Retail Store Authorization Unit data from the current MIS (QuickWIC) system to the new MIS system (PENN).
6. Complete 100% of new store agreements, including EBT language, prior to initial training and collect all agreements at initial training. All new stores will get a Vendor Assistant account prior to initial training.
7. Prepare to facilitate the EBT Retailer Enablement and Certification process for Pilot vendors and help prepare remaining vendors for related EBT activities.
8. Utilize established procedures to reimburse vendors for single-function EBT devices.
9. Initiate a Vendor Readiness Period for the EBT implementation.
10. Develop additional selection factors (e.g. use of GIS Mapping to identify transactions for participants that don't live in the vendor zip code) to identify vendors for compliance investigation.
11. Conduct compliance investigations on 5% of the authorized vendors as of October 1, 2018.
12. Continue to provide the appropriate FNS office with notice of vendor disqualifications within 15 days after all vendor appeal options have been exhausted.

### **II. Nutrition Services**

1. FFY19 BF Goal: To ensure that all relevant staff are trained on how to conduct and document a breastfeeding assessment using the PENN system using the training provided by the State Agency.

2. FFY20 BF Goal: To complete a needs assessment to evaluate how staff are conducting breastfeeding assessments using the PENN system over the past year. The Local Agency Breastfeeding Coordinator or designee will develop a plan to monitor staff to see how they are doing with breastfeeding assessments using the PENN system and determine need for additional trainings, changes in staffing or clinic flow, or recommendations for enhancements based on findings.
3. FFY19 NE Goal: To ensure that all CPAs are trained on how to conduct WIC assessments using the PENN system. All CPAs will be required to participate in face to face PENN nutrition assessment training provided by the State Agency. The Nutrition Education Coordinator or designee will ensure that CPAs who could not attend State Agency face to face PENN training receive comparable training.
4. FFY20 NE Goal: To evaluate how staff are doing with conducting WIC assessments in PENN and determine needs to help improve their confidence, competency and/or efficiency. During FFY20, the Nutrition Education Coordinator (NEC) or designee will evaluate how staff are doing with assessment in PENN and begin to develop a plan to address problems and concerns.

### **III. Management Information System (MIS)**

1. Expand on the successes of SAS implementation and utilization to include reporting and tracking regarding transitioning to a new Management Information System (PENN)
2. Deploy the SAS dashboard to state and local agency users and continue to investigate additional functionalities of the dashboard
3. Continue to gather and enter PA-WIC authorized vendor banking information into PENN in anticipation for eWIC implementation (pilot and rollout). Monitor and enter changes in banking information as necessary.
4. Work closely with PA-WICs Information Technology associates on the deployment of the new tablet for the Local Agency Retail Store Coordinators and the vendor related forms located on the tablet for authorization, reauthorization and monitoring purposes.
5. Establish positions to assist with the implementation of the Electronic Benefits Transfer (EBT) System.

### **IV. Organization and Management**

1. Maintain 90% compliance of mandatory training completion among all Bureau staff.
2. Complete documentation of “as-is” business process, evaluate and eliminate duplicity and establish “to-be” business process that will support EBT and streamline work for efficiency.
3. Complete erection of the Greensburg and Reading field offices, including hiring and training staff and integrating new personnel into Bureau operations.

4. Continue to evaluate and implement “span of control” as appropriate.

#### **V. Nutrition Services and Administration (NSA) Expenditures**

1. Continue SAS to monitor NSA , Food, OAF and National Office expenditures closely to ensure grants are fully utilized, and reported accurately and timely to USDA/FNS.

#### **VI. Food Funds Management**

1. Continue the use of SAS with our food fund reconciliation to better manage food funds.

#### **VII. Caseload Management**

1. Continue to use SAS participation monitoring to provide better projections and work toward fully automating participation assignments.

#### **VIII. Certification, Eligibility & Coordination of Services**

1. Develop an MOU with DHHS to share adjunctive eligibility data.

#### **IX. Food Delivery and Food Instrument (FI) Accountability and Control**

1. Continue to utilize PA’s overcharge recovery system to prevent food package cost increases by limiting the cost of foods to the established maximum allowable prices. This eliminates the need to limit the variety or selection of WIC allowable foods to maintain cost neutrality.

#### **X. Monitoring and Audits**

1. Complete retail store management reviews at 12 local agencies.
2. Complete program reviews at 12 local agencies.

#### **XI. Civil Rights**

1. Continue to utilize the standard nondiscrimination statement as appropriate.

- **Electronic benefit transfer (EBT) and/or EBT implementation.** If the State agency has not yet implemented EBT statewide, it must reference its *current* Advance Planning Document.

Within FFY2019, PA will complete User Acceptance Testing, Pilot Go-Live and Evaluation, and implementation in four of the five regions after Pilot. Below are the key milestones based on the IAPDU submitted in March 2018:

- User Acceptance Testing
  - EBT-Focused UAT: June 11 – July 13, 2018

- State Agency UAT: July 30 – August 17, 2018
- Local Agency UAT: September 24 – December 7, 2018
- Pilot Go-Live: February 18, 2019
- Region 1 Go-Live: July 15, 2019
- Region 2 Go-Live: August 5, 2019
- Region 3 Go-Live: September 3, 2019
- Region 4 Go-Live: September 30, 2019
- Region 5 Go-Live: October 28, 2019

## **FFY 2019 State Plan - Outreach and Public Meetings Report**

**Statewide Outreach Goal and Objectives for FFY 2019 and FFY 2020 are as follows:**

### **FFY 2019 Statewide Goal: Maintain Caseload through the Implementation of eWIC and the PENN System**

The 24 local agencies shall complete the required Objective 1 and select at least one more objective from the list below. The State Agency will continue to support the National WIC Association (NWA) Recruitment and Retention Campaign for the next three years.

**Required Objective 1: By May 31, 2019, promote eWIC to current participants six months before your region rollout.**

Objective 2: By July 31, 2019, promote eWIC to stakeholders and community partners so they can support and help you promote eWIC to families they serve.

Objective 3: By July 31, 2019, the local agency will enhance their partnership with the local OB-GYNs, hospital clinics and pediatricians.

Objective 4: By March 31, 2019, review clinic flow to maximize the number of participant slots available before rollout in your region.

Objective 5: By July 31, 2019, the local WIC agency will collaborate with Early Head Start/Head Start, Healthy Start, Nurse Family Partnership or other home visiting programs.

### **FFY 2020 Statewide Goal: Increase Caseload after the eWIC Rollout**

The 24 local agencies shall complete the required Objective 1 and select at least one more objective from the list below.

**Required Objective 1: By May 31, 2020, the local agency will market the eWIC program to new and former participants.**

Objective 2: By May 31, 2020, the local agency will market the eWIC program to community partners and stakeholders.

Objective 3: By May 31, 2020, the local agency will promote eWIC through media advertising (radio, TV, online, press releases, bus, etc.).

Objective 4: By May 31, 2020, conduct a needs assessment to evaluate the current clinic flow to determine if the clinics are maximizing appointment slots after implementation.

## **Evaluation of FFY 2018 Outreach Goal and Objectives:**

The Pennsylvania statewide goal was to increase participation by 2%, which we did not accomplish. The National WIC Association (NWA) recently completed a preliminary report regarding their Retention Campaign from 2016 to 2018, which included facts about some of the reasons for a decline in WIC participation nationwide. 1. Declining birth rates – PA birth rate has dropped 42 percent since 2007. 2. Decreased unemployment – PA unemployment dropped .30 percent in the last year. 3. Federal attacks on immigrants’ use of health and nutrition programs – This has affected Pennsylvania on a smaller scale than other states. Pennsylvania has not had as great a decline as some other states and recently had an increase in participation during the months of May and June 2018. Pennsylvania ranks seventh in participation among the 90 WIC State Agencies.

In FFY 2018, PA WIC continued our efforts to enhance WIC’s partnership with the local OB-GYNs, hospital clinics and pediatricians through visits and personal delivery of new WIC materials. Most participants trust their health care provider and look to them for guidance. Therefore, all 24 local WIC agencies made a concerted effort to improve this partnership. NWA also provided prenatal and postnatal brochures to health care provider distribution sites to promote WIC in FFY 2018. The total referrals from health care providers increased from 25.91 percent in 2017 to 27.04 percent in 2018.

In 2018, about half of the local WIC agencies selected an objective to focus on collaborating with Head Start (HS) and Early Head Start (EHS) programs. It has been valuable to coordinate services for families who participate in both programs with a goal for HS families to participate in WIC until their children turn five. We now have about nine co-locations where WIC provides services to HS families at a HS site and a couple are in various stages of implementation. We also have six WIC offices located in the same building as HS programs. The WIC materials targeting HS families continue to be distributed across the state. There was a marginal increase in referrals from HS and EHS to WIC from 2017 to 2018, and the collaboration between the two programs continues to increase statewide.

Other outreach objectives in 2018 included the following:

1. About one-third of the local agencies improved collaborations with the local County Assistance Offices (CAO), CareerLink and the Child Care Information Service (CCIS) offices to encourage more referrals to WIC. This included on-site visits, making presentations and setting up a WIC table to promote and provide WIC services to families at the CAO or CareerLink office. There was a marginal percent increase in referrals from CAOs and Social Service agencies when compared to last year. The CCIS offices in Pennsylvania are no longer operational and those services are now offered through Early Learning Resource Centers effective July 1, 2018. WIC staff will continue to connect with this new resource for families in the coming year as the centers get established. There was a decrease in referrals from CCIS offices.
2. Another third of the local agencies promoted WIC to food banks and pantries and referred families to organizations that helped with SNAP enrollment. The MIS system shows an increase of 1,557 referrals to WIC participants for SNAP (food stamps) this year.

3. The last third of the local agencies had media awareness campaigns. The State Agency also completed a six-week radio, TV and online media campaign during May and June 2018. The number of referrals reported in the MIS system does not show an increase in referrals from media over last year; however, there has been an increase in participation by almost 1,400 and the number of on-line pre-applications increased by 238 during May and June 2018.
4. Several local agencies also collaborated with Penn State Nutrition Links and the Nurse Family Partnership Program as these are great programs to refer WIC families. The collaboration included updating referral agreements between WIC and the two programs, discussing ways to increase referrals and having the programs on-site to familiarize participants.

All the local agencies will continue to promote the value of WIC to other community partners through community outreach, press releases, newspaper ads and other types of media. Local agencies will be submitting their completed outreach plans for FFY 2019/2020 starting July 1, 2018 through September 15, 2018.

**The State Agency will continue to provide a WIC liaison to be a resource exhibitor at statewide conferences, summits and meetings throughout FFY 2019.**

The conferences and meetings attended as a WIC exhibitor or attendee during FFY 2018 are as follows:

- Pennsylvania Physician Assistant Conference
- Pennsylvania Immigrant and Refugee Women's Network Open House
- Great Start in Early Intervention: Focus on Young Children with Sensory Impairments and TBI Conference and Family Carnival
- Pennsylvania's 1<sup>st</sup> Statewide Latino Health Summit
- Head Start Supplemental Assistance Programs Grantee Meeting
- Central Pennsylvania Food Bank Agency Appreciation Conference
- Annual Domestic Relations Association of Pennsylvania Conference
- PA Home Visiting Stakeholders Committee
- OCDEL Home Visiting and Family Support Conference
- 2018 Migrant Education Program and English as a Second Language Conference
- PA Council of Children, Youth and Family Services Annual Conference
- Annual Gaudenzia Women and Children's Conference
- 2018 Child Hunger Summit by Central Pennsylvania Food Bank
- PA Workforce Development Association 34<sup>th</sup> Annual Employment Training and Education Conference
- PA Nutrition Education Network Annual Conference
- Annual Pennsylvania State Resource Family Association Conference
- Annual Pennsylvania Head Start Association Spring Conference
- 2018 Pennsylvania Public and Community Health Annual Conference
- Pennsylvania Pre-K Counts Annual Training Meeting
- Annual Early Childhood Education Summit



- OCDEL Family Engagement Conference
- Nurse Family Partnership Training Conference
- National WIC Association Annual Education and Training Conference
- Pennsylvania Medical Home Initiative Conference
- The Center for Schools and Communities – Domestic Violence Conference

As opportunities arise, the State Agency will pursue other conferences and continue providing our outreach materials (brochures, posters, WIC folders, etc.) to other professionals serving potential WIC families. To improve access to WIC for the migrant and immigrant populations, we completed the translation of outreach and other pertinent WIC materials into other languages in 2018 and hoping to upload materials to pawic.com. They include Arabic, Chinese, Vietnamese, Swahili, Somali, Burmese, Napoli, Russian and Spanish.

In 2018, Pennsylvania WIC made a concerted effort to reach out to PA Education for Children and Youth Experiencing Homelessness, Nurse Family Partnership, PA Home Visiting programs, Department of Human Services, Early Learning Resource Centers, Child and Adult Care Food Program providers, PA Immigrant and Refugee Women’s Network, Migrant Education, Center for Schools and Communities and Department of Human Services (DHS) to initiate or improve collaboration with these organizations. Our collaboration with DHS resulted in the creation of a brochure targeting new moms on medical assistance promoting the benefits of WIC. This brochure is now included in the DHS mailing to these moms after delivery. The month after we started the project over 500 infants were added to the program statewide.

Pennsylvania WIC also participated in the 102<sup>nd</sup> Annual Farm Show where about 4,800 children had the opportunity to participate in games focused on healthy food and beverages as well as increasing physical activity. The Farm Show was an excellent venue to promote WIC to families and other community programs.

**The State Agency conducted eleven public meetings in 2018 to receive comments and recommendations for the State Plan and the WIC Program in general.**

The meetings were held from 10:00 a.m. to 3:00 p.m. as follows:

- May 1, 2018, Bi-County WIC Program, 612 West 4th St., Williamsport, PA 17701
- May 1, 2018, Hamilton Health Center, 45 Market St., Elizabethville, PA 17023
- May 2, 2018, Broad Top Area Medical Center, 900 Bryan St., Suite 2, Huntingdon, PA 16652
- May 3, 2018, Chester County Government Services Building, 601 Westtown Road, Room 250, West Chester, PA 19380
- May 3, 2018, NORTH, Inc. Philadelphia WIC Office, 1300 W. Lehigh Ave., Suite 104, Philadelphia, PA 19132
- May 14, 2018, Family Health Council of Central PA, Inc., 3461 Market St., Third Floor Conference Room, Camp Hill, PA 17011
- May 16, 2018, Shenango Valley Urban League, Inc., 601 Indiana Ave., Farrell, PA 16121
- May 17, 2018, Community Action Partnership of Lancaster County, Inc., 601 S. Queen St., Room 220, Lancaster, PA 17603
- May 17, 2018, Fayette County Community Action Agency, Inc., 108 N. Beeson Ave.,

Uniontown, PA 15401

- May 22, 2018, Allegheny County Health Department, Investment Building, 6th Floor, 239 Fourth Ave., Pittsburgh, PA 15222
- May 22, 2018, North Central PA Regional Planning and Development Commission, 49 Ridgmont Drive, Ridgway, PA 15853

The Department of Health published a sunshine notice of the public meetings in the Pennsylvania Bulletin, the official government publication of the Commonwealth. The meeting notice was placed on the Pennsylvania WIC and Department of Health WIC websites and in the following newspapers: *Sun-Gazette*, *Patriot News*, *Daily News*, *The Daily Local*, *Philadelphia Inquirer*, *Herald*, *LNP*, *Herald Standard*, *Post-Gazette* and *Ridgway Record*. In addition to these announcements and advertisements, approximately 1,300 notices were mailed or emailed to various health and human service agencies across the Commonwealth inviting individuals wishing to comment on the WIC Program to do so in person at the public meeting or by submitting written comments to the state agency by May 31, 2018. Agencies contacted included community organizations, Head Start and other home visiting programs, social service programs, professional organizations and health care providers.

The State Agency issued a memorandum to the local agencies, which outlined approaches to use to involve WIC participants and health professionals in the public meeting process. Local agencies were requested to post notices of the public meeting at clinic sites during the months of April and May 2018 and they also gave participants the opportunity to provide written comments.

## I. Vendor and Farmer Management

(Please indicate) **State Agency: Pennsylvania**

for **FY: 2019**

Vendor and farmer/farmers' market management includes all those activities associated with selecting, authorizing, training, monitoring, and investigating the State agency's vendor and farmer/farmers' market population for the purpose of reducing fraud and abuse in the WIC Program food delivery system.

- A. **Vendor Selection and Authorization** – 7 CFR 246.4(a)(14)(i), (ii), and (iii): identify the types of food delivery systems used in the State's jurisdiction, describe, if used, the State agency's limiting criteria, describe the State agency's selection criteria and attach a sample vendor agreement. Describe, if applicable, the supervision and instruction the State agency provides to local agencies to which vendor agreement signing has been delegated.
- B. **Vendor Training** – 7 CFR 246.4(a)(14)(xi): describe State and local agency procedures for training WIC Program vendors and farmers/farmers' markets and for documenting all relevant training.
- C. **High-Risk Vendor Identification Systems** – 7 CFR 246.12(j)(3): describe the policies and procedures for identifying and monitoring high-risk vendors through the use of vendor peer groups, food instrument and cash-value voucher (CVV) cash value benefit (CVB) redemption screening, analysis of overcharging and other violations, the use of price lists, tracking complaints, or other means. *This section may be submitted separately because it is no longer a State Plan requirement but must still be approved by FNS.*
- D. **Routine Monitoring** – 7 CFR 246.4(a)(14)(iv): describe the criteria used to select vendors for routine monitoring as well as the methods and scope of on-site routine monitoring activities. Include any relevant information about the State agency's plans for improvement in the coming year.
- E. **Compliance Investigations** – 7 CFR 246.4(a)(14)(iv): describe the investigative practices and procedures used to conduct both compliance buys and inventory audits for the purpose of detecting, tracking, and documenting vendor noncompliance with program requirements.
- F. **Administrative Review of State Agency Actions** – 7 CFR 246.4(a)(14)(iii): describe the procedures for conducting both full and abbreviated administrative reviews.
- G. **Coordination with the Supplemental Nutrition Assistance Program (SNAP)** – 7 CFR 246.4(a)(14)(ii), (a)(14)(iv), and 246.12(h)(3)(xxv): describe the methods and procedures used to coordinate the monitoring and sharing of information on vendors who participate in both the WIC Program and SNAP.
- H. **Staff Training on Vendor Management** – 7 CFR 246.4(a)(14)(iii), (a)(14)(iv), and (a)(14)(xi): describe the distribution of responsibilities and activities of those individuals at both the State and local levels who are involved in vendor management activities. If applicable, describe the supervision and instruction the State agency provides to local agencies to which vendor management activities have been delegated.
- I. **Farmer/Farmers' Market Authorization** – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers' markets to accept CVVs/CVBs, describe the authorization process.
- J. **Farmer/Farmers' Market Agreements** – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers' markets to accept CVVs/CVBs, describe the State agency's agreement with the farmers/farmers' markets and attach a sample farmer/farmers' market agreement.
- K. **Farmer/Farmers' Market Training** – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers' markets to accept CVVs/CVBs, describe the training provided to the authorized farmers/farmers markets.
- L. **Farmer/Farmers' Market Monitoring** – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers markets to accept CVVs/CVBs, describe the criteria used for selecting farmers/farmers markets for routine monitoring as well as the method(s) and scope of on-site monitoring of the farmers/farmers markets.

## I. Vendor and Farmer Management

M. Farmer /Farmers' Market Sanctions, Claims, and Appeals – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers markets to accept CVVs/CVBs, describe the farmer/farmers' market sanctions, claims, and appeals and attach a copy of the farmer/farmers' market sanction schedule (which should be included in the farmer/farmers' market agreement as well).

N. Participant Access - 7 CFR 246.4(a)(15); 246.12(b), (g)(1), (g)(9): provide information about the State agency's definition of participant access.

## I. Vendor and Farmer Management

### A. Vendor Selection and Authorization

#### 1. Number and Distribution of Authorized Vendors

a. Does the State agency use limiting criteria to limit the number of vendors it authorizes?

- Yes       No

b. If yes, check and specify the type of criteria used (e.g. vendor/participant ratio of 1/100 per county):

- Vendor/participant ratio (specify):  
 Vendors/local agency or clinic ratio (specify):  
 Vendors/local service area or county ratio (specify):  
 Vendors/geographic area (e.g., number per mile, city block, zip code) (specify):  
 Vendor/State agency staff ratio (specify):  
 Statewide cap on the number of vendors (specify):  
 Other (specify):

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** Selection Criteria, 28 PA Code Chapter 1103.4 and P&P 4.01, Retail Store Management.

#### 2. Vendor Application Periods

a. The State agency considers applications:

- On an on-going basis  
 Annually in \_\_\_\_\_ for a new agreement begins  
 Every two years (specify month):  
 Every three years (specify month):  
 Any time there is a participant access needed  
 The State agency is currently under a:  
 Federal Moratorium (specify time frame):  
 State agency-imposed deferral of application processing (specify time frame and conditions):  
 Other (specify):

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** Vendor Management Appendix and/or Procedure Manual (Citation): 28 PA Code Chapter 1103.1 (B)(3) and P&P 4.01, Retail Store Management.

#### 3. Vendor Selection and Authorization

a. The vendor selection criteria used to select vendors for program authorization include:

**Required criteria:**

- EBT capable as defined in 7 CFR 246.12(aa)(4)(ii)  
 A competitive price criterion based on:  
 Vendor applicant price lists  
 WIC redemption data  
 A State agency standard drawn from a price survey  
 A standard drawn from another source (specify):  
 Other (specify):

## I. Vendor and Farmer Management

- A minimum variety and quantity of supplemental foods criterion that is:
  - Statewide
  - Peer group specific
  - A requirement to obtain infant formula only from sources included in the State agency's list of State licensed infant formula wholesalers, distributors, and retailers and manufacturers registered with the U.S. Food and Drug Administration
- A business integrity criterion that includes:
  - No history, during the past six years, among the vendor's owners, officers, or managers of criminal convictions or civil judgments for activities listed in 7 CFR 246.12(g)(3)(ii)
  - No history of other business-related criminal convictions or civil judgments
  - Other (specify):
  - Lack of a current SNAP disqualification or civil money penalty for hardship per 7 CFR 246.12(g)(3)(iii)

### **Optional criteria:**

- A requirement to stock a full range of foods in addition to WIC supplemental foods
- A location necessary to ensure adequate participant access
- Redemption of a minimum number/volume of food instruments and CVVs/CVBs
- Satisfactory compliance with previous vendor agreement
- Certification by an approved State or local health department
- Proof of authorization as a SNAP retailer, including SNAP authorization number
- Hours of operation which meet State agency criteria (specify): 8 hours a day, 6 days a week
- Lack of previous WIC sanctions
- Other criteria (specify): Store must be located in PA, be a full-time grocery store in a permanent location, be clean, have foods properly stored and may not have stale dated allowable foods on the sales floor. Store may not qualify, or expect to qualify, as an above 50% store. Store must meet the minimum inventory technology requirement set by the Department. Stores outside of the state are only considered for authorization if not authorizing the store would result in Inadequate Participant Access per §1103.7.
- Not applicable (explain):

### **b. Explain how the State agency develops and uses the competitive price criteria identified in item 3a to select vendors for authorization.**

**(1) Does the State agency exempt from competitive price criteria pharmacies that provide only exempt infant formula or WIC-eligible medical foods to participants?**

- Yes       No

**(2) Did the State agency exempt non-profit WIC vendors (other than health or human services agencies that provide food under contract with the State agency) from competitive price criteria?**

- Yes       No

### **c. When does the State agency assess vendors for above-50-percent status?**

- At authorization
- 6 months after authorization
- Annually
- Other (specify):

## I. Vendor and Farmer Management

### d. How does the State agency assess vendors for above-50-percent status?

- Use the WIC-6 in The Integrity Profile (TIP System)
- Collect food sales data documentation from the vendor
- Collect food sales data documentation from another agency (specify):
- Other (specify):

### e. Does the State agency authorize vendors that derive more than 50 percent of their annual food sales from WIC transactions (i.e., above-50-percent vendors)?

- Yes
  - No
- If "No," please proceed to item 3f.  
If "Yes," please respond to the following:

(1) How many above-50-percent vendors are currently authorized?  
(include all above-50-percent vendors, not just WIC-only vendors  
)

(2) Does the State agency allow above-50-percent vendors to provide incentive items?

- Yes
  - No
- If "No," please proceed to item 3f.  
If "Yes," please respond to the following:

Describe the approval process or attach a copy of the relevant application form. Description (or list the Appendix citation here):

(3) Does the State agency provide above-50-percent vendors with a list of pre-approved incentive items?

- Yes; please provide list
- No

(4) Does the State agency provide above-50-percent vendors with a list of prohibited incentive items?

- Yes; please provide list
- No

### f. Does the State agency ensure vendors (regular and above-50-percent) do not treat WIC participants differently by offering them incentive items that are not offered to non-WIC customers? (7 CFR 246.12(h)(3) (iii) and WIC Policy Memorandum 2014-3 *Vendor Management: Incentive Items, Vendor Discounts and Coupons*)

- Yes; please explain:
- No; please explain:

Regular vendors are trained that offering incentives to WIC participants is not allowed. PA WIC does not authorize above 50% vendors.

### g. On-site pre-authorization visits are conducted to verify information received during the application process:

<u>by SA</u>	<u>by LA</u>	<u>by Other</u>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For vendors at initial authorization
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For all vendors at authorization/reauthorization

### h. Does the State agency verify the status of vendor applicants SNAP retailer authorizations via STARS?

- Yes
- No

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** 28 PA Code Chapter 1103.1(b)(7) indicates PA WIC will deny the application if the selection criteria is not met. 28 PA Code Chapter 1103.4(10) indicates that a store may not be disqualified from SNAP.

## I. Vendor and Farmer Management

### 4. Vendor Peer Groups

*If the State agency does not have a vendor peer group system, please attach a copy of the most recent exemption request and approval letters and proceed to item 4e.*

#### a. Are vendors assigned to peer groups for selection/authorization?

Yes       No

#### b. Are vendors assigned to peer groups for reimbursement purposes?

Yes       No

#### c. Peer groups are based on the following (check all that apply):

- WIC sales volume
- Gross food sales volume
- Number of cash registers
- Square footage of store
- Type of store
- Location of store
  - Local agency service areas
  - City, County, or regional divisions
  - Urban/suburban/rural
  - Other (specify): Number of stores owned.
- Zip codes
- Unique economic location (e.g., rural island, single metro area)
- Other (specify):

#### d. Using the chart on the next page, describe the peer groupings (e.g., supermarkets, medium and small grocery stores, convenience stores, etc.) that the State agency plans to use during the upcoming fiscal year. For State agencies with more than four peer groupings, please attach a chart containing this Peer Group Description and list the Appendix citation here: Appendix A – Vendor Peer Groups Table.

#### e. Has the State agency received approval for an exemption from the vendor peer group system requirement (7 CFR 246.12(g)(4)(v))?

Yes; date FNS approved exemption:       No

**(1) If yes, the State agency's exemption was based on the latest available data for the current fiscal year (which covers the period from      to      ), and the State agency:**

Does not have any above-50-percent vendors; data source:

Paid above-50-percent vendors      percent of the total annual WIC redemptions to date; data source:

**(2) If the State agency does not use a vendor peer group system, describe the State agency's alternative system for comparing the prices of new vendor applicants and currently authorized vendors and selecting for authorization or reauthorization vendors that offer the program the most competitive prices.**



## I. Vendor and Farmer Management

### A. Vendor Selection and Authorization

#### DESCRIPTION OF VENDOR PEER GROUP SYSTEM

Vendor Peer Groups					Comparable Vendors Peer Group Number (6)
Peer Group No. (1)	Description (e.g., supermarkets, chain stores, pharmacies) (2)	Number of Vendors in Peer Group			
		Regular Vendors (3)	Above-50% Vendors (4)	Total (5)	
1	*****See "Vendor Peer Groups Table" for complete description of 6 peer groups utilized by PA WIC.*****				
2					
3					
4					
5					
6					
7					

**Instructions:**

Column 1 – Assign a sequential number to each peer group.

Column 2 – Describe the vendors in the peer group; include all factors and definitions checked in question 4c. (e.g., urban = counties with >100,000 residents OR suburban = counties with >10,000 residents OR rural = counties with <10,000 residents)

Column 3 – Insert the number of authorized vendors that are regular vendors.

Column 4 – If the State agency authorizes above-50-percent vendors, insert the number of above-50-percent vendors currently authorized.

Column 5 – Insert the total number of authorized vendors. This number should be the sum of columns 3 and 4, since the State agency must identify each vendor as being either a regular vendor or an above-50-percent vendor.

Column 6 – For each peer group that contains above-50-percent vendors, insert the number of the peer group that contains comparable regular vendors. The comparable vendor peer group is the peer group that the State agency uses to derive the competitive price criteria and maximum reimbursement levels that it applies to the above-50-percent vendors. If above-50-percent vendors are placed in a peer group with regular vendors, then the number in column 1 should be the same as that in column 6. If above-50-percent vendors are in separate peer groups, then the number in column 1 will be different from that in column 6.

## I. Vendor and Farmer Management

- f. **At least every three years the State agency must assess the effectiveness of its peer group system and competitive price criteria to enhance system performance (7 CFR 246.12(g)(4)(ii)(C)).**

**The State agency makes this assessment—**

- Annually       Every three years  
 Biennially       Other (please specify):

**What procedures does the State agency have in place to assess the effectiveness of its peer group system and competitive price criteria to enhance system performance?** Appendix B – Assessing Peer Group Effectiveness

Provide date of most recent FNS approval:

**5. Semiannual Shelf Price Collection**

- a. **Has the State agency received approval for an exemption from the shelf price collection requirement under 7 CFR 246.12(g)(4)(ii)(B):**

- Yes; date FNS approved exemption:       No

**6. Vendor Agreements**

- a. **The following reflect the State agency's vendor agreement practices:**

- All vendors have a written agreement with the State agency  
 A standard vendor agreement is used statewide  
 Vendor agreements are subject to the State's procurement procedures  
 Vendor agreements/handbooks are subject to the State's Administrative Procedures Act  
 A nonstandard vendor agreement is used for:  
 Military commissaries  
 Pharmacies that only provide exempt infant formula and/or WIC-eligible medical foods  
 All pharmacies  
 Home food delivery contractors  
 Mobile stores  
 Other (specify):  
 Vendors are authorized for a period of 3 year(s)  
 Vendors are authorized/reauthorized under renewable agreements, provided no vendor violations occurred during the previous vendor agreement period  
 All vendors are provided at least 15 days advance written notice of the expiration of the vendor agreement  
 Chain stores sign a master agreement that includes multiple locations  
 Chain stores sign an agreement for each store location  
 All authorized WIC vendors are compliant with the regulatory split tender requirement at 246.12(f)(4).  
 Other (specify):

- b. **In addition to the requirements in 7 CFR 246.12(h)(3)-(h)(6), the vendor agreement includes:**

- Periodic submission of vendor price lists. If so, specify frequency: Two times per year.  
 Maintenance of records in addition to the required inventory records. If so, specify types of records:  
 Submission of food instruments and CVVs/CVBs within a shorter timeframe than required by program regulations. If so, specify timeframe:

## I. Vendor and Farmer Management

- Redemption of a minimum number/volume of food instruments and CVVs/CVBs
- Minimum hours of operation
- Other (specify all):

**c. The State agency delegates the signing of vendor agreements to its local agencies:**

- Yes       No

**If yes, provide a description of the supervision and instruction provided to local agencies to ensure the uniformity and quality of this activity.**

**Please attach a copy of the Vendor Agreement or provide the appropriate Procedure Manual reference below. ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation): Appendix A - Vendor Peer Groups Table and Appendix C - WIC Retail Store Agreement**

## B. Vendor Training

### 1. Vendor Training – General

**a. Annual vendor training covers the following content (check all that apply):**

- Purpose of the WIC Program
- Supplemental foods authorized by the State agency
- Minimum varieties and quantities of supplemental foods that must be stocked
- Obtaining infant formula only from sources included in the State agency's list of State licensed infant formula wholesalers, distributors, and retailers, and manufacturers registered with the U.S. Food and Drug Administration
- Procedures for obtaining prior State agency approval to provide incentive items to WIC participants
- Procedures for transacting and redeeming food instruments and cash - value vouchers
- Vendor sanction system
- Vendor complaint process
- Claims procedures
- Changes in program requirements since the last training
- Recordkeeping requirements
- Replacement food instruments and cash-value vouchers
- Participant complaints
- Vendor requests for technical assistance
- Reauthorization
- Reporting changes of ownership, location, or cessation of operations
- Procedures for appeal/administrative review
- Training employees
- WIC/SNAP sanction reciprocity and information sharing
- Other (specify):

**If any topics listed above are not included in the annual vendor training, explain why.**

Regarding incentives, regular vendors are trained that offering incentives to WIC participants is not allowed.

**b. Vendors or vendor representatives receive training on the following occasions and/or through the following materials (check all that apply):**

- On-site (in-store) meetings/conferences
- Off-site meetings/conferences

## I. Vendor and Farmer Management

- During routine monitoring visits (e.g., educational buys)
- When specialized technical assistance is requested
- Written materials (e.g., newsletters)
- Audiotapes or videotapes
- Teleconference, video conference, or webinars
- Vendor hotline
- State or local agency website
- Other (specify): Initial and Annual Training.

**c. Vendors or vendor representatives receive *interactive* training as follows (check all applicable responses):**

- At or before initial authorization
- At least once every three years
- Annually or more frequently than once every three years

**d. The following method(s) are used to evaluate the effectiveness of vendor training (check all that apply):**

- Evaluation forms provided with training materials
- Pre-tests and/or post-tests regarding vendor policies, procedures, and practices
- Statistical indicators, such as a reduction in food instrument/cash-value voucher/cash-value benefit errors
- Educational buys
- Record reviews
- Informal feedback from vendors and/or participants
- Vendor advisory councils
- None
- Other (specify):

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** P&P 4.04, Training of WIC Retail Stores

### 2. Delegation of Vendor Training

**a. The State agency delegates its vendor training to:**

- Its local agencies
- A contractor; specify:
- A vendor association/representative; specify:
- Other (specify):
- None (the State agency conducts all vendor training)

**b. Indicate the frequency with which the State agency performed the following activities during the past fiscal year:**

<u>Times/ FY</u>	<u>Activity</u>
4	Provided comprehensive training materials to delegated trainers
4	Provided instruction on vendor training techniques to delegated trainers
	Monitored performance of delegated trainers to ensure the uniformity and quality of vendor training
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Other (specify):

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):**

## I. Vendor and Farmer Management

### 3. Documents for and Documentation of Vendor Training

a. **The State agency or the entity to which it delegates vendor training documents the content of and vendor participation in annual vendor training:**

Yes       No

b. **Vendors or vendor representatives are required to sign an acknowledgment of training when they have received the following types of training (check all that apply):**

Interactive training       Annual training  
 Educational buys       Monitoring visits  
 Remedial training       Other (specify):

c. **The State agency produces a Vendor Handbook:**

Yes       No

If yes, provide the link to the Vendor Handbook or the citation:

d. **The State agency provides online or web based training:**

Yes       No

If yes, provide the link to the training:

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** Appendix D - WIC Retail Store Handbook

## C. High-Risk Identification Systems

### 1. Vendor Complaints

a. **The State agency has a formal system for receiving complaints about vendors:**

No; please explain:  
 Yes, complaints are received through the following:  
 A toll-free number handled by State agency staff  
 A standard complaint form which the complainant sends to:  
 State agency  
 Local agency or clinic  
 Online system; include link here:  
 Other (specify): Complaints are entered into the MIS system.

b. **The State agency has a formal system for receiving complaints from vendors:**

No; please explain:  
 Yes, complaints are received through the following:  
 A toll-free number handled by State agency staff  
 A standard complaint form which the complainant sends to:  
 State agency  
 Local agency or clinic  
 Online system; include link here:  
 Other (specify):

## I. Vendor and Farmer Management

c. The State agency logs and responds to all complaints:

Yes, please explain: When a complaint about a vendor is received, the Local agency's Retail Store Coordinator logs the complaint into Vendor Management in MIS. The Retail Store Coordinator follows up with the vendor and responds to all complaints.

No; please explain:

### ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

#### 2. Identifying High-Risk Vendors

a. What criteria does the State agency use to identify high-risk vendors: (\* = mandatory)

- Low-variance\*                       Complaints against vendors  
 High-mean value\*                       Other (specify all): QuickWIC assigns codes based on the following criteria.  
 New vendor

Risk Code A – Small variation in WIC Check prices  
Risk Code B – Lrg percent of WIC Checks redeemed at same price  
Risk Code C – High average WIC Check prices  
Risk Code D - Redeemed prices are higher than their price list  
Risk Code E - Lrg percent of high priced WIC Checks  
Risk Code F - Volume of WIC business  
Risk Code G - Lrg increase in dollar volume of WIC Checks  
Risk Code H - Lrg percent of area's total WIC redemptions  
Risk Code I - WIC sales are high pct of vendor's total sales  
Risk Code J - High WIC to Food Stamp redemption ratio  
Risk Code K - WIC/Food Stamp sales are high pct of total sales  
Risk Code L – Participant / other complaint  
Risk Code M - Lrg # of parts. redeem checks outside their area  
Risk Code N - Lrg # of high risk participants redeeming checks  
Risk Code O - Lrg # of WIC Checks with consecutive serial number  
Risk Code Q - Excessive reissuances  
Risk Code R - History of violations/disqualifications  
Risk Code S - Association with known violators  
Risk Code T - Multiple ownerships which include known violators  
Risk Code U - Short on authorized food items, or no inventory  
Risk Code V - New vendor  
Risk Code W - Requested by USDA  
Risk Code X - Other

The state agency has a priority list of high risk codes, which determines the vendors that will have compliance buys.

b. Identify the frequency for generating high-risk vendor reports:

- Monthly                                       Annually  
 Quarterly                                       No set schedule  
 Semiannually                                       Other (specify):

## I. Vendor and Farmer Management

**c. Identify the type(s) of food instruments/cash-value vouchers/cash-value benefits used in the high-risk vendor analysis. (Check all that apply):**

- A full monthly food package for a:
  - Woman
  - Infant
  - Child
  - Other (specify):
- Standard food instrument type with multiple food items (e.g., milk, cheese, and cereal)
- Standard food instrument type with a single food item
- Constructed food instrument (State agencies with nonstandard food instruments)
- CVVs/CVBs
- Other (specify):

**d. To perform the high-risk vendor analysis, the State agency's system aggregates a vendor's redemptions over the following time period:**

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- Other (specify):

**e. Vendor redemption patterns are generally compared to:**

- Applicable peer group patterns
- All vendors' patterns Statewide
- Other (specify):

**Provide additional information about your MIS, detailing how the State agency conducts the high-risk vendor analysis and how the State agency ranks vendors when more than 5% of authorized vendors are high risk. Include the name of the file and/or where the file and which system is used to produce it. P&P 4.03SP, Retail Store Quality Assurance**

## D. Routine Monitoring

### 1. Routine Monitoring Visits

**a. Routine monitoring visits are conducted by:**

- State agency staff
- Local agency staff
- Other (specify):

**b. Identify the activities performed during a routine monitoring visit:**

- Check the vendor's inventory of supplemental foods and/or inventory records to determine if the vendor meets the State agency's requirements for the minimum variety and quantity of supplemental foods
- Check the vendor's inventory of non-supplemental foods and/or inventory records to provide information on whether the vendor is an above-50-percent vendor
- Determine whether the vendor accepts forms of payment other than WIC food instruments, such as cash, personal checks, and credit cards, to provide information on whether the vendor is an above-50-percent vendor
- Check the vendor's invoices of infant formula to ensure that the infant formula is obtained only from the State agency's list of infant formula manufacturers registered with the Food and Drug Administration, and infant formula wholesalers, distributors, and retailers licensed under State law
- If the vendor is an above-50-percent vendor, check its stock of incentive items to ensure that such items have been approved by the State agency
- Obtain the vendor's shelf prices and/or validate the vendor's price list
- Review food instruments in the vendor's possession for vendor violations
- Compare food instruments in the vendor's possession with shelf prices to test for vendor overcharges

## I. Vendor and Farmer Management

- Review use of shelf tags and signage
  - Review expiration dates on supplemental foods
  - Compare prices of supplemental foods with similar items not approved as supplemental
  - Observe food instrument transactions and CVV/CVB
  - IF EBT, verify if that vendor has appropriate terminals in required number of lanes per 7 CFR 246.12(z)(2).
  - Conduct an educational buy
  - Interview manager and/or employees
  - Review employee training procedures
  - Conduct annual vendor training or provide vendor with annual training materials
  - Examine the sanitary conditions of the store
  - Assures that vendor is compliant with the split tender requirement
  - Other (specify all):
- c. Generally, routine monitoring visits are conducted on each vendor (check all that apply):
- Annually
  - Twice a year
  - As needed (specify)
  - Other (specify) 5% of vendors are reviewed annually
- d. **The following procedures are used in determining whether a vendor is selected for a routine monitoring visit (check all that apply):**
- Random selection
  - Complaints
  - Periodic/scheduled training
  - Other (specify):
  - Periodic/scheduled review
- e. **What percent of vendors received monitoring visits during the past fiscal year?**
- Less than 5 percent; explain reason:
  - 5 percent
  - More than 5 percent (specify): So far in FY18, there have been 99 completed routine monitoring reviews and another six in progress.

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** P&P 4.03SP, Retail Store Quality Assurance

## E. Compliance Investigations

### 1. Investigative Practices

#### a. The State agency conducts (check all that apply):

- Compliance buys (a covert, on-site investigation in which a representative of the Program poses as a participant, parent or caretaker of an infant or child participant, or proxy; transacts one or more food instruments or CVVs/ CVBs; and does not reveal during the visit that he or she is a Program representative.)
- Inventory audits (the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time.)
- Other (specify):



## I. Vendor and Farmer Management

b. **The following factors are used to determine which vendors are selected for a compliance investigation (check all that apply):**

- Vendor is identified by the high-risk vendor identification criteria
- Random selection
- Geographical considerations
- Volume of WIC redemptions
- Participant complaints
- Other (specify): USDA Request

c. **The State agency uses standard procedures for conducting and documenting compliance buys and inventory audits:**

- Yes If yes, please provide the guidelines in the Vendor Management Appendix or cite to the Procedure Manual reference: P&P 4.03SP, Retail Store Quality Assurance
- No; specify:

d. **The results of compliance investigations are used to assess the effectiveness of the State agency's high-risk vendor identification criteria:**

- Yes  No

**If yes, check the items below that describe how the results of compliance investigations are used to assess the effectiveness of high-risk vendor identification criteria:**

- The State agency compares data on the prevalence of vendor violations detected among high-risk versus non-high-risk vendors.
- The State agency discards a high-risk vendor identification criterion if compliance investigations of high-risk vendors identified by the criterion result in no vendor violations after \_\_\_\_\_ months
- Investigative procedures and training are reevaluated if compliance investigations of high-risk vendors result in the detection of no vendor violations.
- Other (specify):

e. **How many vendors were authorized as of October 1 of the past fiscal year?** In October 2017, there were 1,797 active stores.

**How many compliance investigations of vendors were completed during the past fiscal year?**

- Compliance Investigations: 95 were completed during October 1, 2016 – September 31, 2017.
- Inventory Audits: 2 were completed during October 1, 2016 – September 31, 2017.

**How many vendors that received compliance investigations were high-risk during the past fiscal year?**

- Compliance Investigations: 95 vendors were high risk during October 1, 2016 – September 31, 2017.
- Inventory Audits: 0 vendors were high risk during October 1, 2016 – September 31, 2017.

**Did the State agency give priority to high-risk vendors (up to the five percent minimum) in conducting compliance investigations during the past fiscal year?**

- Yes  No; explain reason:

**How many of all vendors were high-risk during the past fiscal year?**

264 vendors were high-risk during October 1, 2016 – September 30, 2017.

**(The State agency is required by § 246.12(j)(4)(i) to conduct compliance investigations of at least 5 percent of**

## I. Vendor and Farmer Management

its vendors authorized as of October 1 of each fiscal year, including all high risk vendors up to the 5 percent maximum.)

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** Appendix E - Authorized Vendors

### 2. Compliance Buys

**a. The State agency conducts the following types of compliance buys:**

- Trafficking buys (exchanging food instruments for cash/cash-value vouchers/cash-value benefits and short buys)
- Safe buys (transacting food instruments for all food items listed to see if the vendor will overcharge)
- Short buys (transacting food instruments for fewer food items than those listed to see if the vendor will charge for food items not received)
- Major substitution buys (exchanging food instruments for non-food items or unauthorized food items that are not similar to those listed)
- Minor substitution buys (exchanging food instruments for unauthorized food items that are similar to those listed)
- Other (specify):

**b. Does the State agency tailor compliance buys to vendors' risk type?**

- Yes; explain:
- No; explain: All compliance buy investigations are conducted in the same manner no matter the risk criteria.

**c. Compliance buys are usually conducted by:**

- WIC State agency staff
- WIC local agency staff
- State investigators
- Investigators retained on a contract basis (e.g., Pinkerton, Wells Fargo)
- Interns, neighborhood residents, or program participants employed by WIC
- Another WIC State agency
- Other (specify):

**d. Who is responsible for ensuring the proper execution of and follow-up on compliance buys?**

- WIC State agency vendor manager
- WIC local agency manager
- State investigators
- Contractor
- Another WIC State agency
- Other (specify):

**e. If no vendor violations are detected, how many compliance buys does the State agency conduct before closing a compliance investigation?**

- Two
- Other (specify):

## I. Vendor and Farmer Management

f. **If the State agency conducts a standard number of compliance buys per compliance investigation, what is the basis for the prescribed number of buys?**

- State law or regulation
- State agency policy or procedure
- Level of evidence necessary to impose vendor sanctions
- Legal counsel's advice
- Other (specify):

g. **Is the vendor provided written notification of a violation requiring a pattern of violations in order to sanction the vendor, prior to documenting another violation of the same kind, unless the State agency determines that such notice would compromise the investigation and documents this in the vendor's file?**

- Yes
- No

**If no, is the determination that the written notification would compromise the investigation documented in the vendor's file?**

- Yes; if a standard form is used, please attach and cite below.
- No; please explain:

h. **Does the State agency have a clear, actionable definition of "pattern of violations" approved by its General Counsel/Administrative Officer?**

- Yes
- No

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):** P&P 4.03SP, Retail Store Quality Assurance

3. **Estimate the cost for conducting compliance buys, excluding expenses related to the vendor appeals/administrative review process:**

\$ \_\_\_\_\_ Cost per compliance buy

- Unknown
- Not applicable

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual:**

4. **Inventory Audits** (If inventory audits are not performed, go to Question 5)

a. **The following factors are used to determine which vendors selected for compliance investigations will receive inventory audits rather than/or in addition to compliance buys:**

- Vendor has highest risk based on State agency's high-risk identification criteria
- Suspicion of vendor exchanging cash for food instruments (trafficking)
- Inconclusive compliance buy results
- Complaints
- Other (specify): USDA Referrals

b. **The State agency conducts the following types of inventory audits:**

- On-site inventory audits
- State agency inventory audits (vendor sends records to State agency)
- Local agency inventory audits (vendor sends records to local agency)
- Other (specify):

## I. Vendor and Farmer Management

**c. Inventory audits are conducted by (check all that apply):**

- WIC State agency staff
- WIC local agency staff
- State investigators
- Investigators retained on a contract basis (e.g., Pinkerton's, Wells Fargo) Other (specify):

**d. Identify the amount of, or period of time covered by, the receipts that are examined during an inventory audit:**  
Two months' worth of receipts.

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):**

**5. Compliance Buy/Inventory Audit Tracking System(s)**

**a. The State agency has a means of recording and tracking staff person hours devoted to investigation activities:**

- Yes; please describe:
- No

**b. The State agency has an automated system for tracking investigations that monitors the progress and status of each compliance investigation:**

- Yes; please describe: Tracking in access database
- No

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):**

## F. Administrative Review of State Agency Actions

**1. Types of Administrative Reviews**

**The State agency conducts the following types of administrative reviews of vendor appeals for the adverse actions listed below. (Check all that apply):**

Informal Desk Reviews	Abbreviated Admin Reviews	Full Admin. Reviews	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to competitive price selection criterion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to minimum stocking selection criterion
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Denial due to business integrity or current SNAP DQ or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial based on limiting criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to State agency selection criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial due to application outside timeframe
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application of above-50-percent criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ for WIC violations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DQ for SNAP CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other WIC sanctions, e.g., fine or CMP

## I. Vendor and Farmer Management

- |                          |                                     |                                     |   |
|--------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Denial based on circumvention of sanction               |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Application of peer group criteria                      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Termination due to ownership change                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Termination due to location change                      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Termination due to ceasing operations                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Termination for other causes                            |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | DQ for trafficking/illegal sales conviction             |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | DQ/CMP due to another State agency's mandatory sanction |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | CMP based on SNAP DQ                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Denial based on no SNAP authorization                   |

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):**

### 2. Administrative Review Procedures

#### a. The State agency has a law or regulation governing WIC administrative reviews:

- Yes; please indicate: 28 PA Code Chapter 1113 Store Appeals
- No

**If the State agency does have such a law or regulation, this includes:**

- State agency Administrative Procedures Act  State agency law pertaining to WIC only
- State agency health department law
- State agency health department regulation
- State agency WIC regulation
- Other (specify):

#### b. At which level do administrative reviews of WIC vendor appeals take place:

- WIC local agency  State health department or Tribal
- WIC State agency  Other (specify):

## I. Vendor and Farmer Management

**c. Administrative reviews are conducted by:**

- Hearing officers
- Administrative law judges
- Other (specify):

**d. The following procedures are followed for administrative reviews:**

Abbreviated Admin. Reviews	Full Admin. Reviews	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Opportunity for vendor to examine evidence prior to review
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Opportunity for vendor to reschedule review date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Opportunity for vendor to present its case
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Opportunity for vendor to be represented by counsel
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Opportunity for vendor to present witnesses
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Opportunity for vendor to cross-examine witnesses
<input type="checkbox"/>	<input type="checkbox"/>	Opportunity for investigators to testify behind a screen or via other non-identifying method
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Presence of a court reporter or stenographer
<input type="checkbox"/>	<input checked="" type="checkbox"/>	An impartial decision-maker, whose decision is based solely on whether the State agency correctly applied Federal and State statutes, regulations, policies, and procedures
<input type="checkbox"/>	<input checked="" type="checkbox"/>	A written decision within 90 days from request for review
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

**e. Check the party(ies) below who may present the State agency case during a full administrative review:**

- WIC staff person assigned to case
- WIC State Agency Vendor Manager
- WIC State Agency Director
- Legal counsel (State Attorney General or General Counsel's office)
- Legal counsel (paid by WIC Program funds)
- Other (specify all): Local Agency Staff.

**Please attach and/or reference in the Additional Detail area below the location of the State agency's administrative review procedures.**

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation): 28 PA Code Chapter 1113.1 Store Appeals**

### G. Coordination with SNAP

**1. WIC/SNAP Information Sharing**

**a. An information sharing agreement between the WIC State agency and SNAP is in effect, per FNS Instruction 906-1 or other FNS guidance, and is maintained at the State agency:**

- Yes
- No

## I. Vendor and Farmer Management

If yes, an updated list of authorized vendors is sent to the appropriate FNS office:

- Once a year
- Regularly, at intervals of less than one year (specify):
- Periodically, as changes occur
- Upon request
- Other (specify):

b. State agency compliance investigators coordinate their activities with their SNAP counterparts:

- Yes
- No

c. State statute, regulations, or procedures restrict the disclosure WIC vendor and SNAP retailer information to those permitted under 7 CFR 246.26(e) and (f):

- Yes (specify): P&P 4.01SP, Retail Store Management.
- No

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):**

## H. Staff Training

1. Check below the routine formal training available to State and local level staff in vendor management practices:

State	Local	Other (contractor)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor selection and authorization
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor training
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Routine monitoring
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance investigations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inventory audits
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corrective actions and sanctions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal investigations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vendor appeals/administrative reviews
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Federal and/or State WIC regulations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of vendor fraud and abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WIC/SNAP information sharing and handling of confidential WIC vendor data
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High-risk vendor identification
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor management information system
<input type="checkbox"/> Not applicable			
<input type="checkbox"/> Other (specify):			

## I. Vendor and Farmer Management

2. **State agency staff meets with vendor representatives as part of a vendor advisory council or other vendor stakeholder group:**
- Monthly
  - Quarterly
  - Other frequency: At least twice per year
  - No vendor advisory council

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):**

3. **Reporting vendor information to TIP:**
- a. **How does the State agency submit vendor information to The Integrity Profile?**
- Manually (one vendor at a time)
  - Upload text file
  - Upload XML Schema
- b. **Describe how the State agency ensures that this information is accurate: Staff review the columns prior to submission each year.**

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):**

### I. Farmer/Farmers' Market Authorization

**STATE AGENCY DOES NOT AUTHORIZE FARMERS/FARMERS' MARKETS TO ACCEPT CVVs/CVBs; SECTIONS J-M DO NOT APPLY**

1. **Does the State agency delegate any tasks related to the management of the Farmers or Farmers' Markets to another entity?**
- No
  - Yes (specify what tasks and to whom): The PA Department of Agriculture is responsible for management of all Farmers or Farmer's Markets authorized for the FMNP program.
2. **The State agency authorizes farmers/farmers' markets to accept CVVs based on:**
- Authorization by the WIC Farmers' Market Nutrition Program (FMNP)
  - Selection criteria established separately from FMNP
3. **If the State agency does not authorize farmers/farmers' markets based on FMNP authorization, the selection criteria include (describe):**
4. **The State agency considers applications:**
- On an on-going basis
  - Annually
  - Other (specify):
    - Every three years
    - Every two years



## I. Vendor and Farmer Management

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation): and/or FMNP State Plan (Citation):**

### J. Farmer/Farmers' Market Agreements

**1. Agreement periods are for:**

- One year  Two years  Three years

Other (specify):

**2. Agreements are:**

- A modified version of the vendor agreement  
 Combined with the FMNP agreement  
 Unique to the authorization of farmers to transact CVVs/CVBs

**3. The following reflect the State agency's farmer/farmers' market agreement practices:**

- All farmers/farmers' markets have a written agreement with the State agency  
 A standard farmer/farmers' market agreement is used statewide Agreements  
 Are subject to the State's procurement procedures  
 Agreements/handbooks are subject to the State's Administrative Procedures Act  
 Farmers/farmers' markets are authorized/reauthorized under renewable agreements, provided no farmer/farmers' market violations occurred during the previous agreement period  
 All farmers/farmers' markets are provided at least 15 days advance written notice of the expiration of the agreement  
 All farmers/farmers' markets are provided a schedule of sanctions, either in or attached to the farmer/farmers' market agreement, or as a citation to State regulations

Other (specify):

**4. Agreement provisions include:**

- Assure that the CVV/CVB is redeemed only for eligible fruits and vegetables as defined by the State agency  
 Provide eligible fruits and vegetables at the current price or less than the current price charged to other customers  
 Accept the CVVs/CVBs within the dates of their validity and submit CVVs for payment within the allowable time period established by the State agency  
 Redeem the CVV/CVB in accordance with a procedure established by the State agency  
 Accept training on CVV/CVB procedures and provide training to any employees with CVV/CVB responsibilities on such procedures  
 Agree to be monitored for compliance with program requirements, including both overt and covert monitoring Be accountable for actions of employees in the provision of authorized foods and related activities  
 Pay the State agency for any CVV/CVB transacted in violation of this agreement  
 Offer WIC participants, parent or caretakers of child participants or proxies the same courtesies as other customers  
 Neither the State agency nor the farmer has an obligation to renew the agreement.  
 Other (specify):

## I. Vendor and Farmer Management

**5. The farmer/farmers markets agreement reflects that the farmer/farmers' market must not:**

- Collect sales tax on CVV/CVB purchases
- Seek restitution from WIC participants, parent or caretakers of child participants or proxies for CVVs/CVBs not paid or partially paid by the State agency
- Issue cash change for purchases that are in an amount less than the value of the CVV/CVB
- Other (specify):

**Please attach a copy of the Farmer/Farmers' Market Agreement or provide the appropriate Procedure Manual reference below.**

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):  
and/or FMNP State Plan (Citation):**

## K. Farmer/Farmers' Market Training

**1. Farmer/farmers' market training includes:**

- Eligible fruits and vegetables
- Procedures for transacting and redeeming CVVs/CVBs
- Agreement provisions
- Sanctions and Appeals
- Other (specify):

**2. Interactive farmer/farmers' market training (e.g., face-to-face, video conference, web cam) is conducted:**

- At or before initial authorization
- At least every three years following initial authorization
- Other (specify):

**3. Non-interactive farmer/farmers' market training (e.g., via hard copy mail, email, online) is conducted:**

- Annually following authorization
- Changes in procedures
- Other (specify):

**4. The State agency delegates training to:**

- Local agency (specify):
- Contractor (specify):
- Farmer representative (specify):
- Other (specify):

**5. If the State agency delegates training, briefly describe the State agency's supervision of such training:**

**6. The State agency produces a Farmer/farmers markets Training Handbook:**

- Yes       No

If yes, provide the citation:

## I. Vendor and Farmer Management

### 7. The State agency provides online or web based training:

- Yes       No

If yes, provide the link to the training or citation:

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation) and/or FMNP State Plan (Citation):**

## L. Farmer Monitoring

### 1. Farmers/farmers' markets are included in the:

- FMNP sample of farmers/farmers markets for monitoring       WIC sample of vendors for monitoring

### 2. Monitoring includes:

- Covert methods, such as compliance buys       Overt methods, such as routine monitoring

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation): and/or FMNP State Plan (Citation):**

## M. Farmer/Farmers' Market Sanctions, Claims, and Appeals

### 1. Farmer/farmers' market violations may result in:

- Disqualification  
 Denial of payment or demand for refund due to improperly redeemed CVVs/CVBs (Claims)  
 Prosecution under Federal, State, or local law regarding fraud or other illegal activity  
 Monetary sanctions such as civil money penalties and fines

### 2. Farmers/farmers' markets may administratively appeal:

- Disqualification  
 Denial of application  
 Other sanction (specify):

### 3. Farmers/farmers' markets may not administratively appeal:

- Expiration of an agreement  
 Claims  
 Other (specify):

**Please attach and/or reference the location of the State agency's administrative review procedures.**

**ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation) and/or FMNP State Plan (Citation):**

## N. Participant Access

### 1. Please provide the State agency definition for participant access. Include full criteria, including geography, density, and any other parameters in your response.

PA Code 28 Section 1103.7

## I. Vendor and Farmer Management

2. Does the State agency assess all vendor applications not meeting selection criteria for participant access?
- Yes       No
- a. If yes, describe below or attach and provide a citation of the procedures used for assessing vendor applications for participant access. Provide sufficient details so steps can be followed and criteria applied to a specific vendor

PA Code 28 Section 1103.7

## II – Nutrition Services

(Please indicate) **State Agency: Pennsylvania** for FY 2019

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at [WIC Works - http://wicworks.nal.usda.gov/](http://wicworks.nal.usda.gov/) for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

**A. Nutrition Education-246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7):** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

**B. Food Package Design-246.10:** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package. In addition to regulations at 246.10, State agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions available on the FNS PartnerWeb.

**C. Staff Training-246.11(c)(2):** describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

## II – Nutrition Services

### A. Nutrition Education

#### 1. Nutrition Education Plans (§246.11)

- a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c)(1))

Yes     No

- b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11(c)(7), (d), and (e) of this section. (§246.11(c)(5))

Yes     No

- c. The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))

Yes     No

- d. The State agency requires that local agency nutrition education include:

- A needs assessment
- Goals and objectives for participants
- Evaluation/follow-up
- Other (list):

- (ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:

- Quarterly or annually written reports
- Year-end summary report
- Annual local agency reviews
- Other (specify):

- e. State policies reflect the definition of “nutrition education” as defined in §246.2 and in the Child Nutrition Act. The definition is “Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.”

Yes     No

**ADDITIONAL DETAIL: Nutrition Services Supporting Documentation:** P&P 5.01 has been revised to reflect the correct definition of Nutrition Education in WIC, but is awaiting approval.

#### 2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support

- a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted:

Yes     No

## II – Nutrition Services

**b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:**

- State-developed questionnaire issued by local agencies
- Locally-developed questionnaires (need approval by SA):
  - Yes
  - No
- State-developed questionnaire issued by State agency.
- Focus groups
- Other (Specify):

**c. Results of participant views are:**

- Used in the development of the State Plan
- Used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
- Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

Appendix A: Copy of results from 2018 BF Services Questionnaire. Appendix B: 2019 Nutrition Education Survey

**3. Nutrition Education Contacts (§246.11(a)(1-3): (1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.**

**a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (≥2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:**

- Local agency addresses in the annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify): Local agencies are required to conduct internal monitoring annually.

## II – Nutrition Services

**b. The State agency has developed minimum nutrition education standards for the following participant categories:**

- Pregnant women       Breastfeeding women       Postpartum women
- Children       Infants       High-risk participants

**The minimum nutrition education standards address:**

- Number of contacts       Protocols       Documentation       Referrals
- Care plans       Exit counseling       Breastfeeding promotion and support
- Counseling methods/teaching strategies       Information on substance abuse prevention
- Content (WIC appropriate topics)       Nutrition topics relevant to participant assessment
- Appropriate use of educational reinforcement (videos, brochures, posters, etc.)

**c. The State agency allows the following nutrition education delivery methods:**

- Face-to-face, individually or group
- Online/internet
- Telephone
- Food demonstration
- A delivery method performed by other agencies, i.e., EFNEP
- Other (specify): Some local agencies have kiosks in their clinics.

**d. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:**

- Individual nutrition education contracts tailored to the participant's needs
- Group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- Other (specify):

**e. An individual care plan is provided based on:**

- Nutritional risk
- Priority level
- Healthcare provider's prescription
- CPA discretion
- Participant request
- Other (specify): Care plans are required for all participants at certification, Health Evaluation (mid-cert) and Recertification appointments.

**f. Individual care plans developed include the following components:**

	<b>Must Include</b>	<b>May Include</b>
Individualized food package	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Identification of nutrition-related problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>



## II – Nutrition Services

Nutrition education and breastfeeding support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A plan for follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referrals	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeframes for completing care plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Documentation of completing care plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other (specify by typing into the cells below):**

A participant-centered goal with appropriate follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**g. Check the following individuals allowed to provide general or high-risk nutrition education:**

	<b>General Nutrition Education</b>	<b>High-Risk Nutrition Contact</b>
Paraprofessionals (non B.S. degree with formal WIC training by SA or LA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B.S. in Home Economics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B.S. in the field of Human Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Registered Dietitian or M.S. in Nutrition (or related field)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietetic Technician (2-year program completed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other (specify by typing into the cells below):**

Physician	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physicians, RNs and individuals with BS in Home Economics are considered non-nutritionist CPAs and can carry out HR contacts, but must have their plans reviewed and countersigned by a Nutritionist.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**h. The State agency allows adult participants to receive nutrition education by proxy.**

- No
- Yes (If yes, check the applicable conditions below):
  - Proxy is spouse/significant other
  - Proxy is grandparent or legal guardian of infant or child participant
  - Proxy is neighbor
  - Other (specify):
  - Only for certain priorities (specify):

## II – Nutrition Services

**i. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.**

- No
- Yes (If yes, check the applicable conditions below):
  - Proxy is grandparent or legal guardian of infant or child participant
  - Proxy is neighbor
  - Other (specify):
  - Only for certain priorities (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): P&P 5.01SP, Nutrition Education in the WIC Program**

**4. Nutrition Education Materials (§246.11(c)(1,3,4,6,7):** The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff.

**a. The State agency shares material with the Child and Adult Care Food Program (CACFP) at no cost:**

- Yes     No

If applicable, list other agencies:

**Does a written material sharing agreement exist between the relevant agencies?**

- Yes     No

**b. The State agency recommends and/or makes available nutrition education materials for the following topics:**

	English	Spanish	Other (specify by typing into the cells below):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nepali
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burmese
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Swahili
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Russian
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	Chinese for all checked materials

## II – Nutrition Services

Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Teenage prenatal women	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Food Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other (specify by typing into the cells below):</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.**

**c. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:**

- Content       Reading level/language       Graphic design       Cultural relevance

Other (specify):

**d. Locally-developed nutrition education materials must be approved by State agency prior to use.**

- Yes     No

**If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.**

- Yes     No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): P&P 1.09SP Material Development and Requisitioning; 5.01SP, Nutrition Education in the WIC Program; & 5.02SP, Breastfeeding (BF) Education and Peer Counseling (PC) Programs**

### 5. Nutrition Education Needs of Special Populations

**The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):**

- | <u>M</u>                            | <u>H</u>                 | <u>S</u>                 | <u>B</u>                            |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Providing nutrition education materials appropriate to this population and language needs                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Providing nutrition curriculum or care guidelines specific to this population   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans |

## II – Nutrition Services

- |                                     |                                     |                                     |                                     |  |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Arranging for special training of local agency personnel who work with this population |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Distributing resource materials related to this population                             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Encouraging WIC local agencies to network with one another                             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Coordinating at the State and local levels with agencies who serve this population     |
- Other (specify by typing into the cells below):**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): P&P 3.05SP, Services to Special Populations; 5.02SP, BF Education and PC Programs**

**6. Breastfeeding Promotion and Support Plan**

**a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):**

- Activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- Identification of breastfeeding promotion and support materials
- Procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps).
- Training of State/local agency staff
- Designating roles and responsibilities of staff
- Evaluation of breastfeeding promotion and support activities
- Other (specify):

**b. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):**

- A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- A requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients.
- A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- Participant breastfeeding assessment
- Food package prescription and tailoring based on breastfeeding and nutrition assessment
- Data collection (at State and local level)
- Referral criteria

## II – Nutrition Services

- Peer counseling
- Other (specify):

State agencies that receive WIC Breastfeeding Peer Counseling Funds complete item 7.

7. **The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see [Loving Support Model](#)):**
- a. **An appropriate definition of peer counselor defined as follows: paraprofessional (see [Loving Support Model for definition](#)); recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic**

Yes     No

- b. **Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**

Yes\*     No Please note that this position is currently vacant at the State level

- c. **Defined job parameters and job descriptions for breastfeeding peer counselors**

Yes     No

**If yes, the job parameters for peer counselors (check all that apply):**

Define settings for peer counseling service delivery (check all that apply):

Home (peer counselor makes telephone calls from home)

Participant's home (peer counselor makes home visits)

Clinic

Hospital

Define frequency of client contacts

Define procedures for making referrals

Define scope of practice of peer counselor

- d. **Adequate compensation and reimbursement of breastfeeding peer counselors**

Yes     No

- e. **Training of State and local management staff through *Using Loving Support to Manage Peer Counseling Programs* training curriculum**

Yes     No

- f. **Training of WIC clinic staff about the role of the WIC peer counselor**

Yes     No

- g. **Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):**

Timing and frequency of contacts

Documentation of client contacts

Referral protocols

## II – Nutrition Services

- Confidentiality
- Use of social media
- Other (specify):

**h. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):**

- Regular, systematic contact with peer counselor
- Regular, systematic review of peer counselor contact logs
- Regular, systematic review of peer counselor contact documentation
- Spot checks
- Observation
- Other (specify):

**i. Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):**

- Breastfeeding coalitions
- Businesses
- Community organizations
- Cooperative extension
- La Leche League
- Hospitals
- Home visiting programs
- Private Healthcare clinics
- Other (specify):

**j. Adequate support of peer counselors by providing the following (check all that apply):**

- Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- Mentoring of newly trained peer counselors in early months of job
- Regular contact with supervisor
- Participation in clinic staff meetings as part of WIC team
- Opportunities to meet regularly with other peer counselors\* BFPC Summit will not be held in 2018 or 2019 due to state staff vacancy and MIS/EBT implementation activities, respectively.
- Other (specify):

**k. Provision of training and continuing education of peer counselors (check all that apply):**

- Standardized training using Loving Support Peer Counseling curriculum
- Ongoing training at regularly scheduled meetings
- Home Study
- Opportunities to "shadow" or observe lactation experts and other peer counselors
- Training/experience to become senior level peer counselors, WIC-Designated Breastfeeding Expert, etc.

## II – Nutrition Services

Other (specify): BFPCs receive the same State Agency developed BF training that is required of all WIC staff (based on the Loving Support model), and some have attended CLC training.

**l. Attach a copy of an updated line item budget, *with written narrative*, demonstrating how peer counseling funds are being used for approved peer counseling activities. Include the citation for the attachment here: Appendix C**

**m. Please provide the approximate number of WIC peer counselors in your State: 53**

**n. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs. 14**

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):  
P&P 5.02 SP, BF Education and PC Programs;**

### **B. Food Package Design**

**1. Authorized WIC-Eligible Foods**

**a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference: Appendix D – Food List. PA WIC does not have tailored model food packages; our model food packages follow the standard food packages as defined by 246.10. Please refer to P&P 7.02 Authorized Food Packages Maximum Monthly Amounts.**

**b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Federal regulatory requirements | <input checked="" type="checkbox"/> Nutritional value          |
| <input checked="" type="checkbox"/> Participant acceptance          | <input checked="" type="checkbox"/> Cost                       |
| <input checked="" type="checkbox"/> Statewide availability          | <input checked="" type="checkbox"/> Participant/client request |
| <input checked="" type="checkbox"/> Healthcare provider request     | <input type="checkbox"/> Other (specify):                      |

**c. The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.**

Yes    No

**If yes, describe actual values or criteria identified by the State. Enter “n/a” if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):**

No no-nutritive sweeteners, no organic (except produce or categories with few options), no red salmon or brisling sardines, and no added ingredients in juice except Vitamin D and Ca.

**d. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).**

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnant women/Partially (Mostly) Breastfeeding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fully Breastfeeding women

## II – Nutrition Services

- |                                     |                          |                                     |
|-------------------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Postpartum, non-breastfeeding women |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 0-5 months                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 6-11 months                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Children                            |

**e. WIC Formulas:**

**(1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.**

Yes    No

**(2) The State agency requires medical documentation for contract infant formula (other than the primary contract formula).**

Yes    No

**(3) The State agency requires medical documentation for non-contract infant formula.**

Yes    No

**(4) The State agency requires medical documentation for exempt infant formula/ WIC eligible nutritionals.**

Yes    No

**(5) State agency authorizes local agencies to issue a non-contract brand infant formula that meets the requirements of Table 4 in 246.10(e)(12) without medical documentation in order to meet religious eating patterns:**

Yes    No

**(6) The State agency coordinates with medical payors and other programs that provide or reimburse for exempt infant formulas and WIC-eligible nutritionals per Section 246.10(e)(3)(vi).**

Yes    No

**If yes, describe the State agency reimbursement and/or referral system used for this coordination? Include describing monitoring/tracking tools in place to ensure program integrity.**

**If no, has the State agency met the requirement to annually contact their State Medicaid counterparts regarding the payment of WIC-eligible exempt infant formulas and medical foods to mutual program participants per WIC Policy Memo #2015-7?**

Yes    No

**Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies in regards to payment of WIC- eligible exempt infant formulas and medical foods. Our state Medicaid office has indicated that they cannot be first payors unless the product is issued by one of their providers.**



## II – Nutrition Services

**f. Rounding:**

**(1) Does the State agency issue infant formula according to the specific rounding methodology per Section 246.10(h)(1)?**

Yes  No

**If answered NO, skip question 2**

**(2) If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?**

Yes  No

**(3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246.10(h)(2)?**

Yes  No

**(4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?**

Yes  No

**g. Is infant formula issued in the 1st month to partially breastfed infants?**

Yes  No

**h. State policies & materials reflect the definition of “supplemental foods” as defined §246.2 and in the Child Nutrition Act.**

Yes  No

**i. Does the State agency only allow issuance of reduced fat (2%) milk to children  $\geq$  24 months of age and women with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?**

Yes  No

**j. Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight or obesity is a concern, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?**

Yes  No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):** Food List Criteria, Section VI - Appendix B; Appendix D – Food List; P&P 7.01SP, Authorized Foods; 7.02SP, Authorized Food Packages; 7.03SP, Food Package Tailoring; 7.04SP, Infant Formula; 7.06SP, Supplemental formula for BF Infants; 7.08SP, Exempt Infant Formula and Eligible Nutritionals

**2. Individual Nutrition Tailoring**

**a. The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c).**

Yes  No

**b. The State agency provides a special individually tailored package for**

Homeless individuals and those with limited cooking facilities

## II – Nutrition Services

- Residents of institutions
- Other (specify): Packages are automatically prorated depending on the date of issuance of benefits.

**ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation):** Tailoring of food packages is done at the individual level within the current MIS. The system also automatically prorates food packages. Please refer to P&P 7.03SP, Food Package Tailoring and 7.05SP, Issuance of Prorated Food Packages for guidance on tailoring packages and our current proration policy.

**c. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:**

- Does not develop individual nutrition tailoring policies
- Develops based on (check all that apply):
  - Nutrition risk/nutrition and breastfeeding assessment
  - Participant preference
  - Household condition
  - Other (specify):

**d. The State agency allows local agencies to develop specific individual tailoring guidelines.**

- Yes     No

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

- Local agencies are required to submit individual tailoring guidelines for State approval
- Local agency individual tailoring guidelines are monitored annually during local agency reviews
- Agency reviews
- Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**  
P&P 7.02SP Authorized Food Packages; 7.03SP Food Package Tailoring

**3. Prescribing Packages**

**a. Individuals allowed to prescribe food packages:**

	Standard food package	Individually-tailored food package
<b>CPA</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other (specify by typing into the cells below):</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

## II – Nutrition Services

**ADDITIONAL DETAIL: Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual (citation): P&P7.02SP, Authorized Food Packages; 7.03SP, Food Package Tailoring**

### **C. Staff Training**

**The State agency provides or sponsors the following training for WIC competent professional authorities:**

	<b><u>Professionals</u></b>		<b><u>Paraprofessionals</u></b> (may or may not be CPAs in some SAs)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maternal, infant, and child nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Immunization Screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance abuse prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other (specify by typing in cells below):</b>				
Guided Goal Setting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): P&P 1.01SP, Program Management**

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

(Please indicate) **State Agency:**           Pennsylvania           for FY   2019  

This section, Management Information System (MIS), involves the planning, documentation, security/confidentiality and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level.

**A. System Planning and Operation – 246.4(a)(12):** Describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security.

**B. Participant Characteristics Minimum Data Set (MDS) – 246.4(a)(11)(i):** All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future.

**C. WIC Systems Functional Requirements Checklist – 246.4(a)(8); (9); (11); (12); (13); (14); (15); and (18):** Describe those functions which are currently incorporated into the MIS or which are planned to be incorporated in the future.

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### A. System Planning and Operation (Online and Offline)

##### 1. ADP System Planning

a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):

- Title IVa (TANF)
- Title V (MCH)
- Title XIX (Medicaid)
- Supplemental Nutrition Assistance Program (SNAP)
- Other (specify):
- No

If no, please provide a copy of the WIC State agency's ADP utilization plan.

b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services. If yes, please provide a copy of written procedures.

- Yes
- No

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):** Appendix A - WIC Health and Human Services Delivery Center (HHSDC) Inter Bureau Letter of Agreement (IBLA) FFY19; Appendix B - 5-year HW-SW plan 2019-2023; P&P 1.08, Information System Management

##### 2. System Documentation

a. The State system is fully documented in accordance with (check all that apply):

- USDA/FNS Advance Planning Document Handbook No. 901
- USDA/FNS ADP Security Guide
- Other (specify): Commonwealth Information Technology Policies

b. The State agency maintains overall system documentation (check all that apply):

- A general design
- User's manual
- Method for updating documentation for system changes/modifications
- A detailed design
- Maintenance manual

Note: These documents are NOT required for FNS review or submission with the State plans, but should be available if requested.

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):**

##### 3. Automated Data Processing Services

a. Indicate below whether the following ADP functions, if applicable, are performed by State agency staff or are contracted to an outside firm.

Function	Performed SA Staff	Performed LA Staff	Contracted to Outside Firm (specify company name):
Data entry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

Food instrument production	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Management reports/EBT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Feasibility study	<input type="checkbox"/>	<input type="checkbox"/>
ADP development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ADP system hardware operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custom software development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custom software maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Printing forms/FIs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Backup computer facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

b. **The State agency has a blanket purchase agreement in effect (check all that apply). Please provide a copy of agreement.**

Equipment       Services       Software

c. **The State agency has methods in place for ensuring that the cost of equipment or services used by WIC and other programs are equitably prorated among funding sources. Please provide policy of method used.**

Yes       No

d. **The State agency periodically reviews system costs billing.**

Yes       No

e. **The State agency acquires banking services through:**

- Competitive bids among banks within the State
- Competitive bids among in-State and out-of-State banks
- Use of State agency designated bank
- Other:

f. **The State agency acquires EBT services through:**

- Competitive bids among EBT processors
- State agency IT services
- State hosted EBT services
- Other:

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):** IBLA; Information Technology Policy

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### 4. System Security/Data Confidentiality

a. To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):

- There is a separate organizational area/individual to control access to electronic storage media.
- Access to WIC Program data files is controlled through password access or similar control.
- Operational personnel are limited to only those jobs for which they are responsible.
- Passwords are protected.
- Passwords are changed periodically.
- The system access procedures are audited at least once a year. Please provide a copy of access procedures.
- Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.
  - Biennial security reviews are performed by Office of Administration. Please provide a written summary of the most current biennial security review
- Periodic risk assessments are performed by Commonwealth policy/security Assessment Tool (CA2)
- Other (specify):

b. To ensure that disaster contingency plans (e.g., file storage, backup hardware, and software procedures) are sufficient to allow the management information and benefit delivery systems to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):

- Backup copies of files and program are stored off-site in a secure location. Please provide address of location.  
Iron Mountain, 36 Great Valley Parkway, Malvern, PA 19355
- Backup copies are kept up-to-date.
- There is an agreement with another processing unit with compatible hardware to provide services in an emergency. Please provide copy of agreement.
- A contingency plan is in place in the event of service interruption. Please provide a copy of contingency plan.
- A recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility. Please provide a written summary of the conducted test.
- Other (specify): Traditional database replication

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):** Health and Human Services Delivery Center COOP Plan

5. **Description of MIS changes that occurred in the past year:** Typical maintenance and support. For example, letter and form changes, reporting issues, audit request changes.

6. **Description of MIS changes planned for the upcoming year:** Typical ongoing maintenance and support and anticipated work to help transition to a new MIS System.

#### **B. Participant Characteristics Minimum Data Set**

The Participant Characteristics (PC) Minimum Data Set (MFDS) contains data items which are reported to FNS electronically by State agencies in April in even numbered years on all or a State-representative sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set (SDS) is comprised of data items which State agencies have agreed are desirable to collect and report at the national level. Please check MDS or SDS data items the State agency currently collects in its Information Systems and those MDS or SDS data items it is planning to collect within the next two years.

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### State Agency IS Collects:

- State Agency ID.** A unique number that permits linkage to the WIC State agency where the participant was certified.
- Local Agency ID.** A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.

or

- Service Site ID.** A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.
- Case ID.** A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's MIS for the individual.) Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.
- Client Date of Birth.** Month, day and year of participant's birth reported in MMDDYYYY format.
- Client Race/Ethnicity.** The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.
- Certification Category.** The category—one of five (5) possible categories—under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).
- Expected Date of Delivery or Weeks Gestation.** For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.
- Date of Certification.** The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.
- Sex.** For infants and children, male or female.
- Priority Level.** Participant priority level for WIC Program certification.
- Participation in TANF, SNAP, Medicaid.** The participant's reported participation in each of these programs at the time of the most recent WIC Program certification.
- Migrant Status.** Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).
- Number in Family/Household or Economic Unit.** The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).
- Family/Household or Economic Unit Income.** For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants



### III. MANAGEMENT INFORMATION SYSTEM (MIS)

include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii). Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.

- Nutrition Risk(s) Present at Certification.** Up to 10 highest priority nutritional risks present at the WIC Program certification
- Hemoglobin or Hematocrit.** That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.
- Date of Blood Measurement.** The date of the blood measurement that was used during the most recent WIC Program certification in MMDDYYYY format.
- Weight.** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.
- Height.** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and 1/8 inches, height may be reported in centimeters.
- Date of Height and Weight Measure.** The date of the height and weight measures that were used during the most recent WIC Program certification in MMDDYYYY format.
- Currently Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.
- Ever Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.
- Length of Time Breastfed.** For infants ages six through thirteen months, the number of weeks the infant received breastmilk.
- Date Breastfeeding Data Collected.** For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.
- Food Packages.** The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

#### OPTIONAL:

##### Supplemental Data Set

State Agency IS Collects	State Agency IS Plans to Collect
--------------------------------	--



**Date of First WIC Certification.** Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies.



**Educational Level.** For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Number in Family/Household on WIC.</b> The number of people in the participant's family/household receiving WIC benefits.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Date Previous Pregnancy Ended.</b> For pregnant women, the date previous pregnancy ended in MMDDYYYY format.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Total Number of Pregnancies.</b> For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Total Number of Live Births.</b> For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Pre-pregnancy Weight.</b> For pregnant women only, the participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Participant's Weight Gain During Pregnancy.</b> For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Birth Weight.</b> For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/ounces). Birth weight may be reported in either pounds or ounces, or in grams.                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Birth Length.</b> For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters.                               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Participation in the Food Distribution Program on Indian Reservations.</b> The participant's reported participation in this program.   |

### C. WIC Systems Functional Requirements Checklist

The following checklists were taken from the WIC Functional Requirements Document (FRED) which is provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

State Agency System Performs	State Agency System Planned	Automated Cord Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
<input type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | 2b. Assigns up to 3 risk codes.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2c. Assigns up to 6 risk codes.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | 2d. Assigns more than 6 risk codes.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3a. Converts incremental income (weekly, monthly) to an annual figure.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Associates family members.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Statewide data is maintained to facilitate families transferring within the State.                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Transfers certification data to the central computer facility electronically either in real time or batch mode. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Captures or documents the nutrition education provided each participant as well as the topics covered.          |
| <input type="checkbox"/>            | <input type="checkbox"/> | 8. Uses table-driven food packages.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | 8a. Uses standard pre-defined food packages.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8b. Enables easy food package tailoring.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8c. Performs edits to prevent over-issuance during food package creation.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Enables food instruments to be issued when the participant is present for pick-up, i.e., on-demand.             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Captures or documents the name of the programs to which the participant was referred.                          |
| <input type="checkbox"/>            | <input type="checkbox"/> | 11. Performs food instrument reconciliation.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Produces standard Dual Participation Report.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Produces standard Integrity Profile (TIP) Report.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Produces standard Rebate Billing Report.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Produces standard Participation Report.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Produces Participant Characteristics Datasets.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Captures basic transaction data by vendor.   |

**State  
Agency  
System  
Performs**

**State  
Agency  
System  
Planned**

#### **Automated Core Function/Capabilities**

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18. Flags high-risk vendors through peer group analysis of redemption data.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18a. Identifies vendors with high average food instrument redemptions.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18b. Identifies vendors with a narrow variation in redemptions.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Assigns a maximum value for each food instrument type (paper) or each item/UPC (EBT).                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19a. Receives data about the amount a vendor requests for each food instrument (paper) or item/UPC (EBT) redeemed. |

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

- 20. Captures source of income.
- 21. Has the capability of annualizing household income occurring at more than one frequency.
- 22. Performs automated dietary assessment.
- 23. Has automated growth charts.
- 24. Has point of certification data entry, i.e., a personal computer at each "station" within the clinic.
- 25. Allows for ad hoc reporting.



## IV ORGANIZATION AND MANAGEMENT

### A. State Staffing

#### 1. State Level Staff

- a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in the section's Appendix noted here:

Position	FTE WIC	FTE WIC	Total FTE
Director	1	0	1
Nutritionist	5.85	0	5.85
Vendor Specialist	5.9	0	5.9
Program Specialist	12.2	0	12.2
Financial Specialist	8.5	0	8.5
Breastfeeding Coordinator	.6	0	.6
(MIS/EBT) Specialist	6.3	0	6.3
Intern	2.25	0	2.25
<b>Other (specify by typing into the cells below):</b>			
Training Specialist	1.75	0	1.75
Outreach Coordinator	1.65	0	1.65
Administrative	5	0	5

- b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.

Yes  No

If yes, please attach and/or reference the location of the State agency's WIC organization chart:

Appendix A – Bureau of WIC Organizational Chart

- c. If available, please attach and/or reference the location of the overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization:

Appendix B – Department of Health Organizational Chart

- d. The State agency has updated position descriptions for each of the above positions.

Yes  No

If yes, please attach and/or reference the location of the position descriptions:

Appendix C – Updated Position Descriptions for positions: Bureau AA1, WIC Program Representative in Western PA, Public Health Program Assistant Administrator, Public Health Program Administrator in Western PA, Public Health Program Administrator in Eastern PA, Public Health Nutrition Consultant in Western PA, Public Health Nutrition Consultant in Eastern PA and the Budget Analyst 1 classification was changed to Fiscal Management Specialist 1 per the Civil Service Commission.

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

P&P 1.00, Organization and Management

2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:

Function	Percent of Total Staff Time
Certification, including nutrition risk determination	1%
Breastfeeding training/promotion and support	1.15%
Nutrition education	3.22%
Monitoring of local agencies	3.97%
Fiscal reporting	11.1%

## IV ORGANIZATION AND MANAGEMENT

Food delivery system management	2.85%
Vendor management, including vendor training	10.68%
Staff training and continuing education	3.25%
(MIS/EBT) system development and maintenance	10.98%
Civil rights	1%
Coordination with and referrals to other assistance programs and social service agencies	1.9%
<b>Other (specify by typing into the cells below):</b>	
General Admin	48.9%
<b>TOTAL (please add and type here):</b>	100%

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**  
P&P 1.00, Organization and Management

### 3. Drug-Free Workplace

a. The State agency has a plan that will enable them to achieve a drug-free workplace.

Yes  No

b. Please attach and/or reference the location of a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix of this section.

Appendix D – Management Directive 505.25 Amended Substance Abuse in the Workplace.

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

### B. Evaluation and Selection of Local Agencies

Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)

#### 1. Local Agencies Authorized

24 Number of local agencies authorized to provide WIC services last year

24 Number of local agencies planned to provide WIC services this year

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**  
P&P 1.00, Organization and Management

2. The State agency accepts applications from potential local agencies:

Annually

Biennially

On an on-going basis

Other (specify): As need arises

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

3. Existing local agencies must reapply and compete with new applicant agencies for authorization:

Annually

Biennially

Not applicable

Other (specify):

**IV ORGANIZATION AND MANAGEMENT**

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**4. Selection Criteria**

**a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:**

New Service Areas	Existing Service Areas	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coordination with other health care providers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Projected cost of operations/ability to operate with available funds
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location/participant accessibility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial integrity/solvency
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Relative need in the area
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Range and quality of services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of performance in other programs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ability to serve projected caseload
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-smoking facility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Americans with Disabilities Act (ADA) compliance

**Other (specify by typing into the cells below):**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>


**b. The State agency conducts studies (provide date of most recent study: [Click here to enter a date.](#)) of the cost-effectiveness of local agency operations that examine:**

- Location and distribution of local agencies in proportion to participants/potential eligibles
- Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)
- Staff-to-participant ratios and related staffing analyses
- Comparative analyses of local agency/clinic costs
- Other (specify):

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**5. The State agency enters into a formal written agreement or contract with each local agency.**

- Yes (state duration): **One Year**
- No

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

**6. The State agency has established statewide fair hearing procedures for local agency appeals.**

- Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference
- No
- Not Applicable



## IV ORGANIZATION AND MANAGEMENT

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**  
P&P 1.03, Abuse and Fraud Prevention and Investigation

7. **The State agency maintains a listing of clinic sites that includes the following information. If available, please attach and/or reference the location of the listing:** Appendix E – Active Clinic Report

- Location
- Type of site (e.g., hospital, health department, community action program)
- Service area
- Hours of operation
- Days of operation
- Health services provided on-site
- Social services provided on-site
- Participation
- Other (specify):

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

### C. Local Agency Staffing

Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)

#### 1. Staffing Standards

a. **The State agency prescribes local agency staffing standards that include:**

- Credentials
- Staffing levels
  - Staff-to-participant ratio standards
  - Time spent on WIC functions
  - Other (specify):
- Functions of CPAs
- Paraprofessional requirements
- Separation of duties to ensure no conflicts of interest
- Other (specify): Nutrition Education, Breastfeeding and Outreach Coordinator Staffing Requirements
- Not applicable

b. **The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards.**

- Yes       No

c. **The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices.**

- Yes       No

## IV ORGANIZATION AND MANAGEMENT

d. **Local agencies follow staffing standards established by unions or local governmental authorities.**

Yes       No

**If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities?**

6 local agencies are authorized by unions or local government authority

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

CPA authorization is done at the state level for all local agency staff. Local Agency position descriptions are not maintained at the State Agency, but the State determines qualifications for who can function as a CPA. P&P, 1.01 Program Management.

### 2. Local Level Staffing Data

a. **The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):**

For each clinic/local agency

By function

At regular intervals

Program management

Monthly

Food delivery

Quarterly

Certification

Annually

Nutrition education

Breastfeeding promotion and support

Other (specify): As needed, but the last Staff to participant ratio analysis was completed by Altarum Institute in 2011.

Other (specify):

b. **Results of analyses are reported back to local agencies.**

No

Yes, in a single report comparing all local agencies

Yes, in a local agency-specific report (no comparative data)

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

Appendix F- Altarum Report 2011

### 3. Local Agency Breastfeeding Staffing Requirement

a. **Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.**

24

b. **The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS Loving Support Peer Counseling Model.**

Yes       No

c. **Number of local agencies with breastfeeding peer counselors. 14**

## IV ORGANIZATION AND MANAGEMENT

### D. Disaster Plan

1. State agency has developed a WIC disaster plan.

Yes       No

2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan.

Yes, what agency(ies): **Department of Health**

No

3. The State agency shares the disaster plan with its local agencies and clinics?

Yes       No

4. The Disaster Plan addresses:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Procedures to access the extent of a disaster and report findings | <input type="checkbox"/> MIS alternate procedures                    |
| <input checked="" type="checkbox"/> Access to program records   | <input type="checkbox"/> Emergency authorization of vendors          |
| <input type="checkbox"/> Certification and food issuance sites and procedures                         | <input checked="" type="checkbox"/> Back up computer systems         |
| <input type="checkbox"/> Food package adjustments   | <input type="checkbox"/> Back up filing systems                      |
| <input type="checkbox"/> Food delivery systems to include electronic benefits transfer (EBT)          | <input checked="" type="checkbox"/> Staffing arrangements            |
| <input checked="" type="checkbox"/> Management Information System (MIS) Recovery                      | <input checked="" type="checkbox"/> Use of mobile equipment, clinics |
| <input type="checkbox"/> Publication notification of Variances in program operations                  |  |
| <input type="checkbox"/> Other (describe):  |  |

5. The State agency requires local agencies/clinics to have individual disaster plans.

Yes       No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

Yes       No

6. The State agency has a designated staff person to coordinate disaster planning.

Yes       No

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

(Please indicate) **State Agency: Pennsylvania**

for **FY 2019**

NSA expenditures involve the process of allocating, documenting and monitoring the distribution of administrative funds to local agencies, including the monitoring of nutrition education costs, and State and local agency direct/indirect costs.

**A. Funds Allocation-246.4(a)(13)**: describe the policies and procedures used to allocate administrative funds to local agencies, including start-up funds, and conversion of food funds to NSA funds.

**B. Local Agency Budgets/Expenditure Plans-246.4(a)(2)**: describe the policies and procedures for preparing and submitting local agency budgets and expenditure plans and the services that are entirely supported by WIC Program funds.

**C. State and Local Agency Access to Funds-246.4(a)(13)**: describe the procedures and method(s) of distribution/ reimbursement of NSA funds to local agencies.

**D. Reporting and Reviewing of State and Local Agency Expenditures-246.4(a)(11)(iv); (12); and (13)**: describe the policies and procedures used to report, monitor, and review State and local agencies' expenditures, including the documentation of staff time, local agency report forms, on-site reviews of local agencies' NSA expenditures, and in-kind contributions.

**E. Nutrition Education Costs-246.4(a)(9)and 246.14(c)(1)**: describe the plans and procedures used to meet the nutrition education expenditure requirements, including monitoring activities, local agency reports, and assurances that the special nutrition education needs of migrant farmworkers and their families, Indians, and homeless persons are met.

**F. Indirect Costs-246.4(a)(12)**: describe the policies and procedures used to document and monitor indirect cost rates and services at the State and local level.

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

### A. Funds Allocation

#### 1. Allocation Process

- a. **The State agency has established and provided written procedures to local agencies describing the process for allocation of NSA funds among local agencies.**

Yes                       No                       Not applicable, State agency does not have separate local agencies. (Proceed to A. 2. *Conversion of Food Funds to NSA Funds*)

- b. **Local agencies were involved in developing these procedures via:**

Task force/committee of selected local agencies  
 Comment on proposals made available to all local agencies  
 Other (describe): Discussion with representative sampling of local agency CEO's and WIC Directors.

- c. **The State agency allocates NSA funds to local agencies through the use of:**

A negotiated budget                       Flat cost per participant Statewide  
 Formula (variable)                       Other method (describe): Executive Staff discretion

- d. **The allocation procedure takes the following factors into account (check all that apply):**

Staffing needs  
 Number of participants  
 Population density  
 Cost-containment initiatives  
 Availability of administrative support from other sources  
 Other (specify): The last three years of participation, administrative costs and/or cumulative percent participation increase or decrease.

- e. **The State agency methodology for funds allocations to local agencies includes a mechanism for reallocation.**

Yes  
 Monthly                       Quarterly                       Semiannually                       Other (specify):  
 No

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):** Appendix A - Local Agency Grant Agreement, Appendix D, Program Specific Provisions; Appendix B - WIC State Agency Updates, Volume 1, Issue 3, 11/01/2017.

#### 2. Conversion of Food Funds to NSA Funds

- a. **The State agency converts food funds to NSA funds:**

Based on a plan submitted to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency.  
 The State agency achieves, through acceptable measures, increases in participation in excess of the

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

FNS-project level for the State agency.

- Describe measures used to increase participation:

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**The State's Fiscal Year runs from 07/01/2018 to 06/30/2019****ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

### B. Local Agency Budgets/Expenditures Plans

#### 1. Local Agency Budgets/Expenditure Plans

- Not applicable, State agency does not have separate local agencies.  
(Proceed to C. State and Local Agency Access to Funds.)

#### a. The State agency requires its local agencies to prepare and submit administrative budgets.

- Yes       No

**If yes, the State agency requires that local agency budgets include the same cost categories as those used for State-level budget preparation.**

- Yes       No

#### b. Local agencies' budgets are broken out by (check all that apply):

- Line items

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting                                    | <input type="checkbox"/> Maintenance and repairNutA   |
| <input type="checkbox"/> ADP services                                  | <input type="checkbox"/> Materials and supplies   |
| <input type="checkbox"/> Breastfeeding aids                            | <input type="checkbox"/> Memberships, subscriptions, and professional activities  |
| <input type="checkbox"/> Capital expenditures                          | <input type="checkbox"/> Printing and reproduction  |
| <input type="checkbox"/> Clinic/lab services                           | <input type="checkbox"/> Training and education   |
| <input type="checkbox"/> Communications                                | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Employee salaries                             | <input type="checkbox"/> Travel   |
| <input type="checkbox"/> Employee fringe benefits                      |   |
| <input type="checkbox"/> Lease or rental of space                      |   |
| <input type="checkbox"/> Functions                                     | <input checked="" type="checkbox"/> Other (specify): Personnel services, Consultant/Subcontract services, Patient services, Supplies/Equipment, Travel, Other costs |
| <input type="checkbox"/> General administration/<br>program management | <input type="checkbox"/> Breastfeeding promotion/support (e.g., breastfeeding aids)   |
| <input type="checkbox"/> Food delivery                                 | <input type="checkbox"/> Client services  |
| <input type="checkbox"/> Certification                                 |   |
| <input type="checkbox"/> Nutrition education                           | <input type="checkbox"/> Other (specify):   |

#### c. The State agency has an established formal process for local agencies to follow when requesting amendments or modifications to their budgets.

- Yes       No

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

**d. In order to prepare the federally required WIC administrative budget, the State agency:**

- Uses local agency budgets or prior year expenditures
- Reports under an ongoing system to collect this data
- Extracts or consolidates data reported under other State or local agency systems to group costs under the federal line items and functions
- Other (describe):

(State WIC administrative budgets are not submitted to FNS, but are used by State agencies as a management tool and may be reviewed by FNS.)

**ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):**

### C. State and Local Agency Access to Funds

**1. The State Agency manages its NSA Grant on a/an:**

- Cash basis       Accrual basis
- Other (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

**2. Reimbursement/Provision of Funds to Local Agencies**

**a. The State agency provides local agencies with funds in advance.**

- Yes (state conditions): Grantee may elect to receive reimbursement based on a cash needs request. The Grantee may make one cash needs request per Federal fiscal year (October 1 through June 30). Upon Execution of this Grant Agreement, the Grantee may submit a Cash Needs Request Form. This request may not exceed one-sixth of the original total Grant Agreement each year of the Grant Agreement. This payment must be used by the Grantee as working capital solely for the purposes of the Grant Agreement. This payment is payable October 1 of each Federal Fiscal year, or if this Grant is approved after October 1, on the approval date of the agreement.
- No
- Not Applicable (Proceed to next section.)

**If yes, advances must be reconciled to incoming claims. Local agency claims are submitted:**

- Monthly       Quarterly

**b. In order to qualify for payment, an expenditure must be (check all that apply):**

- At or below the level of its approved budget line item
- Supported by appropriate documentation (e.g., check or receipt)
- A reasonable and necessary expense for WIC
- Other (specify): Received appropriate approvals for select items: out of state travel (state approval) computer purchases, equipment purchases over \$5,000 (state approval), equipment purchases over \$25,000 (state and USDA approval) and renovations over \$5,000 (state and USDA approval).

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

c. If an expenditure exceeds the budget provided for that particular line item, the State agency requires the local agency to (check all that apply):

- Submit a supplemental request
- Provide a justification for exceeding the budget line item
- Make an offsetting adjustment to another line item in its budget
- Request approval of a budget modification
- Other (explain): If the Grantee is moving more than 20% of the total grant amount between line items, they must request and receive approval for a budget revision. If the Grantee is moving less than 20% of the total grant between line items, they are not required to request a budget revision, unless they are moving funds into a previously unfunded line item or removing all funding from a line item.

d. Local agencies receive payment via:

- Electronic funds transfer       State treasury check/warrant
- Other (specify):

**ADDITIONAL DETAIL:** NSA Expenditures Appendix and/or Procedure Manual (citation): Grant Agreement (payment provisions); Budget Summary, P&P 3.01, Local Agency Budgets, P&P 3.05, Allowable Travel Reimbursements and P&P 2.03 SP, Nutrition Education, Breastfeeding Promotion and Support, and Outreach Expenditure Requirements.

### D. Reporting and Reviewing of State and Local Agency Expenditures

#### 1. Documentation of Staff Time

a. How does the State agency determine the percentage of staff time devoted to WIC tasks to document allowable staff costs under the WIC Program (check all that apply):

At SA    At LA

- |                                     |                                     |                        |
|-------------------------------------|-------------------------------------|------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            | 100 percent reporting  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Random moment sampling |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Periodic time studies: |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 1 week/month           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 month/quarter        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Other (specify):       |

b. The State agency last evaluated its time documentation protocol on (specify date). 08/11/2015.  
If available, please attach a copy of the protocol to this section or cite Procedure Manual reference.

**ADDITIONAL DETAIL:** NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Please indicate below the services that are entirely supported by WIC funds:

- Anthropometric measurements
- Nutrition counseling/education
- Breastfeeding promotion/support
- Immunization status assessments



## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

- Referrals to health and/or social services
- Hematological assessments
- Other (specify): Quality Assurance

### ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):

#### 3. Local Agency Report Forms

##### a. The State agency specifies standard forms and/or procedures for local agencies to use in reporting monthly local-level expenditures.

- Yes       No       Not Applicable (Proceed to next section)

##### b. Local agencies' budgets are broken out by (check all that apply):

- Not applicable
- Line items
  - Accounting
  - ADP services
  - Breastfeeding aids
  - Capital expenditures
  - Clinic/lab services
  - Communications
  - Employee salaries
  - Employee fringe benefits
  - Lease or rental of space
  - Maintenance and repair
  - Materials and supplies
  - Memberships, subscriptions, and professional activities
  - Printing and reproduction
  - Training and education
  - Transportation
  - Travel
  - Other (specify): Personnel services, Consultant/Subcontract services, Patient services, Supplies/Equipment, Travel, Other costs
- Functions
  - General administration/Program management
  - Food Delivery
  - Certification
  - Nutrition education
  - Other (specify):
  - Breastfeeding promotion/support (e.g., breastfeeding aids)
  - Client services
  - Other (specify):

### ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): P&P 3.01, Local Agency Budgets

#### 4. On-Site Review of Local Agencies' Administrative Expenditures

##### a. The State agency conducts on-site reviews of local agency administrative expenditures:

- Annually       Every two years       Every three years
- Other (specify):

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

**The review is conducted by:**

- WIC State agency staff
- State Department of Health fiscal or audit staff
- CPA or audit firm
- Other (specify):

**b. The State agency utilizes a standard format/guide to review local agencies' NSA expenditures.**

- Yes
- No

**If yes, the standard review guide includes the following procedures (check all that apply):**

- Verification of at least one monthly billing/claim/expenditure report against source
- Documents
- Tracking written approval of procurements
- Requesting records of ordering, receipt, billing, and payment
- Determination that costs were necessary, reasonable and appropriate
- Determination that costs were properly allocated among WIC and other programs
- Determination that personnel costs charged to WIC were appropriate
- Determination that local agencies' indirect costs were appropriately charged
- Other (specify):

**c. If available, please attach a copy of the State agency's NSA expenditure review guide.**

**d. The State agency notifies local agencies of findings and establishes claims for unallowable costs, as appropriate.**

- Yes
- No

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):** P&P 3.01, Local Agency Budgets

**5. The State agency requires local agencies to document the sources and values of in-kind contributions.**

- Yes
- No

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

### E. Nutrition Education Costs

**1. The State agency documents that it meets its nutrition education and breastfeeding promotion expenditure requirements per 7 CFR 246.14(c)(1) via:**

- Activity reports
- Time studies
- Itemizing expenditures
- Other (specify): Local agencies send information to the state agency using the Nutrition Education and BF expense report.

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

2. The State agency monitors expenditures for the following activities related to breastfeeding promotion and support at the State and/or local level (check all that apply):

	At SA	At LA
Breastfeeding promotion coordinator's salary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Written educational materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Participant education/counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding promotion activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Direct support costs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding aids and equipment (e.g., breast pumps purchased with NSA funds)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

(If other, specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

3. In the event that the State agency uses funds from other sources in meeting minimum expenditure requirements for nutrition education (NE) and breastfeeding promotion and support (BFPS), please provide below the source of these funds, the amount, and the method the State agency will use to document the use of these NE and BFPS funds. (Federal WIC food funds used to purchase/rent breast pumps, and expenditures from breastfeeding peer counseling funds, cannot be counted toward the nutrition education and breastfeeding expenditure requirement.)

- Does not apply. (Proceed to E. 4. Local agencies report nutrition education and breastfeeding promotion and support costs.)

**Source**

**Amount**

**Method(s):**

- Activity reports       Time studies       Itemizing expenditures

- Other (specify): Local Agencies send information to the State Agency using the NE and BF Expend Report

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):** P&P 3.07, Nutrition Education and BF Promotion Expenditures

4. Local agencies report nutrition education and breastfeeding promotion and support costs:

- Does not apply
- When they report routine NSA costs
- Through a different system (specify): Annually through grant closeout

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

### F. Indirect Costs

#### 1. Indirect Cost Rate and Services

a. Please list below indirect cost/cost allocation agreements in which the State agency is included:

State and Local Government Rate Agreement

b. The State agency's indirect cost rate(s) is 8.9% and is based on:

Salaries       Direct costs for administration       Both

Other (specify):

c. Please cite the effective date of the State agency's current negotiated agreement and/or cost allocation plan for indirect costs: 07/27/2017.

d. The State agency receives the following types of services under the indirect cost rate agreement(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Budgeting/accounting        | <input type="checkbox"/> Personnel/payroll                      |
| <input type="checkbox"/> ADP                         | <input type="checkbox"/> Space usage/maintenance                |
| <input type="checkbox"/> Communication/phone/mail    | <input type="checkbox"/> Central supply                         |
| <input type="checkbox"/> Legal services              | <input type="checkbox"/> Procurement/contracting                |
| <input type="checkbox"/> Printing/publication        | <input type="checkbox"/> Audit services                         |
| <input type="checkbox"/> Equipment usage/maintenance | <input checked="" type="checkbox"/> Other (specify): Department |

e. The State agency allows local agencies to report indirect costs.

Yes     No     Not Applicable

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):** Appendix C- June 1, 2018-June 30, 2019 Indirect Rates

#### 2. Review of Indirect Cost Documentation

a. The State agency and local agencies ensure that services received and paid for through indirect costs benefit WIC and are not also charged directly to WIC by comparing direct charges by line item to a listing of services paid by funds collected through the application of the indirect cost rate:

- Done for State agency level indirect costs (frequency): completed quarterly by Budget Office
- Done for local agency level indirect costs (frequency): monthly and at fiscal reviews
- Not done at either level.

## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

- b. State and local agency WIC management have access to and review the following documents as applicable to ensure that indirect cost services are not also charged directly to WIC (check all that apply):

	At SA	At LA
Indirect cost agreements/plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The accounting mechanism used to ensure the propriety of indirect cost charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of the cost allocation plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A list of all services paid from indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
Other documentation related to the establishment and charging of indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

- c. When the State agency reviews the local agencies' indirect cost rate agreements, the review includes (check all that apply):

- Required submission of indirect cost agreement by the local agency to the State agency
- Assessment of how the rate or method is applied (correct time period, percentage, and base)
- Verification that the State agency had previously approved the local agency to negotiate such an agreement
- Post-review or audit to ensure the rate was applied correctly
- Other documentation related to the establishment and charging of indirect costs (list):
- Not applicable

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

## VI. FOOD FUNDS MANAGEMENT

(Please indicate) State Agency: Pennsylvania

for FY: 2019

Food funds management involves monitoring cost containment measures and procedures related to infant formula and other authorized food items, the monitoring and management of State agency funding sources, and the accurate reporting of participation figures.

**A. Cost Containment Measures - 246.4(a)(14)(xi):** describe the policies and procedures used to implement cost containment measures as they relate to infant formula contracts, their approval and the processing of infant formula and/ or other rebates, and food package cost containment practices.

**B. Funds Monitoring/798 Reporting - 246.4(a)(2); (a)(12); and (a)(14):** describe the State agency's funding sources, how food obligations are calculated to allow for inflation, rebate cash management, and monthly closeout monitoring activities.

**C. Participation Reporting - 246.4(a)(11):** describe the methods used to accurately document and monitor participation at the State and local level, and methods for monitoring changes in participation by priority.

## VI. FOOD FUNDS MANAGEMENT

### A. Cost Containment Measures

**1. The State agency seeks FNS approval related to infant formula cost containment measures (check one):**

- For a waiver of the requirement for a single-supplier competitive system. State agency must complete a cost comparison projecting food cost savings in the single-supplier competitive system based on the lowest monthly net price or highest monthly rebate [as required in Section 246.16a(d)(2)(i) through (d)(2)(iii) and savings under an alternative cost containment system, Section 246.16a(d)(2)(B)]
- To issue an infant formula bid solicitation that evaluates bids by highest rebate. A State agency must demonstrate to FNS' satisfaction that the weighted average retail prices for different brands of infant formula in the State vary by 5% or less [as required in Section 246.16a(c)(5)(iii)].
- Not applicable

**Please attach in the Appendix supporting documentation for requests for FNS approval.**

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**2. Cost Containment Contracts for Infant Formula**

**a. The State agency acquires infant formula through (check all that apply):**

- Home food delivery system
- Direct distribution food delivery system
- Retail food delivery system
- Other (specify): Exempt Infant Formulas and WIC-Eligible Nutritionals are issued through our Special Formula Distribution Center, operated by CAP Lancaster.

**b. The State agency has a rebate contract/agreement for infant formula.**

- Yes  
If yes, attach contract in Appendix A
- No  
If no, check which applies:  
  - Granted waiver
  - ITO with participation under 1,000 as of April (*Proceed to question A. 4. Cost Containment for Other Foods*)

**c. For a single-supplier system or multi-supplier: Date contract/agreement:**

Manufacturer	Original Term Began	Original Term Expires	Extension Options
Abbott	10/1/2018	9/30/2023	No

**\*If contract expires during the fiscal year see sections 3 and 4**

## VI. FOOD FUNDS MANAGEMENT

- d. **Current fiscal year rebates and current net price per unit paid (note the price should reflect current prices rather than original contract prices and rebate amounts):**

My rebate price sheet is available and attached as Appendix  
(Proceed to A. 3. Infant Formula Issuance.)

Primary Contract Infant Formula				
Product/Unit Size	Manufacturer	Rebate/Unit	Net price/Unit	% WS Discount
<b>Liquid Concentrate</b>				
Milk-Based	Abbott	4.5900	0.1000	97.87%
Soy-based*	Abbott	4.923	0.1070	97.87%
<b>Powder</b>				
Milk-based	Abbott	14.7600	0.5300	96.53%
Soy-based*	Abbott	15.338	0.5520	96.53%
<b>Ready to Feed</b>				
Milk-Based	Abbott	2.2500	3.9800	36.12%
Soy-based*	Abbott	3.0840	4.3060	41.73%
<b>Exempt Formula (If applicable)</b>				

\*If uncoupled/separate contracts for milk- and soy-based infant formula.

**3. Infant Formula Issuance.**

- a. **Does the State agency issue the Primary Contract Infant Formula as the first choice of issuance (by physical form), with all other infant formulas issued as an alternative? (Section 246.16a(c)(8) & 246.10(e)(1)(iii))**

Yes       No

- b. **The percent of infants receiving each type of formula is estimated at:**

**Contract 87.98%**

**Non-contract 11.52%**

**Exempt infant formula                      100%**

**Non-exempt infant formula                0%**

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):** Appendix A – Abbott Infant Formula Contract, P&P 4.01SP, Retail Store Management, P&P 7.04SP, Infant Formula, P&P 7.06SP, Formula Issuance for Breastfed Infants, P&P 7.08SP, Special Formula

**4. Cost Containment for Other Foods**

- a. **Rebates are also obtained on other WIC foods.**

Yes (specify foods and attach contract in Appendix):

No

- b. **The State agency intends to pursue rebates on other authorized foods.**

Yes (specify):

No

- c. **To contain food costs, the State agency has limited authorized foods/container sizes/types, etc.**

Yes (If yes, note such limitations on the following table)

No



## VI. FOOD FUNDS MANAGEMENT

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): Appendix B - Food List Criteria**

	<b>Specific brands are designated/ Disallowed</b>	<b>Only certain container sizes are allowed</b>	<b>Allowable types are limited</b>	<b>Other</b>
<b>Exempt formula for women, infants &amp; children</b>				Only with authorized prescription
<b>Infant cereal</b>	No	8 or 16 oz only		
<b>Infant Fruit/Veg/Meat</b>	No	4 oz increments for Fruits & Vegts (including multi-packs) 2.5 oz for meat only	No squeezable pouches	
<b>Whole fresh fluid milk</b>	No	Gallons or half gallons only. Qts must be specified in Food Package	No flavored milk; cow's milk only	
<b>Lowfat fresh fluid milk</b>	No	Gallons or half gallons only. Qts must be specified in Food Package	No flavored milk; cow's milk only	
<b>Skim fresh fluid milk</b>	No	Gallons or half gallons only. Qts must be specified in Food Package	No flavored milk; cow's milk only	
<b>Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify): Lactose free</b>	No	As specified in Food Package	No buttermilk or goat's milk	
<b>Shelf-stable milk(e.g., evaporated milk, UHT, whole/ low fat/nonfat dry milk)</b>	No	Dry and Evaporated as specified in Food Package	No UHT	
<b>Cheese</b>	No	8 oz or 16 oz only	No individually wrapped slices or cubed	
<b>Yogurt</b>	Yes	32 oz only		
<b>Soy-based beverage</b>	Yes	32 or 64 oz only		
<b>Tofu</b>	Yes	16 oz only		
<b>Fresh eggs</b>	No	Large, medium or small only	No specialty or designer eggs	
<b>Dried egg mix</b>	Not allowed			
<b>Hot cereal</b>	Yes			
<b>Cold cereal</b>	Yes	12 oz or larger		

## VI. FOOD FUNDS MANAGEMENT

Single strength fruit/vegetable juice	Yes	64 or 48 oz only		
Concentrated fruit/vegetable juice	Yes	11.5 or 12 oz only		
Whole wheat bread	Yes	16 oz or 24 oz (only for FBFMOM, although this will go away with PENN)		
Other whole grains	Yes	16 oz or 24 oz (only for FBFMOM, although this will go away with PENN)		
Peanut butter	No	16-18 oz only		
Dry beans/peas	No			
Canned Fish	No	3.75, 5 or 6 oz only	No albacore tuna, red salmon or brisling sardines	
Canned beans/peas	No			

### B. Funds Monitoring/798 Reporting

1. The State agency has procedures to assure that the requirements are met regarding the nonprocurement of food in bulk lots, supplies, equipment and other services from entities that have been debarred or suspended.

Yes       No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

#### 2. Food Cost Obligations

- a. The State agency calculates food obligations based on the following data (check one):

- Number of expected participants and average food cost per participant
- Number of expected participants by category (e.g., pregnant woman, infant, etc.) and average food cost per participant category
- Number of expected redemptions by food instrument type and cash-value voucher type and average value per food instrument type and cash-value voucher type
- Other (specify): Based on participation and costs for current and past 3 years, and reported on the 798 monthly report.

- b. The State agency estimates the impact of inflation on food costs through the use of the following inflation escalators:

- Inflation factor used in Federal funding formula
- State-generated estimates of inflation based on State market basket of foods

## VI. FOOD FUNDS MANAGEMENT

- Best guess by food item based on economic reports or other sources
- Other (specify): Projected based on costs for current and past 3 years.

**c. The State agency ADP system automatically produces a monthly obligation amount**

- Yes
- No, data are pulled from various sources and an estimated amount is calculated manually or with a PC spreadsheet
- Other (specify):

**d. The State agency system (in-house or contracted) provides the following data on food instrument and cash- value voucher redemptions at specific (daily, weekly, monthly, as needed) frequencies (check all that apply and provide frequency):**

<u>Frequency</u>	<u>Data</u>
Monthly	<input checked="" type="checkbox"/> Food instruments and cash-value vouchers paid for issue month
	<input type="checkbox"/> Food instruments and cash-value vouchers outstanding for issue month
As needed	<input checked="" type="checkbox"/> Food instruments and cash-value vouchers that have expired
As needed	<input checked="" type="checkbox"/> Food instruments and cash-value vouchers that are void/unclaimed

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**3. Rebate Cash Management**

**a. The State agency has a billing system in place that ensures rebate invoices for all authorized food, including infant formula, under competitive bidding, provide a reasonable estimate, or actual count of the number of units purchased by participants during WIC transactions (Section 246.16a(k)).**

- Actual count of units purchased
- Estimate of units purchased (attach methodology)
- Other (describe):

**b. The State agency uses a food instrument that enables it to identify the type and brand of infant formula redeemed.**

- Yes, for all formula types, brands, and physical forms
- Yes, for exempt infant formulas
- No

**c. The invoice to the formula manufacturer is issued by:**

- The WIC unit
- The State agency fiscal unit
- Other (specify):

**d. Monthly invoices are submitted with supporting data.**

- Yes
- No

## VI. FOOD FUNDS MANAGEMENT

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):** Appendix B of Contract IFB-67003 in Appendix A

### 4. Closeout of Report Month Outlays

a. **The State agency allows the food vendor (and farmer if any) the following number of days to submit food instruments and cash-value vouchers for payment (provide the number of days):**

45 Days from the participant's first valid date

b. **The State agency is generally able to close out a report month completely within:**

90 days

120 days

Other (specify number of days):

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

5. **Indicate the method used to reimburse vendors (and farmers if any) for redeemed food instruments and cash-value vouchers or other services and specify the entity responsible for making payment:**

<u>State WIC</u>	<u>State FM</u>	<u>Other (Specify)</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	By check directly to vendor or farmer
<input type="checkbox"/>	<input type="checkbox"/>	By check directly to vendor's or farmer's bank
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	By electronic transfer to vendor's or farmer's bank
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):** P&P 4.01, Retail Store Management

## C. Participation Reporting

### 1. Participation Counting

a. **The State agency counts an enrollee who received at least one food instrument/food package (or who received no food instrument/food package, but was either a fully-breastfed infant of a participating breastfeeding woman or a woman partially breastfeeding a participating 6 to 12 month old infant) as a participant during:**

The calendar month

The computer system cycle month

Other (specify):

b. **The State agency receives participation counts from:**

The State agency computer system based on the number of persons issued food or food instruments (manual and automated food instruments), the number of fully-breastfed infants who receive no food or food instruments, but are breastfed by participating breastfeeding women, and the number of women who receive no food or food instruments, but are partially breastfeeding a participating 6 to 12 month old infant.

Counts reported from local agencies based on issuance records

Other (specify):

c. **If State funds are present, the State agency differentiates between Federal-supported and State-supported participants by:**

## VI. FOOD FUNDS MANAGEMENT

- Special code on food instrument
- Special areas of State designated as State-supported areas
- Pro rata allocation based on proportion of Federal to State funds spent
- Other (specify): No state funds are available.

**d. When local agencies are chronically late in furnishing food instrument and/or certification data needed for participation counts, the State agency:**

- Sends warnings
- Applies financial sanctions
- Requires manual reporting
- Other (specify): Not Applicable

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

**2. Participation by Priority**

**a. Priority level is a critical data field in the State agency's computer system.**

- Yes       No

**b. The State computer system automatically assigns priority level based on the enrollee's nutritional risk condition.**

- Yes       No

**c. The State agency's computer system revises the priority level determination when a participant changes category (e.g., infant becomes child and receives a child's food package).**

- Yes       No

**d. The State agency has an "unknown" priority category for VOC transfers where priority is unknown.**

- Yes       No

**3. Participation by Local Agency**

**The State agency's computer system supports its requirement to report participation data by local agency to measure breastfeeding performance.**

- Yes       No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

## VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency:** Pennsylvania for **FY 2019**

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to implement these strategies.

**A. No-Show Rate - 246.4(a)(11)(i):** describe the procedures used by the State agency to monitor potential and current participants' utilization of program services.

**B. Allocation of Caseload - 246.4(a)(5)(i) and (13):** describe how the State agency assigns and manages local agency caseload allocations.

**C. Caseload Monitoring - 246.4(a)(5)(i):** describe the information and procedures used by the State agency to monitor caseload.

**D. Benefit Targeting - 246.4(a)(5)(i): (6), (7), (19), (20), (21), and (22):** describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.

**E. Outreach Policies and Procedures - 246.4(a)(5)(i)-(ii): (6), (7), (19), and (20):** describe the types of outreach materials used, where these materials are directed, special agreements with other service organizations and how special populations are addressed. Also, provide data on unserved and underserved areas.

**F. Waiting List Management - 246.4(a)(11)(i):** describe the policies and procedures used for processing applicants.

## VII. CASELOAD MANAGEMENT

### A. No-Show Rate

#### 1. Policies and Procedures for Missed Certification Appointments and Food Instrument/Cash Value Voucher Pick-Up (No-Shows)

##### a. The State agency has specific policies and procedures to ensure follow-up of no-shows for (check all that apply):

- Initial certification for any potential participant
- Subsequent certifications for high-risk participants
- Subsequent certification for any current participant
- Food instrument/cash value voucher pick-up
- Food instrument/cash value voucher/cash value benefit non-redemption
- State agency has no specific policies and procedures for no-show follow-up

##### b. The local agency or State agency, when the SA has no separate local agencies, attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):

- At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number
- If the applicant misses her first certification appointment, an attempt is made to contact her by:
  - Telephone
  - Mail
  - Email
  - Text
- If contact is established, she is offered one additional certification appointment.
- If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
  - Postcard
  - Letter
  - Email
  - Text
- A second appointment is provided upon request from the applicant.

#### 2. Monitoring No-Show Rates

##### a. The State agency has (check all that apply):

- Standards defining acceptable no-show rates
- Policies and procedures designed to assist local agencies to improve no-show rates; Please attach
- Sanctions that may be applied to local agencies that have chronically unacceptable no-show rates; Please attach
- Provides regular feedback to local agencies concerning no-show rates
- Reports to address appropriate follow-up of no-shows
- No specific policies or procedures concerning local agency no-show rates

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):** P&P 1.04, Local Agency

## VII. CASELOAD MANAGEMENT

### Monitoring

b. **As a matter of standard procedure, the State agency monitors no-show rates through (check all that apply):**

- State agency does not monitor local agency no-show rates
- Local agency reviews
- Automated reports
- Local agency reports on no-show rates
- Other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):** P&P 1.04, Local Agency Monitoring

### B. Allocation of Caseload

**DOES NOT APPLY (EXPLAIN WHY AND PROCEED TO NEXT SECTION)**

1. **The State agency considers the following factors in its initial allocation of caseload to local agencies (check all that apply):**

- Percent of target population served by local agency's service area
- Analysis of no-show, void, non-redemption rates by local agencies Participation by priority and category
- Special population pockets
- Waiting lists
- Staffing/ability of local agencies to serve caseload
- Prior year caseload
- Food package costs per person
- Special projects
- Other (identify): Number of eligible participants currently being served by each local agency.

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

2. **The State agency has a written procedure for allocation of caseload to local agencies.**

- Yes       No

**If yes, attach written procedure in the Caseload Management Appendix or specify location in the Procedure Manual below.**

**If no, what guidelines does the State agency use for caseload allocation? (Describe in Caseload Management Appendix)**

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):** P&P 1.17, Caseload Management



## VII. CASELOAD MANAGEMENT

3. The State agency has a procedure in place to ensure that current/prior year caseload levels are maintained.

Yes  No

If No, explain why not:

4. If it appears that during the course of the program year all funds will not be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):

- The State agency does not reallocate caseload mid-year
- Same basis as for initial allocation of caseload
- Local agency participation levels
- Local agency high priority participation
- Waiting lists
- Successful special projects
- Other (specify): Local agencies can request additional caseload. If warranted and if funds are available, the request is granted

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

P&P 1.17, Caseload Management

5. The State agency has written procedures for local agencies to follow in situations of overspending:

Yes  No

If a written procedure is available, provide in the Caseload Management Appendix or specify location in the Procedure Manual below.

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):** P&P 1.17, Caseload Management

### C. Caseload Monitoring

1. The State agency's caseload monitoring process includes the review of the following data (check all that apply):

- Participation levels/rates
- High-risk participant levels/rates
- No-show rates
- Food costs per participant
- Food costs by area
- Other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

2. The State agency uses the following methods to monitor the above areas (check all that apply):

- Manual reports submitted by local agencies
- MIS-generated reports (If utilized please attach a description of each report and how they are used)
- On-site reviews
- Other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

## VII. CASELOAD MANAGEMENT

**3. Local agency caseload utilization, by any method, is reviewed by the State agency at least:**

- Monthly
- Quarterly
- Other (specify):
- Not applicable

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

### D. Benefit Targeting

**1. Development and Monitoring of State Agency Targeting Plans**

**a. The State agency has a plan to inform the following classes of individuals of the availability of program benefits (check all that apply):**

- Pregnant women, with special emphasis on pregnant women in the early months of pregnancy
- High risk postpartum women (e.g., teenagers)
- Parents/Caregivers of Priority I & II infants
- Migrants
- Homeless persons/families
- Incarcerated pregnant women
- Institutionalized persons
- Other (specify): Addicted Population and Refugee/Immigrants.

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

**b. The local agency or State agency, when the SA has no separate local agencies, contacts the following organizations to provide WIC Program information to eligible infants and children:**

- Foster care agencies
- Protective service agencies
- Child welfare authorities
- Other (specify): Head Start, Early Head Start, Food Banks, Domestic Relations, County Assistance Offices, HBP providers, hospitals, physicians, Centers for Excellence and other community agencies

**c. The State agency ensures that benefits are targeted to those at greatest risk by limiting the use of regression as a nutrition risk criterion to only once after a certification period.**

- Yes
- No

**d. In addition to, or in lieu of, State-developed plans, the State agency encourages/permits local agencies to develop their own targeting plans.**

- Yes
- No
- Not Applicable

**e. If yes, the State agency assures the appropriateness/quality of local agency targeting plans by:**

- Requiring local agencies to submit plans for State agency approval
- Review plans during local agency reviews
- Other (specify):

## VII. CASELOAD MANAGEMENT

**f. The State agency monitors benefit targeting through (check all that apply):**

- Automated reports developed by State agency
- Manual reports submitted by local agencies  Local agency reviews
- Other (specify):

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):** Appendix A – Target Population and Priority Tables, P&P 3.01SP, Caseload Management, P&P 6.01SP, Local Agency Outreach Activities

**E. Outreach Policies and Procedures**

**1. Outreach Policies, Procedures and Materials**

**a. To administer outreach activities, the State agency (check all that apply):**

- Issues a standard set of outreach materials for use by all local agencies
- Requires local agencies to develop outreach plans
- Reviews outreach plans developed by local agencies
- Reviews and approves any outreach materials developed by local agencies
- Utilizes broadcast media for outreach activities
- Other (specify): Resource exhibitor promoting WIC at statewide and regional events.

**b. Availability of Program benefits is publicly announced at least annually via:**

State Agency	Local Agency	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Newspapers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Radio
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Posters
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Letters
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brochures/pamphlets
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Television
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social Media (Twitter, FaceBook, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): Annual Farm Show and mailings to partner organizations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bus and billboard ads (LAs)

**c. Outreach materials are available in the following languages (check all that apply):**

- English
- Spanish
- Vietnamese
- Tribal Language(s)
- Other (specify): Chinese, Russian, Swahili, Somali, Burmese, Nepali, and Arabic

**d. Outreach materials are distributed to (check all that apply):**

- Health and medical organizations
- Hospitals and clinics
- Welfare and unemployment offices or social service agencies

## VII. CASELOAD MANAGEMENT

- Migrant farmworker organizations
- Indian and tribal organizations
- Homeless organizations
- Faith-based and community organizations in low-income areas
- Shelters for victims of domestic violence
- Other (specify): Head Start and Early Head Start programs, Nurse Family Partnership and other home visiting programs, food banks and pantries, Centers for Excellence, Dept of Corrections and Probation and Parole

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

P&P 6.01, Local Agency Outreach Activities

**When an ITO State agency operates as both the State and local agency "All" should be checked.**

**2. Accessibility to Special Populations**

**a. The State agency requires [all, some, no] local agencies to implement the following to meet the special needs of employed applicants/participants.**

All	Some	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, walk-in basis
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expedited clinic procedures for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Evening/weekend nutrition education classes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): Local agencies shall work to accommodate the special needs of employed participants.

**b. The State agency requires/authorizes all, some, no local agencies to implement the following to meet the special needs of rural participants (check all that apply):**

All	Some	None	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special clinic hours to accommodate travel time to clinic sites
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use of mobile clinics to rural areas
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for rural participants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special appointment/scheduling procedures for rural participants who do not have access to public transportation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special food instrument/cash value voucher issuance cycles for rural participants (check one): <input type="checkbox"/> 2 months, <input type="checkbox"/> 3 months issuance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): Mailing of FIs due to system failure, staffing emergencies or inclement weather, but must be authorized by the State Agency.

## VII. CASELOAD MANAGEMENT

c. **The State agency requires/authorizes [all, some, no] local agencies to implement the following to meet the special needs of migrant families (check all that apply):**

- | All                                 | Some                                | None                                |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Formal coordination with rural/migrant health centers   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special outreach activities aimed at migrants   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special clinic hours/locations to service migrant populations   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Expedited appointment procedures to accommodate migrant families  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Special food instrument/cash value voucher issuance cycles for migrant families<br>(check one): <input type="checkbox"/> 2 months issuance; <input checked="" type="checkbox"/> 3 months issuance |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Other (specify):  |

d. **The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):**

- Yes (If yes, please identify the State agencies with whom formal agreements exist):  No

e. **The State agency requires [all, some, no] local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):**

- | All                                 | Some                     | None                                |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Undertake regular and ongoing outreach to homeless individuals   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service              |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met    |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Other (specify):   |

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):** P&P 3.05, Services to Special Populations

### 3. Unserved Geographical Areas

a. **State agency's definition of an unserved geographic area (specify):**

An unserved geographic area is where there is an inadequate provision of WIC services within the counties of Pennsylvania, based on the income eligible target population.

b. **Please list unserved geographic areas or attach a list to appendix:**

- No current unserved areas (check if applicable)**

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

## VII. CASELOAD MANAGEMENT

### 4. Underserved Geographic Areas

#### a. State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):

The State Agency has no specific definition of underserved areas. A report is generated annually by our Bureau of Health Stats using Census estimates, which establishes target population estimates. Percent of target population served is tracked manually by local agency and county based on our participation reports. Comparison among areas can then be made on this basis.

#### No current underserved areas (check if applicable)

#### b. The State agency has a list on file of served and/or unserved geographic areas including the number of potential eligibles, participation and priority level currently being served

Yes       No

#### c. The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation

Yes       No, an update list is provided in the Appendix       N/A, State agency has no local agencies

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):** Appendix A – Target Population Tables

### 5. The State agency has a plan to:

- Inform nonparticipating local agencies of the Program and the availability of technical assistance in implementation
- Encourage potential local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served
- The State agency does not have local agencies and does not plan to have local agencies. Explanation of how underserved and/or partially served areas are addressed is below.

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation) AND/OR SA/ITO explanation of how the State agency without local agencies addresses underserved or partially served areas:**

## VII. CASELOAD MANAGEMENT

### F. Outreach Policies and Procedures

#### Waiting List Management and Procedures

1. **The State agency has specific policies/procedures for the establishment and maintenance of waiting lists which are used by all local agencies.**  
 Yes       No
2. **Waiting list procedures are uniform throughout the State.**  
 Yes       No, but State agency approves all exceptions  
 No, local variation allowed without State agency approval
3. **The State agency routinely monitors waiting lists.**  
 Yes       No       No. For the current Fiscal Year, the State agency does not have a waiting list.
4. **The State agency requires/allows subprioritization of waiting lists by (check all that apply):**  
 No subprioritization permitted       Income  
 Nutrition risk       Age  
 Pointsystem  
 Special target populations (specify):  
 Other (specify):
5. **The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.**  
 Yes  
 No, only categorical eligibility established  
 No, only categorical and income eligibility established  
 No, local agency variation  
 Other (specify): It is discouraged; however, it is allowed if it facilitates caseload management and expedites provision of benefits to the participants.
6. **Waiting lists are maintained:**  
 Manually  
 Automated system linked to State agency's central system  
 Automated system, stand alone at some/all local agencies
7. **Telephone requests for placement on the waiting list are accepted.**  
 Yes       No
8. **The State agency requires all local agencies to maintain waiting lists (telephone and/or pre-certification) with the following information (check all that apply):**  
 Name  
 Address  
 Phone number(s)  
 Date placed on waiting list

## VII. CASELOAD MANAGEMENT

- Category
- Priority
- Nutritional risk
- Income eligibility status
- Method of application
- Date applicant notified of placement on the waiting list
- Other (specify): Date of birth, date of deliver, VOC expiration date, method and date of waiting list notification and disposition. Refer to P&P 3.01SP, Caseload Management

**9. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list. If the State agency has no locals, it provides the information.**

- Yes       No

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): P&P 3.01SP, Caseload Management**



## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

(Please indicate) **State Agency: Pennsylvania**

for **FY 2019**

The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards and criteria), and the coordination of certification activities with other health services.

**A. Eligibility Determination and Documentation - 246.7(c)(1); 2(1); 246.7(d)(1); (2)(v)(B):** describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit.

**B. Nutrition Risk Determination, Documentation, and Priority Assignment - 246.4(a)(11)(i):** describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation.

**C. Health Care Agreements, Referrals, and Coordination - 246.4(a)(6); (7); (8) and (19):** describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs.

**D. Processing Standards - 246.4(a)(11)(i); 246.7(f)(2):** describe the State agency's processing procedures to ensure that the required standards and timelines are met.

**E. Certification Periods - 246.4(a)(11)(i); 246.7(g):** describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods.

**F. Transfer of Certification - 246.4(a)(6); (11)(i); and 246.7(k):** describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.

**G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 246.4(a)(11)(i); (16); (17) and (18); 246.7(h); 246.7(i)(10); 246.7(j); 246.7(l):** describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system .

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

#### 1. Application Process

- a. The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program

Yes       No

- b. The State agency shares  State wide or  at local agency (check one), a common income application or certification form with (check all that apply):

No other benefit programs       Medicaid  
 TANF       SNAP  
 MCH       Other reduced price health care program(s)  
 Other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.02, Program Eligibility

#### 2. Residency, Identity and Physical Presence Requirements

- a. The State agency requires documentation of residency

Yes  
 Signed statement that documentation of residency information is not available and why (e.g. homeless, theft, fire)  
 No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement):

- b. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):

Homeless applicants       Institutionalized applicants  
 Migrants       Indian Tribal Organizations  
 None       Other (specify): Persons residing in schools, maternity homes, temporary shelters, or any other residential facilities where meals are provided as part of the usual services are eligible to participate in the program if they meet program eligibility criteria.

- c. The State agency requires proof of identity from each applicant at certification

Yes  
 No (If no, why not?):

- d. The State agency has reciprocal agreements concerning residency with other States

Yes; list states: West Virginia, Maryland, Delaware, Washington D.C., New Jersey, Ohio, Virginia, NY and Seneca Nation Indian Tribe Organization  
 No

Describe any reciprocal agreements: Agreement for detection and prevention of dual participation

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

e. **The State agency requires physical presence of the applicant or a valid exception to be documented:**

Yes except for the following condition(s):

- Applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bed-rest, or serious illness exacerbated by coming in to clinic).
- Applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.
- Applicant is an infant under 8 weeks of age who cannot be present at the time of certification (for a reason determined appropriate by the local agency) and for whom all necessary certification information is provided.
- Applicant is an infant or child who was present at his/her initial certification; was present at certification within the one-year period of the most recent determination; and is under the care of one parent and that parent works, or is under the care of two parents and both work; and that working status presents a barrier to bringing the infant or child in to the WIC clinic.

f. **The State agency uses a shortened (up to 30 days) certification for applicants that have one qualifying nutrition risk and are able to present at least two of the three required documents during a certification appointment.**

Yes       No

3. **The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):**

- All pregnant women                       Pregnant women not visibly pregnant
- Postpartum women                       Children
- Infants                       Other (specify): Breastfeeding mothers up to one year past termination of pregnancy

#### 4. Income Limits for Eligibility

a. **The State agency gross income limit for income eligibility is 185% of the federal income guidelines**

- Yes, with no local agency exceptions
- Yes, with local agency variation
- No, with no local agency exceptions  
(specify State maximum percent of poverty:      %)
- No, with local agency variation  
(specify State maximum percent of poverty:      %)

#### ADDITIONAL DETAIL 3.02SP: Program Eligibility

b. **The State agency implements income eligibility guidelines concurrently with Medicaid**

Yes                       No

**ADDITIONAL DETAIL: Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual. Certification and Eligibility Appendix and/or Procedure Manual (citation): Appendix A – FY 2019 Income Guidelines**

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

c. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in 246.7(d)(2)(vi):

	<u>Poverty Level</u>
<input checked="" type="checkbox"/> TANF (specify State "percent of poverty")	185%
<input type="checkbox"/> SNAP	
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	%
<input checked="" type="checkbox"/> Pregnant women and infants	185%
<input checked="" type="checkbox"/> Children	133%
<input checked="" type="checkbox"/> Other categorically eligible women	250%

d. The State agency uses documented eligibility for/participation in other means-tested programs to establish automatic WIC income eligibility (check all that apply and the poverty levels used for each):

	<u>Poverty Level</u>
<input type="checkbox"/> Free or Reduced-Price School	%
<input type="checkbox"/> Lunch SSI	%
<input type="checkbox"/> Other State-provided health insurance (specify State "percent of poverty" maximum %)	%
<input type="checkbox"/> FDPIR	%
<input checked="" type="checkbox"/> Other (specify): N/A	

e. Individuals are required to document that they or a family member are certified as eligible to receive TANF, Medicaid, or SNAP benefits or, under the State option, certified as eligible to receive benefits in State-administered programs by providing:

- Program ID card (only if it includes dates of eligibility) or notice of current eligibility
- Documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty).  
(Program[s]: enrollment in Medicaid and SNAP)

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

### 5. Income Eligibility Documentation

a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State requires (check all that apply):

- Documentation of income information
- Signed statement that documentation of income information is not available and why
- Notation in the participant record if the applicant declares no income and why
- Other (specify):

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

#### b. Exceptions to income documentation are made for the following:

- The necessary information is not available
- The income documentation presents an unreasonable barrier to participation as determined by the State agency
- Those applicants with no income
- Those applicants who work for cash
- Other (specify): For above situations, the applicant is required to sign and date a State Agency developed Affirmation form

#### c. If the applicant does not supply the necessary documentation at the certification appointment, local agencies are generally instructed to do the following:

- Certification process is terminated and no food instruments/cash-value vouchers are provided; appointment rescheduled
- Temporary certification (not to exceed 30 days) is completed and food instruments are provided. However, if applicant does not provide documentation within 30 days, certification expires and a new eligibility determination must be conducted.
- Other (specify):

#### d. The State agency requires State-wide, or at local agency (check one), the verification of applicant income information

- No
- Yes (check all sources required, as appropriate):
  - Employer
  - Public assistance offices
  - State employment offices (wage match, unemployment)
  - Social Security Administration
  - School districts/offices
  - Collateral contacts
  - Other (specify): Self-employment; pension/retirement; worker's compensation; income from estates/trusts or rental income; alimony/child support; contributions; student financial assistance; net royalties

#### e. The State agency has specific policies that define actions to be taken for mid-certification changes in participant income circumstances.

- Yes; Please specify: P&P 3.02SP, Program Eligibility  No

#### f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies.

- Yes  No  Not Applicable

#### g. The State agency has specific policy that addresses income from benefits provided under certain regulatory Federal programs.

- Yes  No

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

- h. The State agency has specific policy to ensure that certain types of income, such as combat pay or FSSA payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.

Yes       No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.02SP, Program Eligibility

6. In determining an applicant's income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base.

Yes, Statewide       No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.02SP, Program Eligibility

7. The State agency excludes cost-of-living allowances for military personnel on duty outside of the contiguous 48 States (OCOLUS COLA) from applicant income for purposes of WIC income determination

Yes, Statewide       No

8. In determining an applicant's income eligibility for WIC, the State agency excludes payments given to deployed military service members. These payments are in accordance with Chapter 5 of Title 37 of the U.S.C.

Yes, Statewide       No

**ADDITIONAL DETAIL:** P&P 3.02SP, Program Eligibility

9. In determining an applicant's income eligibility for WIC, the State agency calculates multiple income sources received by an applicant's household at different frequencies in accordance with WIC Policy Memo 2011-7, and compares the sum to the established WIC IEGs.

Yes, Statewide       No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** 3.02SP: Program Eligibility

10. The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.

Yes       No (if no, why not):

**Provide the definition of an economic unit used by the State agency in the Appendix or the appropriate citation in the Procedure Manual.**

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.02SP, Program Eligibility

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

11. The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):

- Foster children
- Divorced/legally separated parents; step parents
- Absentee spouse (military hardship tours, etc.)
- Cohabitation
- Institutionalized applicants (including incarcerated applicants)
- Homeless applicants
- Minors ("emancipated" minors)
- Separate economic units under the same roof
- Striker/unemployed
- Students away at school
- Self-employed applicants
- Other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.02SP, Program Eligibility

### 12. Mid-Certification Disqualification

a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification due to the fact that she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.

- Yes       No

b. WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for one of these programs, eligibility must be determined based on WIC income guidelines and disqualification made only after all of these options are exhausted. The State ensures its policy and procedures comply with this requirement:

- Yes       No

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### B. Nutrition Risk Determination, Documentation and Priority Assignment

#### 1. Nutrition Risk Determination and Documentation

- a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply):

<u>Qualification</u>	<u>Can certify for:</u>	
	<u>Priorities I-III</u>	<u>All Priorities</u>
RD or Master's Level Nutritionist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Home Economist	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):		
Other (Specify):		

- b. The State agency authorizes local agencies to (check all that apply):

- Conduct       Anthropometric and     Hematological measurements  
 Use medical referral data for  Anthropometric and     Hematological measurements  
 Conduct measurements only when medical referral data are unavailable

- c. The State agency uses only FNS-approved nutrition risk criteria, as referenced in Policy Memorandum #2011-5, WIC Nutrition Risk Criteria, and transmittal memorandum (dated May 22, 2017) that list the revised risk criteria requiring implementation by 10/1/2018, published on the FNS PartnerWeb, to document nutrition risk.

- Yes       No

**Please append a copy of the revised nutrition risk criteria in its entirety to this State Plan.** Appendix B – Nutrition Risk Crosswalk Table. For USDA: Please note that one of the risk criteria that we had requested a waiver for is actually going to be incorporated into both of our systems (old and new) on October 1, 2018. That is Risk #383, and it is reflected in the attached table, which is not yet an attachment to our policy, but was developed to train staff on the numeric risk system that will be used in our new MIS.

- d. The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.

- Yes (list criteria):  
 No

- e. Hematological risk determination:

**The State agency requires (check one of the following):**

- Bloodwork data to be collected at the time of certification (Statewide).  
 Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.



## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### B. Nutrition Risk Determination, Documentation and Priority Assignment

The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in 246.7(e)(1)(ii)(B).

Yes       No

The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.

Yes       No

#### f. Anthropometric risk determination:

The State agency allows (check one):

- Anthropometric data for certification to be no older than 60 days (Statewide)  
 A shorter (less than 60 days) limit on age of anthropometric data for certification

#### g. Nutrition assessment:

i. Local agencies are required to perform a complete nutrition assessment (as described in the *Value Enhanced Nutrition Assessment [VENA] Guidance*) for all participants.

Yes       No (explain):

ii. Local agencies are required to perform a mid-certification nutrition assessment (as described in the *Guidance for Providing Quality Nutrition Services during Extended Certification Periods*) for all participants with and extended certification period.

Yes     No Applicable: (The State agency does not utilize the extended certification option for any participant category)

iii. The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System (MIS).

Yes     No

If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below.

If no, the State agency assures quality of nutrition assessment by:

- Requiring local agencies to submit forms for approval  
 Annually monitoring the locally developed forms during local agency review  
 Other (specify):

iv. Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)

Yes (specify): Dietary Guidelines, MyPlate Food Guide, USDA Infant Feeding Guide, and AAP

No (explain):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):**  
P&P 3.03SP, Nutrition and Risk Assessment

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### B. Nutrition Risk Determination, Documentation and Priority Assignment

#### 2. Documentation

a. **The State agency requires documentation in the applicant's case file for all nutrition risk criteria used to establish WIC eligibility (check one) (as described in FNS Policy Memorandum #2008-4, WIC Nutrition Services Documentation):**

- Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
- Yes, with CPA discretion when to waive documentation requirement (no written policy)
- No (explain):

b. **As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:**

- All identified risk criteria are recorded
- A set number of criteria is recorded (maximum number is 10 criteria)
- Local agency personnel decide how many and which criteria are recorded
- Other (specify): A maximum of 6 criteria can be assigned at each cert in the MIS system.

#### 3. Priority Assignments

a. **Participants certified for regression**

- Remain in the same priority in which they were previously assigned
- Are assigned to Priority VII, regardless of their initial priority at first certification
- Other (specify):

c. **The State agency requires verification for all nutrition risk criteria that require a physician's diagnosis.**

- Yes  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):**  
P&P 3.03SP Nutrition and Risk Assessment

b. **Participants may be certified for regression (check all that apply):**

- A single six-month period
- One time following a certification period
- No policy, local agency discretion

c. **High risk postpartum women are assigned to the following priority:**

- Priority III
- Priority IV
- Priority V
- Priority VI

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### B. Nutrition Risk Determination, Documentation and Priority Assignment

d. Participants certified solely due to homelessness/migrancy are assigned to the following priority:

	IV	V	VI	VII
Pregnant Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Breastfeeding Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Postpartum Women			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Children		<input checked="" type="checkbox"/>		<input type="checkbox"/>

e. Attach a copy of any nutrition risk criteria that will be added, modified or deleted during the coming fiscal year. For each criterion, indicate:

- Applicable participant category
- Applicable priority level(s)
- Whether a physician's diagnosis is required
- SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

### C. Health Care Agreements, Referrals, and Coordination

1. State Agency Referral Agreements and Coordination of Services

a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):

A SNAP	Rural/migrant health centers
ATANF	Hospitals
A Medicaid	Childhood immunization
SSI	A Immunization registries
EPSDT	Well-child programs
MCH programs	Child protective services
Children with special health care needs program(s)	Children's health insurance
Family planning	Private physicians
Mother (specify): PRAMS	IHS facilities

b. Formal agreements for coordination of services include:

- Responsibilities of each party
- Assurance that information is used for eligibility and/or outreach
- Assurance that information will not be shared with a third party

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### C. Health Care Agreements, Referrals, and Coordination

c. The State agency requires local agencies to coordinate services with, and/or develop referral systems for, the following (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> SNAP   | <input checked="" type="checkbox"/> Children with special health care needs                  |
| <input checked="" type="checkbox"/> TANF   | <input checked="" type="checkbox"/> Schools  |
| <input checked="" type="checkbox"/> SSI  | <input checked="" type="checkbox"/> EFNEP  |
| <input checked="" type="checkbox"/> Medicaid   | <input checked="" type="checkbox"/> Other food assistance program (TEFAP, FDPIR, CSFP, etc.) |
| <input checked="" type="checkbox"/> CHIP   | <input checked="" type="checkbox"/> Breastfeeding promotion                                  |
| <input type="checkbox"/> IHS facilities  | <input checked="" type="checkbox"/> Child protective services                                |
| <input checked="" type="checkbox"/> MCH (clinics/facilities) <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Head Start   |
| EPSDT  | <input checked="" type="checkbox"/> Early Head Start   |
| <input checked="" type="checkbox"/> Family planning  | <input checked="" type="checkbox"/> Healthy Start  |
| <input checked="" type="checkbox"/> Prenatal care  | <input checked="" type="checkbox"/> Substance abuse programs                                 |
| <input checked="" type="checkbox"/> Postnatal care   | <input checked="" type="checkbox"/> Child abuse counseling                                   |
| <input checked="" type="checkbox"/> Immunization   | <input checked="" type="checkbox"/> Foster care agencies                                     |
| <input checked="" type="checkbox"/> Dental services  | <input checked="" type="checkbox"/> Homeless facilities                                      |
| <input checked="" type="checkbox"/> Private physicians   | <input checked="" type="checkbox"/> Mental health services                                   |
| <input checked="" type="checkbox"/> Hospitals  | <input checked="" type="checkbox"/> Rural/migrant health centers                             |
| <input checked="" type="checkbox"/> Well-child programs  |  |
| <input checked="" type="checkbox"/> Other (specify): Lead Testing                                |  |

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**  
P&P 6.02SP, Participant Referral System and P&P 6.03SP Referral Agreements for Health Care Services

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### C. Health Care Agreements, Referrals, and Coordination

#### 2. Local Agency Referral Procedures

**a. The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:**

- State Medicaid Program, including presumptive eligibility determinations, where available
- Child support services
- SNAP
- Substance abuse counseling/treatment programs
- TANF, including presumptive eligibility determinations, where available
- Other State-funded medical insurance programs (specify):
- Other nutrition services (specify):
- EPSDT Program
- Children's Health Insurance programs (s)
- Other (specify): Immunizations and Lead Testing

**b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral using the checkbox on the right):**

- |  | Primary                             |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> State agency-developed referral forms  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Local agency-developed referral form   | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Telephone call to referring agency   | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Verbal referral to participants  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Automated client/participant information exchange  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Written literature on referral programs  | <input type="checkbox"/>            |
| <input type="checkbox"/> Follow-ups by staff to monitor  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Maintain a list of local resources for drug and other harmful substance abuse  | <input type="checkbox"/>            |
| <input type="checkbox"/> Counseling  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Other (specify): Needs are determined during the Nutrition Assessment process to ensure individualized tutorial by need. | <input checked="" type="checkbox"/> |

**c. Methods used by other health and social service programs to refer clients to the WIC Program include (check all that apply and indicate the primary method of referral using the checkbox on the right):**

- |  | Primary                             |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> WIC Program referral form              | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Health/social program referral form    | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Telephone call                         | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Verbal referral                        | <input type="checkbox"/>            |
| <input type="checkbox"/> Automated client/participant information exchange | <input type="checkbox"/>            |
| <input type="checkbox"/> Written literature on the WIC Program             | <input type="checkbox"/>            |
| <input type="checkbox"/> Other (specify):                                  |                                     |

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### C. Health Care Agreements, Referrals, and Coordination

d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):

Yes (check):       Medicaid     TANF     MCH     SNAP

Yes, other (specify): CHIP, Immunizations and Lead Testing

No

e. The State agency requires local agencies to monitor referrals to determine the extent of health or social services utilization in addition to State monitoring systems.

Yes       No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.00SP, Clinic Operations, P&P 6.01SP, Local Agency Outreach Activities and P&P 6.02SP Participant Referral System

f. In order to facilitate referrals to the Medicaid Program, the State agency provides each local agency a chart showing the maximum income limits, according to family size, applicable to pregnant women, infants, and children up to age 5 under the Medicaid Program.

Yes       No

g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services.

Yes       No

h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.

Yes       No

i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:

Food banks

Food pantries

Soup kitchens or other emergency meal providers

SNAP

The Emergency Food Assistance Program

Food Distribution Program on Indian Reservations

Other (specify):

j. The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established.

Yes       No

k. The State agency ensures that when WIC is at maximum caseload, the State agency notifies FNS of any waiting lists established.

Yes       No

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### C. Health Care Agreements, Referrals, and Coordination

I. **The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:**

- Food banks
- Food pantries
- Soup kitchens
- SNAP
- The Emergency Food Assistance Program
- Food Distribution Program on Indian Reservations
- Other (specify):

m. **Immunization Screening and Referral**

**The State agency assures that each local agency is meeting the requirements of WIC Policy Memorandum #2001-7, August 30, 2001: Immunization Screening and Referral, as follows:**

- Screening children under the age of two using a documented immunization history:
  - Using the minimum screening protocol; or
  - Using a more comprehensive means, (specify):
- Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): ; **or**
- Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater; **or**
- The State agency has been unable to formalize a coordination agreement with the State Immunization Program. Provide explanation of extenuating circumstances:

**The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.**

- Yes       No

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### D. Processing Standards

#### 1. Notification Standards

- a. **The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request (at the local agency) for program benefits as the following (check all that apply):**

Pregnant women eligible as Priority I                       High-risk infants (optional)

Migrant farmworkers/family members                       Homeless (optional)

Optional; please specify: Infants under six months of age

- b. **The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:**

Rural applicants     Employed applicants

No special policies/procedures

- c. **The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification.**

Yes                       No

- d. **Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for program benefits.**

Yes                       No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): P&P 3.04SP, Food Benefits**

#### 2. Processing Standards

- a. **Processing standards begin when the applicant (check all that apply):**

Telephones the local agencies to request benefits

Visits the local agency in person

Makes a written request for benefits

- b. **The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants.**

Yes                       No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**



## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### E. Certification Periods

#### 1. Certification Period Standards

- a. (i) The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished (known as "extended certification"):
- Yes, at all local agencies
  - Yes, at selected local agencies
  - No
- (ii) The State agency authorizes local agencies to certify children for a period of up to one year provided that participant children receive required health and nutrition services:
- Yes, at all local agencies
  - Yes, at selected local agencies
  - No
- (iii) The State agency authorizes local agencies to certify breastfeeding mothers for a period extending up to the infant's first birthday or until breastfeeding is discontinued (whichever comes first), provided that there will be no decrease in health and nutrition services that the participant would otherwise receive during a shorter certification period:
- Yes, at all local agencies
  - Yes, at selected local agencies
  - No
- (iv) The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:
- No
  - Yes (describe): Mid-cert appointment (referred to as a Health Evaluation appointment) is required for all WIC types with a one-year certification period.

b. **Extended certification is an option for the following (check all that apply):**

- Priority I infants
- Priority II infants
- Priority IV infants
- Priority III Children
- Priority V Children
- Priority I Breastfeeding Women
- Priority IV Breastfeeding Women

c. **The State agency authorizes local agencies to shorten or extend the certification period up to 30 days in certain circumstances.**

- Yes (If yes, provide citation indicating circumstances): In cases where there is difficulty in appointment scheduling
- No.

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 2.09, Certification Periods

2. **The State agency authorizes local agencies to disqualify an individual in the middle of a certification period for the following reasons (check all that apply):**

- Participant volunteers the information that they are over income
- Participant abuse
- Family member found income ineligible at recertification
- Failure to pick up food instruments/cash-value vouchers for 3 consecutive issuances

Other (specify):

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

### E. Transfer of Certification

#### 1. Procedures for Transfer of Certification and Verification of Certification (VOC) Cards

- a. The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO):

Intra-State	Inter-State	WIC Overseas	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

- b. A participant ID card/folder is provided which also serves as a VOC card:

Yes  No

- c. The State agency requires all local agencies to use a standardized Verification of Certification card:

Yes  No

- d. Verification of Certification Cards are issued to the following (check all that apply):

- All participants
- Migrants
- Homeless
- Participants relocating during certification period
- Persons affiliated with the military who are transferred overseas
- Other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.04SP, Food Benefits

2. The State agency requires all local agencies to include the following information on the Verification of Certification card (check all that apply):

- Name of participant
- Date certification performed
- Date income eligibility last determined
- Nutritional risk condition of the participant
- Date certification period expires
- Signature/printed or typed name of certifying local agency official
- Name/address of certifying local agency
- Identification number or some other means of accountability
- Migrant status (non-resident)
- Other (specify): Anthropometrics, blood work and date of last FIs issued

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### F. Transfer of Certification

3. **The State agency requires all local agencies to accept as valid all VOC cards from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:**
- Participant name
  - Name and address of the certifying agency
  - Date the current certification period expires
4. **The State agency honors the one year certification period for transferring participants (infants, children, and breastfeeding women) even if it certifies participants every six months.**
- Yes       No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): P&P 3.04SP, Food Benefits**

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

#### 1. Dual Participation

a. **The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies:**

- Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): P&P 1.03SP, Abuse and Fraud Prevention and Investigation  
 No

b. **The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in close proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located):**

- Yes       No       Not applicable

c. **The State agency has established procedures to handle participants found in violation due to dual participation:**

- Yes      (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): P&P 1.03SP, Abuse and Fraud Prevention and Investigation  
 No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

#### 2. Participant Rights and Responsibilities

a. **The State agency has uniform notification procedures that are used by all local agencies statewide:**

- Yes       No

b. **The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form:**

- Yes       No

c. **The State agency has implemented a policy of disqualifying participants for not picking up food instruments:**

- Yes       No       Not applicable

**If yes, the policy is communicated to participants in the participant rights and responsibilities materials:**

- Yes       No       Not applicable

d. **The State agency has implemented a policy to specifically inform participants that they are not allowed to sell WIC food benefits, including online:**

- Yes       No; explain:

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

e. **The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:**

Yes     No; explain:

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 1.03SP, Abuse and Fraud Prevention and Investigation

f. **The State agency has developed special notification policies and procedures for the following:**

- Applicant/participant who cannot read
- Applicant/participant who speaks in a language other than English
- Homeless
- Migrants
- Persons with disabilities
- Other (specify):

g. **The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:**

- Eligibility at each certification
- Ineligibility at initial certification
- Mid-certification disqualification
- Expiration of a certification period
- Waiting list status
- Other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 3.02SP, Program Eligibility

### 3. Fair Hearing and Sanction System

a. **The State has a law or regulation governing participant appeals:**

Yes     No

b. **The State agency has established statewide fair hearing procedures:**

- Yes; attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference in additional detail section below.
- No

c. **State or local agency actions against participants include (check all that apply):**

- Reclaiming the value of improperly received benefits
- Disqualification from the program for up to one year
- Suspension from the program mid-certification
- Other (specify):

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

**d. Appeal hearings are held at:**

- WIC State agency parent agency
- Other State agency or hearing board (specify):
- Local WIC agency
- Other (specify): Mutually agreed upon location conducted by an impartial official

**e. Statewide fair hearing procedures include (check all that apply):**

- Request for hearing
- Denial or dismissal of request
- Rules of procedure
- Fair hearing decision
- Judicial review
- Local agency responsibilities
- Continuation of benefits
- Responsibilities of hearing
- Official
- Other (specify):

**f. State agency procedures require written notification for (check all that apply):**

- Appeal rights
- Denial or dismissal of request
- Termination within certification period
- Judicial review
- Request for hearing
- Notice of hearing
- Fair hearing decision
- Other (specify): Participants can express their request for a fair hearing verbally or in writing.

**g. The State agency has established timeframes to govern each step of the hearing process:**

- Yes
- No

**h. The State agency requires all local agencies to document any notification/correspondence in the participant's file:**

- Yes
- No

**i. The State agency has a written sanction policy for participants:**

- Yes (If yes, provide appropriate citation below)
- No

**j. The State agency has established procedures which determine the type and levels of sanctions to be applied against participants:**

- Yes
- No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):** P&P 1.03, Abuse and Fraud Prevention and Investigation

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

(Please indicate) **State Agency: Pennsylvania**

for **FY 2019**

Food delivery and food instrument (FI) (*Food instrument* means a voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods) accountability and control involve the production, issuance, redemption, and monitoring of automated and manual food instruments through retail systems and the delivery of WIC Program foods by non-retail methods, i.e., home delivery and direct distribution.

### **Retail Food Delivery Systems**

- A. Food Instrument Control Overview - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), and (a)(14)(xii):** describe the policies and procedures used by the State agency in producing, monitoring and accounting for the use of food instruments.
- B. Food Instrument Pick-up and Transaction - 246.4(a)(11)(iii) and (a)(14)(vi):** describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.
- C. Food Instrument Redemption and Disposition - 246.4(a)(14)(vi):** describe the procedures used to reconcile food instruments as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments as either validly issued, lost/stolen/damaged, expired, duplicate, or not matching issuance records.
- D. Manual Food Instruments - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi) and (a)(14)(ix):** describe the procedures for issuing and accounting for manual food instruments, including the procedures for documentation and disposition.
- E. Special Food Instrument Issuance Accommodations - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), (a)(14)(ix), (a)(14)(xiv) and (a)(21):** describe alternatives to participant food instrument pick-up for issuance (e.g., mail or electronic issuance) and how the integrity of program services and fiscal accountability is ensured.
- F. Vendor Cost Containment System Certification - 246.4(a)(14)(xv), 246.12(g)(4)(vi):** describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

### **Non-Retail Food Delivery Systems**

- G. Home Food Delivery Systems - 246.4(a)(11)(iii), 246.4(a)(14)(i), (a)(14)(vi), (a)(14)(vii) and (a)(14)(xii):** describe how the State agency's home delivery system operates including but not limited to the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries and ensuring safe food delivery of WIC foods, if applicable.
- H. Direct Distribution Food Delivery Systems - 246.4(a)(11)(iii), (a)(14)(i), and (a)(14)(vi), (a)(14)(vii), and (a)(14)(xii):** describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of food safety, as applicable.

### **Electronic Benefit Transfer (EBT) Implementation and Management**

- I. Electronic Benefit Transfer (EBT): 246.4(a)(1), (a)(14)(xix), (a)(14)(xx), (a)(19), 246.12(h)(3), (w)-(bb):** describe the policies and procedures the State agency is using to implement and operate EBT

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### A. Food Delivery and Food Instrument Control Overview

#### 1. Food Instruments - General

##### a. The State agency uses the following types of FIs (check all that apply):

- Automated-point of certification
- Manual-individual prescription
- Pre-printed manual-standard prescription
- Automated-central generation
- EBT
- Other (specify):

##### b. The State agency conducts FI inventories (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):

###### Automated - EBT Cards

Daily/perpetually  
Other (Specify):

###### Physical - Paper FIs

Daily  
Weekly  
Monthly  
X Other (specify): No inventory-blank stock paper

##### c. The FI contains/allows for the following information (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Not applicable                         | <input checked="" type="checkbox"/> Local agency identifier       |
| <input checked="" type="checkbox"/> Participant WIC ID number   | <input type="checkbox"/> Vendor/farmer endorsement                |
| <input type="checkbox"/> Countersignature for participant/proxy | <input checked="" type="checkbox"/> Authorized supplemental foods |
| <input checked="" type="checkbox"/> First date of use           | <input checked="" type="checkbox"/> Last date of use              |
| <input type="checkbox"/> Redemption period                      | <input checked="" type="checkbox"/> Serial number                 |
| <input checked="" type="checkbox"/> Purchase price              | <input checked="" type="checkbox"/> Signature space               |

**Provide a facsimile or FI in Appendix or cite Procedure Manual:** Appendix A - Sample FIs

##### d. The EBT system allows for the following (check all that apply):

- A unique and sequential number benefit issuance identifier
- Each EBT purchase is matched to an authorized vendor, farmer, or farmers' market prior to authorizing payment per 7 CFR 246.12(x)(3)
- System contains authorized supplemental foods
- System contains first and last dates of use for electronic benefits

##### e. The State agency provides a toll-free number for participant/vendor/farmer inquiries on:

- Paper Food Instrument     Cash-value voucher     EBT Card/Sleeve     None



## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### A. Food Delivery and Food Instrument Control Overview

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

#### 2. Food Instrument Accountability

##### a. FIs are delivered to local agencies by:

- State agency staff  Local agency staff
- US Postal Service
- On-demand printing
- Contracted service (e.g., UPS, Purolator, etc.)
- Other (specify):

##### b. FIs (blank stock and preprinted ready for issuance) are delivered to the local agency (check all that apply):

###### Blank

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify):

###### Preprinted

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify):

Blank Specify: Local agencies print FIs on demand and order blank check paper stock as needed.

Preprinted Specify:

##### c. The State agency uses the following procedures to ensure that unclaimed FIs are not being used fraudulently (check all that apply):

- Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants
- Local agencies conduct an initial review to void food instruments for participants known to have been terminated from the Program
- Inventories of food instruments are not conducted by the same local agency staff responsible for issuing/voiding food instruments
- Procedures are in place to ensure the proper disposal of unused/duplicate/voided FIs
- Other (specify): Digitized signatures are captured when checks are printed on-demand.

On occasion, due to network or hardware failure, batch printing of a clinic's checks can be done by select state agency staff. Unused checks can be voided manually in the MIS or via batch process. A report of redeemed by voided checks is monitored.

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 1.05SP, R,L,S FI Monthly Rept & 10% Random Sample of Voided FIs; P&P 4.02SP, Food Instrument Security and Distribution

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### A. Food Delivery and Food Instrument Control Overview

3. The State agency has established food delivery procedures in cases of natural disaster and emergencies for the following (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Manual Issuance     | <input type="checkbox"/> Automated issuance |
| <input checked="" type="checkbox"/> Mailing  | <input type="checkbox"/> Home food delivery |
| <input type="checkbox"/> Direct distribution | <input type="checkbox"/> Other (specify):   |

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 4.02SP, Food Instrument Security and Distribution

### B. Food Instrument Pick-up

1. Food Instrument Pick-Up Policy and Procedures

a. Food instruments are issued by (check all that apply):

	All Locals	Most Locals	Some Locals
Local agency director	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local agency nutritionist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local agency paraprofessional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. The State agency utilizes a participant identification card:

- Yes       Yes, with photo       No

If yes, issuance is controlled numerically and each card is accounted for:

- Yes       No

c. The State agency requires the following proof of receipt when issuing automated food instruments:

- Participant/parent/caretaker/proxy signature block on register confirming receipt  
 Carbon copy of food instrument  
 Local agency staff initials  
 Date of food instrument pick-up  
 Stub with participant signature or initials     Other (specify): Digitized signature of participant/proxy is captured and stored when FIs are issued.

d. The State agency has a policy to prorate food packages for the following:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Late FI pick-up         | <input type="checkbox"/> Certification due to expire within 30 days |
| <input checked="" type="checkbox"/> Mid-month certification | <input type="checkbox"/> Other (specify):                           |

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### B. Food Instrument Pick-up

e. **The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply):**

- Authorized vendors/farmers
- Selecting WIC-approved foods
- FI transaction procedures
- Signature on FIs
- Use of proxy
- Reporting problems/requesting assistance
- Participant violations (i.e. selling or offering to sell WIC benefits)
- Other (specify):

f. **The State agency requires local agency staff to provide participants with a list of authorized vendors/farmers/farmers' markets:**

- Yes
- No

g. **The State agency permits a participant to transact food instruments with any authorized vendor or farmer/farmers' market in the State:**

- Yes
- No

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 4.02SP, FI Security and Distribution and P&P 7.05SP, Issuance of Prorated Packages

2. **The State agency's proxy policy includes the following:**

- Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs for all homeless WIC participants in a facility
- Limits proxy to a specified number of FI pick-ups
- Limits proxy to a minimum age
- Limits proxy assignment to local WIC staff
- Other (specify): None of the above

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 3.02SP, Program Eligibility

### C. Food Instrument Redemption and Disposition

1. **Food Instrument Disposition Procedures**

a. **The State agency system assures 100% disposition of all issued FIs**

- Yes
- No

If no, specify the circumstances that prevent 100% disposition:

b. **Local agencies are supplied with a report on the final disposition of its FIs:**

- Yes (specify period):
- No

c. **The State agency monitors each local agency's:**

- Number of manual FIs utilized
- Number of unclaimed FIs
- Number of voided FIs
- Number of redeemed FIs with no issuance record

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 4.02, Food Instrument Security and Distribution.

### 2. Unclaimed, Voided, Prorated FIs

#### a. The State agency requires local agencies to return "unclaimed/not picked up" FIs:

- Not applicable       Daily       Weekly       Monthly  
 Other (specify):

#### b. The State agency requires local agencies to return "voided" FIs:

- Not applicable       Daily       Weekly       Monthly  
 Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

### 3. Lost/Stolen/Damaged Food Instruments

#### a. The State agency requires local agencies to report lost/stolen/damaged FIs to (check all that apply):

- State agency       Police department       State agency's banking institution  
 EBT Coordinator  
 Other (specify): Local agency must update the FIs in the system as lost/stolen.

#### b. Replacement/duplicate FIs Issuance

##### (1) Replacement/duplicate FIs are issued when FIs are reported lost:

- No  
 Depends on the circumstances  
 Yes (If FIs are reissued, it is done):  
     Immediately  
     Following notification of State agency/bank agency  
     After a      day waiting period (specify number of days)

##### (2) Replacement/duplicate FIs are issued when FIs are reported stolen:

- No  
 Depends on the circumstances  
 Yes (If FIs are reissued, it is done):  
     Immediately  
     Following notification of State agency/bank agency  
     After a      day waiting period (specify number of days)

##### (3) Replacement/duplicate FIs are issued when FIs are reported damaged:

- No  
 Depends on the circumstances  
 Yes (If FIs are reissued, it is done):  
     Immediately  
     Following notification of State agency/bank agency  
     After a      day waiting period (specify number of days)

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### C. Food Instrument Redemption and Disposition

c. Is a police report required before replacement benefits are issued when reported stolen?

- Yes       No

d. The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen/damaged FIs (check all that apply):

- Stops payment on the lost/stolen/damaged FIs  
 Notifies vendor or farmer  
 Other (specify): Lost or stolen FIs are recorded in the MIS system. A monthly report of lost or stolen FIs is generated. Follow up is conducted by local agency staff.

**Please provide a copy/citation of the State agency's policy and procedures that ensure that lost/stolen FIs cannot be redeemed OR lost/stolen/damaged EBT cards will be replaced and associated benefits transferred (7 CFR 246.4(a)(14)(xix)).**

P&P 1.05, Redeemed/Lost/Stolen FI Monthly Report & 10% Random Sample of Voided FI's

e. The local agency documents in the participant's file that replacement FIs were issued:

- Yes       No

f. If it is established that lost/stolen/damaged FIs are transacted by the participant who reported them lost/stolen/damaged, the following actions are taken:

- A claim for cash repayment is issued to participant  
 Participant is disqualified; specify the period of time:  
 Participant receives a warning  
 Other (specify):

g. If lost/stolen/damaged FIs are transacted by someone other than the participant, the following actions are taken, check all that apply:

- Reported to police for investigation  
 State agency or local agency does an investigation  
 State agency or local agency notifies the participant  
 Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): P&P 1.05SP, Redeemed/Voided, Lost or Stolen Food Instrument (FI) Monthly Report & 10% Random Sample of Voided FI's with Void Code Other than 'R' Monthly Reports**

h. The State agency monitors the level of reported lost/stolen/damaged FIs by local agency:

- Yes       No

4. Food Instrument Redemption Screening (7 CFR 246.12(k)(1))

a. Describe in detail how the State agency sets maximum allowable reimbursement levels for payment of food instruments (including whether the State agency uses vendors' shelf prices to set maximum reimbursement levels and how reimbursement levels are linked to competitive price criteria). If the State agency sets maximum allowable reimbursement levels differently for above-50-percent vendors and regular vendors, please explain the different methods used. P&P 4.01 Retail Store Management (B.)(5)(f) and (B.)(6). PA WIC does not authorize above-50-percent vendors.

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

(1) The State agency establishes maximum allowable reimbursement levels for:

- |   |   |                             |
|---|---|-----------------------------|
| (a) Each peer group                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Each food instrument or food category | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Other (please specify):               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |

(2) The State agency establishes maximum allowable reimbursement levels using:

- (a) Standard deviations       Yes       No

If yes, specify the standard deviation number and explain how the State agency determined the standard deviation it used is appropriate:      (b)

- (b) A percentage above the average redemption amount       Yes       No

If yes, specify the percentage and explain how the State agency determined that this percentage is appropriate.

- (c) Other (please specify):       Yes       No

P&P 4.01 Retail Store Management (B.)(5)(f) and (B.)(6).

(3) The maximum allowable reimbursement levels include a factor to reflect:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Wholesale price fluctuations; explain: |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Inflation; explain:                    |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | Other (please specify):                |

b. The State agency screens FI through a pre-edit (before payment) or post-edit (after payment) process to detect the following:

Not Applicable	Pre-Edit Screen	Post-Edit Screen	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Purchase price exceeds price limitations (FI only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Altered purchase price
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor/farmer identification missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Invalid/counterfeit vendor/farmer identification
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transacted before specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transacted after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Redeemed after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Altered dates
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Missing signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mismatched signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered signature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

c. When the payment amount on a food instrument exceeds the maximum allowable reimbursement amount, what action does the State agency take?

- Reimburses the vendor for amounts up to the maximum allowable reimbursement amount
- Reimburses the vendor at the peer group average
- Rejects the food instrument, but allow the vendor to resubmit
- Rejects the food instrument without allowing the vendor to resubmit
- Other (please specify): Reimburse up to the Not To Exceed amount (150% of the maximum allowable amount), and bill stores for overpayments.

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

**d. Where pre-edit screens are used, the proportion of FIs reviewed includes:**

- All FIs                       Percentage of FI (            %)  
 Other (please specify):

**e. The edit system(s) that use(s) maximum allowable reimbursement levels to screen for vendor overcharges rejects food instruments based on:**

- | Pre-Edit                            | Post-Edit                |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Not To Exceed or Maximum Prices          |
| <input type="checkbox"/>            | <input type="checkbox"/> | Percentage above average (            %) |
| <input type="checkbox"/>            | <input type="checkbox"/> | Amount above average (\$            )    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Other (specify):                         |

**f. The following actions are used to control against unauthorized stores redeeming FIs:**

- Provide up-to-date list of authorized vendors to participants at certification and/or FI issuance  
 Recover vendor/farmer/farmers' market stamp when vendor/farmer/farmers' market is no longer authorized  
 Conduct compliance buy to verify if unauthorized store redeems FIs  
 State agency or its banking institution checks vendor/farmer/farmers' market ID numbers on food instruments submitted for redemption against the authorized vendor/farmer/farmers' market list before paying vendors/farmers/farmers' markets for FIs submitted for redemption  
 Inform all participants who might use the unauthorized store  
 Other (specify): Only authorized WIC vendors have access to systems for submitting redeemed FI information to PA WIC. If redeemed check information is not received, the FIs will be bank rejected.

**ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation): P&P 4.01, Retail Store Management**

### 5. Price Lists

**a. Price list information is routinely collected from vendors:**

- Yes     No; Explain: (Proceed to item #6)

**b. Price list data are collected:**

- Real Time or Daily via EBT system     Monthly     Quarterly     Semiannually  
 Other (specify):

**c. Price data are collected by:**

- State agency staff  
 Local agency staff  
 Reports are submitted by vendors  
 EBT system  
 Other (specify):

**d. The data collected has food prices for (check all that apply):**

- All brands and sizes of supplemental foods  
 Highest price supplemental food items within food categories  
 Most commonly redeemed food items; please specify:  
 All authorized vendors  
 A sample of authorized vendors (please describe the sampling method used):  
 Other (specify): Lowest prices.

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

**e. The State agency/local agency verifies price data provided by vendors:**

- During routine monitoring visits
- Does not verify on a routine basis
- Other (explain):
- If the vendor is identified as a high-risk vendor; please explain the method:

**f. The State agency/local agency analyzes price data:**

- Manually on a routine or as needed basis
- On an Automatic Data Processing system and uses it to:
  - Generate estimated food instrument values
  - Help inform WIC staff on vendor selection decisions
  - Develop vendor peer groups
  - Flag individual food instruments that appear to be overcharges
  - Other (specify):

**6. System to Detect Suspected Overcharges**

**a. Does the State agency screen for suspected overcharges:**

- Yes, vendor claims are issued for overcharges
- No, the State agency makes price adjustments to food instruments submitted for redemption at amounts above edit limits.
- No, the State agency does not identify overcharges and/or issue claims for overcharges. (Proceed to section *D. Manual Food Instruments*.)
- Other (specify):

**b. The methods used to identify vendor overcharges are:**

- Comparison of vendor's reported prices to charged prices
- Comparison of redemption values of vendor with other vendors in the vendor's peer group
- Comparison of redemption values of vendor with all vendors
- Other (specify): The vendor is billed for payments above the maximum allowable prices on a quarterly basis.

**c. To receive payment or justify and correct a claim for a price adjustment or vendor overcharge, the vendor must: (Check all that apply)**

- Provide an updated price list
- Provide written justification for the higher prices
- Provide receipts
- Other (specify): Provide documentation of a State Agency error.

**d. What action(s) is/are taken when a vendor overcharge occurs? (Check all that apply)**

- Routine monitoring or remedial vendor training is conducted
- Vendor is designated as high-risk and scheduled for compliance investigation
- Vendor is provided with a written warning of potential sanction for overcharging
- Vendor is terminated for cause
- Vendor is sanctioned
- Other (specify): Vendor is required to reimburse PA WIC for the overcharge.



## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 4.01, Retail Store Management

### D. Manual Food Instruments

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

#### 1. Manual FIs Policy

##### a. Manual FIs are utilized for the following reasons:

- New participants
- Automated FIs not available
- Mutilated automated FIs
- Wrong food package on automated FI
- Wrong dollar amount on automated FI
- Provide for the special needs of the homeless
- Food package tailoring
- Routine monitoring visits (i.e., educational buys) of vendors/farmers
- Compliance buys of vendors/farmers
- Special conditions, e.g., disasters
- Other (specify):

##### b. The State agency requires the following for completing the manual FI register:

- Participant/proxy signature                       Local agency staff initials
- Date of FI pick-up                                       Other (specify):

##### c. Manual FIs have a "Not to Exceed Value" of:

- Same dollar amount for all manual food instruments \$
- Variable dollar amount depending on type of prescription on manual FI
- Variable dollar amount depending on participant category on manual FI
- No limit
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

#### 2. Manual FI Documentation and Disposition

##### a. A report containing the serial numbers of manual FIs issued by local agencies is sent to the State agency:

- Not applicable                       Weekly                       Monthly
- Other (specify):

##### b. Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual FIs issued and redeemed but for which no participant record currently exists by utilizing:

- Turnaround documents to establish valid certification records
- Telephone calls to the State/local agency on irregularities
- Other (specify):

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

c. If the manual FI inventories do not achieve 100% reconciliation of all issued and unissued FIs, the local agency (check all that apply):

- Reports the FI serial numbers to the State agency
- Provides the FI serial numbers to local vendors/farmers
- Other (specify):

(Provide a copy/citation of the State agency's prescribed procedures if the manual FI inventory cannot be reconciled.)

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

### E. Special FI Issuance Accommodations

#### 1. Alternative FI Issuance

a. The State agency has implemented the following FI issuance policy (check all that apply):

- All participants are required to pick up FIs at the clinic or local agency, except in unusual circumstances
- Participants/proxies are required to show identification at FI card pick up
- FI cards are routinely mailed to participants except (1) when the participant is scheduled for nutrition education (including breastfeeding promotion and support activities) or a certification appointment and (2) in areas where SNAP benefits are not mailed, as these areas are known to have experienced high mail issuance losses
- Benefits are provided electronically to a location such as a grocery store under certain conditions; thus participants may not always pick up FIs at the clinic
- Other (specify):

#### 2. Mailing Policy/Procedures

a. The State agency provides local agencies with guidelines/procedures for mailing FIs to individual participants:

- Yes       No

b. Policy requires participants to pick up FIs whenever certification appointment is due or nutrition education (including breastfeeding promotion and support activities) is scheduled:

- Yes       No

c. The State agency has implemented the following policy regarding mailing FIs (check all that apply):

- FIs are sent first class mail \*(first class is considered *regular* mail)
- FIs are sent registered mail
- FIs are sent certified mail
- FIs are sent restricted mail
- Return receipt is requested on FIs sent certified mail
- Envelope specifies, "Do not forward, return to sender" or "Do not forward, address correction requested"
- Other (specify):

d. The State agency approves mailing FIs under the following conditions (check all that apply):

	State-Wide	LA with SA Approval	Case by Case
Participant hardship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Travel-related issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Better clinic management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

Participant safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(if other, specify): The system is down and checks cannot be created or printed.

### e. When mailing FIs, documentation of FI issuance is:

- Signed by the participant at the following FI pick-up/visit
- Noted "mailed" and initialed/dated by local agency staff
- Signed and dated by local agency staff after return receipt is received
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 4.02SP, Food Instrument and Security Distribution

### 3. Participants who receive FIs by mail are sent:

- One month of FIs
- Two months of FIs
- Three months of FIs
- Other (specify): Depends on the circumstances

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 4.02SP, Food Instrument and Security Distribution

## F. Vendor Cost Containment System Certification

If the State agency has authorized or plans to authorize any above-50% vendors, FNS must certify the State agency's vendor cost containment system. The State agency that has not yet received FNS certification must submit a request for certification/recertification that contains the following information.

### DOES NOT APPLY (PROCEED TO SECTION G)

#### 1. Calculation of new competitive price levels

Describe how the State agency derived or will derive new competitive price levels for regular vendors, which exclude the prices of above-50-percent vendors.

#### 2. Maximum allowable reimbursement levels for regular vendors and above-50-percent vendors

##### a. Explain how the State agency will ensure that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.

##### b. The State agency plans to exempt above-50-percent vendors from the calculated competitive price criteria and maximum allowable reimbursement levels.

- Yes
- No If yes, how many vendors will be exempted?

Are these vendors needed to ensure participant access to supplemental foods?

- Yes
- No

##### c. The State agency applies peer-group-specific maximum allowable reimbursement levels to food instruments during the food instrument redemption process.

- Yes
- No If yes, describe the procedure or process used:

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

3. Describe the State agency's methodology for grouping above-50-percent vendors in its peer group system (i.e., separately or in peer groups with regular vendors) and the criteria the State agency uses to identify comparable vendors for each group of above-50-percent vendors.
4. The State agency plans to exempt *non-profit* above-50-percent vendors from competitive price criteria and maximum allowable reimbursement levels.
- Yes       No If yes, provide the following information in detail:
- a. Describe the reason the State agency has decided to exempt such vendors (i.e., the benefits to the program) and the number of non-profit vendors to be exempted.
- b. Describe the reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods.
- c. Does the State agency collect shelf prices from non-profit vendors?
- Yes       No
- d. Describe how the prices of the non-profit vendors compare to those of other vendors in their geographic area that are subject to competitive price criteria and allowable reimbursement levels.
- e. Describe how the State agency establishes the level of reimbursement for the non-profit above-50-percent vendors that it has exempted.
5. The State agency has fully implemented the competitive price criteria and maximum allowable reimbursement methodologies described in items 1 and 2 above.
- Yes       No
- If the State agency has not fully implemented the revised competitive price and maximum allowable reimbursement methodologies, describe the current status of this effort and include the timetable for achieving full implementation.
6. The State agency plans to exempt *pharmacy* vendors from competitive price criteria and maximum allowable reimbursement levels.
- Yes       No
- If yes, the State agency has confirmed that these pharmacies provide **only** exempt infant formula and/or WIC-eligible medical foods to program participants.
7. Does the State agency collect shelf prices from pharmacies that provide only exempt infant formula?
- Yes       No
8. Complete the three tables on the following pages to demonstrate that the State agency's procedure for establishing and implementing competitive price criteria and maximum allowable reimbursement levels ensures that average payments per food instrument or food item to above-50% vendors do not exceed average payments to regular vendors.
9. Please attach and cite of a copy of the report(s) that the State agency will use to monitor average payments per food instrument to above-50% vendors and regular vendors. If the State agency does not have such a report, describe the State agency's plans to develop and implement a report(s) for monitoring purposes, including the report contents or fields.

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

Table 1. Data for WIC Vendor Cost Containment Certification – Overview

Please provide the following information on the regular vendors and the above-50-percent vendors authorized by the State agency as of June 30th. If data are not available through June 30th, the State agency should enter data for the period for which data are available, replacing “June” with the month to which the data are applicable.

1. How many authorized regular vendors did the State agency have as of June 30th? (or month of: )	1.
2. For all authorized regular vendors, what was the total amount of WIC redemptions paid as of June 30?	2.
3. How many above-50-percent vendors did the State agency have as of June 30th?	3.
a. Non-pharmacy above-50-percent vendors	a.
▪ Number of <i>WIC-only</i> stores	▪
▪ Number of other types of above-50-percent vendors (excluding pharmacies)	▪
b. Above-50-percent pharmacy vendors	b.
c. Total above-50-percent vendors (sum of a and b)	c.
4. What was the total amount of redemptions paid to these above-50-percent vendors as of June 30th?	4.
a. Non-pharmacy above-50-percent vendors	a.
b. Above-50-percent pharmacy vendors	b.
c. Total above-50-percent vendors (sum of a and b)	c.
5. How many peer groups of above-50-percent vendors (either separate peer groups or groups with regular vendors) has the State agency identified?	5.
6. How many above-50-percent vendors and regular vendors has the State agency authorized that do <u>not</u> meet competitive price criteria, but are needed to ensure participant access to supplemental foods?	6. above-50%: regular vendors:

Supplemental WIC State Plan Guidance section IX.I – Vendor Cost Neutrality Assessment will be issued in the spring.

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### G. Home Food Delivery Systems

DOES NOT APPLY (PROCEED TO NEXT SECTION)

#### 1. Home Food Delivery Systems Overview

##### a. Home delivery vendors include (check all that apply):

- Dairies
- Private delivery service doing WIC business only
- Private delivery service
- Other (specify):

##### b. Participants who receive home food delivery:

- Are notified in writing of the types and quantities of foods
- Are issued FIs that they sign and provide to the vendor when the food is delivered
- Are delivered not more than a one-month supply of supplemental foods at any one time
- Indicate by authorized signature on a FI, receipt or signature document, the supplemental foods received
- Other (specify):

##### c. Supplemental foods may be delivered:

- Only to the participant of record
- To the participant of record or proxy of record
- To any adult at home during time of delivery
- To anyone at home at the time of delivery
- Other (specify):

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

#### 2. Documentation

##### a. The forms verifying delivery are reconciled against vendor invoices:

- Weekly
- Monthly reconciliation of the signed FIs or other signed receipts or signature documents from participant or proxies.
- Other (specify):

##### b. Signatures of participants who sign the food receipt document/FIs are compared to the signature on file.

- No
- Yes, sample
- Yes 100%

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**

### H. Direct Distribution Food Delivery Systems

DOES NOT APPLY

#### 1. Direct Distribution Food Delivery - General

##### a. The State agency uses a direct distribution food delivery system to:

- Distribute all of its WIC Program foods
- Distribute only exempt infant formula and/or medical foods
- Distribute (specify):

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### b. The State agency uses:

- Warehouse not used
- One central warehouse, deliveries directly to local agencies
- One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies
- Other (specify): PA WIC has a contract with CAP Lancaster. CAP Lancaster provides infant formula and WIC eligible nutritionals to WIC participants or local agencies. The warehouse is located at 601 South Queen Street, Lancaster PA 17608.

### c. Warehouses are operated by:

- State agency
- Local agency
- Other state or public agency
- Under contract with a private business
- Other (specify): CAP Lancaster, \

### d. Warehouses used for storage of WIC foods are also used to store other FNS program commodities (Please specify which commodities):

- Yes
- No Specify commodities:

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):** P&P 4.05, Special Formula Distribution Center

## 2. Food Distribution

### a. Foods are distributed to participants:

- Grocery store fashion
- Pre-packaged
- Other (specify): Shipped in cardboard boxes with appropriate packing materials.

### b. Participants receiving food are required to sign:

- A register once for all foods received
- A register/form for each food item received
- Other (specify): In accordance with the shipping company policies.

### c. Foods are distributed to participants:

- Monthly
- Not to exceed a one-month supply at any one time to any participant
- Other (specify):

### d. Participants with limited access to facilities used for distribution have available to them:

#### Services provided by:

	<b>Local Agency</b>	<b>Other Sources</b>
Home delivery	<input type="checkbox"/>	<input type="checkbox"/>
Cost-free transportation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(if other, specify): Formula can be shipped to either the clinic or a participant's home. The local agency determines if the formula should be shipped directly to the clinic to be picked up there by the participant.

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

**ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation):** P&P 4.05, Special Formula Distribution Center.

### 3. Warehouse Insurance and Inspections

#### a. Insurance for the warehouse covers (check all that apply):

- Theft       Fire       Infestation       Spoilage  
 Other (specify): The state agency does not require proof of insurance.

#### b. Warehouses are inspected by a public authority responsible for enforcing:

- Fire safety laws and regulations (specify date and grade of last inspection):  
 Sanitation laws and regulations (specify date and grade of last inspection):  
 Other (specify): State Agency staff visit/inspect twice per year.

**ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation):**

### 4. Monitoring and Inventory Control

**Please describe the State agency's methods for ensuring WIC supplemental foods are under proper inventory control (separation of duties for intake and inventory; stock rotation; performance of perpetual and physical inventory duties; reconciliation against issuance records; etc.).**

**The state agency has a contract with CAP Lancaster. The state agency conducts inventory reviews twice per year. Actual stock is counted and is reconciled with documentation of what CAP Lancaster has purchased and shipped to participants/local agencies.**

## I. Electronic Benefit Transfer (EBT)

### 1. Is EBT implemented statewide?

- Yes (*Proceed to question 2*)  
 No (*Continue to 1.a.*)

#### a. Does the State agency have an active EBT Project as of July 31, 2016?

- Yes       No

#### b. Does the State agency follow APD requirements for EBT management and reporting?

- Yes       No

#### c. Does the State plan to meet the October 1, 2020 EBT implementation deadline?

- Yes       No

### 2. What is the State agency policy for permitting replacement cards and transfer of balances per 7 CFR 246.12(bb)(2)?

If the participant does not have the existing card, replacement cards with the transfer of current month's benefits will be provided after a five (5) day waiting period to ensure the receipt of claim files for current month's benefits.

If the participant has the existing card and it can be read, a replacement card will be issued immediately.

### 3. What are the State agency procedures for providing customer service during non-business hours for EBT cards per 7 CFR 246.12(bb)(3)?

Per the current agreements with the Local Agencies, "Grantee shall assure adequate phone coverage to respond to incoming participant calls during normal operating hours and maintain an answering machine and can take messages from participants after hours. All after hours calls must be responded to during the next scheduled work day."

This current policy will allow for EBT card questions/issues to be reported during non-business hours.



## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

4. Does the State agency use the formula for EBT terminal minimum lane coverage in 7 CFR 246.12(z)?

Yes       No

a. If no, please provide the date of the approval as describe the FNS approved alternative installation formula as required per 7 CFR 246.12(z)(2).

5. Does the State agency use the NUPC database?

Yes       No

## X. MONITORING AND AUDITS

(Please indicate) **State Agency: Pennsylvania**

for **FY 2019**

Monitoring and Audits involves State agency efforts to review local agency/clinic activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

**A. Monitoring-246.19(b)**: requires State agencies to establish a management evaluation system.

**B. Audits-Subpart F to 2 CFR Part 200, as applicable**: describe State agency audit responsibilities.

## X. MONITORING AND AUDITS

### A. Monitoring

#### 1. Local Agency/Clinic Monitoring Activity (to be updated each year)

##### a. Local agencies/clinics monitored:

24 Number of local agencies monitored last annual period

18 Number of clinics monitored last annual period

22 Number of local agencies to be monitored this current annual period

17 Number of clinics to be monitored this current annual period

Specify last annual period, from: 10/1/2016 to 9/30/2017 (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: 10/1/2017 to 9/30/2018 (month/day/year – month/day/year; must be applied consistently)

##### b. Number of local agencies/clinics required to submit Corrective Action Plans (CAPs) to redress deficiencies identified during monitoring last year: 22 (Number)

##### c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.

Yes       No

If the State agency uses a tracking device, it shows (check all that apply):

Date of most recent review for each local agency/clinic

Number of clinics reviewed in most recent review for each local agency/clinic

Listing of findings for most recent review of each local agency/clinic

Date of State agency notice of findings in most recent review for each local agency/clinic

Date of local agency/clinic corrective action plan in most recent review for each local agency and/or clinics

Outcome of corrective action plan

##### d. In preparing to conduct a local agency review, the State agency reviews data reports on:

No-shows by category

Administrative costs claimed

Financial reports

Priorities served

Caseload

Racial/ethnic

Staff/participant ratios

Participant nutrition surveillance data for participants in that local agency/clinic

Other (specify): Nutrition Risk Utilization Report

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): P&P 1.04SP, Local Agency Monitoring**

## X. MONITORING AND AUDITS

### 2. Local Agency/Clinic Monitoring Procedures

#### a. The State agency uses an established protocol when it monitors local agencies/clinics.

- Yes       No

**If yes, please provide the citation of where it can be found in the appendix or procedure manual:**

Appendix A- Program Review Handbook

**This monitoring protocol includes:**

- Advance notification of monitoring visit
- Determination of timeframes for conducting the review
- Designation of local agency/clinic staff to assist State agency staff during review
- Discussion of review findings on-site with local agency/clinic
- Specified time frame for providing written review report
- Specified time frame for local agency/clinic submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
- Instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
- Evaluation of adequacy of corrective action
- Follow-up with local agency/clinic to ensure corrective action measures are implemented
- Written notification of closure of the review
- Other (specify):

#### b. Monitoring of local agencies/clinics is conducted by (check all that apply):

- State WIC staff
- District or regional staff
- Other health programs
- Other (specify):

#### c. Specialists in the following areas monitor the areas of their expertise:

- Certification and eligibility determination
- Caseload management
- Nutrition service
- Breastfeeding promotion and support
- Targeting and outreach policies
- Financial management of administrative funds
- Food delivery system
- Vendor management
- Civil rights
- Information Systems security
- Other (specify):

## X. MONITORING AND AUDITS

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review:

d. The State agency uses a standard local agency/clinic review form.

Yes       No

If yes, please provide the citation of where it can be found in the appendix or procedure manual: Appendix B- Program Monitoring Tool for both Nutrition and Monitoring Sections

If yes, the review form covers the following areas:

- An assessment of local agency/clinic management
- An assessment of patient flow
- Certification case file reviews, including procedures for determining adjunctive income eligibility
- Caseload management
- Training of local agency and clinic staff
- Nutrition education
- Breastfeeding promotion and support
- Targeting and outreach policies
- Financial management of administrative funds
- Validation of staff time spent on WIC
- Food instrument accountability
- Vendor training and monitoring, if these functions are delegated to a local agency/clinic
- Civil rights compliance
- Other (specify):

e. The State agency has developed procedures for local agencies/clinics to use when they evaluate:

- Their own operations
- Subsidiary/satellite operations (e.g., county health department clinic)
- Subcontractors (e.g., community action program, hospital)
- Homeless facilities/institutions
- Other (specify): The State Agency offers the monitoring tool to the local agencies; however, it is not mandated that they use ours.

If you selected any of the options above, please provide the citation of where it can be found in the appendix or procedure manual and answer the following questions: Appendix B- Program Monitoring Tool for both Nutrition and Monitoring Sections

Do these procedures include a monitoring tool?

Yes       No

Are all local agencies/clinics are required to follow these procedures?

Yes       No (specify basis for exemptions):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): P&P 1.04SP, Local Agency Monitoring and P&P 4.03SP, Retail Store Quality Assurance**

## X. MONITORING AND AUDITS

### 3. Use of Local Agency/Clinic Review Data

a. The State agency analyzes the results of local agency/clinic monitoring visits to determine whether deficient areas are common among its local agencies/clinics.

- Yes       No

b. The State agency utilizes local agency/clinic review data to (check all that apply):

- Identify outstanding operational approaches that could be shared with other local agencies/clinic
- Track individual local agency/clinic performance
- Compare administrative costs/expenses among local agencies/clinics
- Compare staffing and organization among local agencies/clinics
- Other (specify):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

### B. Audits

Do not include management evaluations or other reviews conducted by FNS regional offices or by WIC State agencies. This section concerns the audits conducted under Subpart F to 2 CFR Part 200 and audits conducted by USDA's OIG.

#### 1. Audits (Federal, State, and Local)

a. Number of audits conducted during 24 FY- 2017 :0 FY-2018.

b. Entities audited (includes both State and local agencies)      Auditor(s)      Period of Audit      Status/disposition of audit at this time (management decision, final action, etc.)

**Final Acceptance**

Community Action Program of Lancaster County, Inc.	07/01/15	06/30/16	<b>2/16/18</b>
Chester County	01/01/16	12/31/16	<b>2/16/18</b>
Bucks County	01/01/14	12/31/14	<b>6/11/18</b>
South Central Community Action Programs, Inc.	07/01/16	06/30/17	<b>6/20/18</b>
Allegheny County	01/01/16	12/31/16	<b>6/19/18</b>

## X. MONITORING AND AUDITS

Hamilton Health Center, Inc. and Subsidiary	04/01/16	03/31/17	<b>6/27/18</b>
Hope Enterprises, Inc.	07/01/16	06/30/17	<b>3/8/18</b>
Family Health Council of Central Pennsylvania, Inc.	07/01/16	06/30/17	<b>7/3/18</b>
Crozer-Keystone Community Foundation	07/01/16	06/30/17	<b>7/9/18</b>
Shenango Valley Urban League, Inc.	07/01/16	06/30/17	<b>7/19/18</b>
UPMC/University of Pittsburgh Medical Center	07/01/16	06/30/17	<b>7/11/18</b>
Adagio Health, Inc.	07/01/16	06/30/17	
Fayette County Community Action Agency, Inc.	07/01/16	06/30/17	
Community Action Partnership of Cambria County	07/01/16	06/30/17	
Blueprints (formerly known as Community Action Southwest)	07/01/16	06/30/17	
Community Progress Council, Inc.	07/01/16	06/30/17	

## X. MONITORING AND AUDITS

Broad Top Area Medical Center, Inc.	03/01/16	02/28/17	
Community Action Partnership of Lancaster County	07/01/16	06/30/17	
Meadville Medical Center	07/01/16	06/30/17	
United Neighborhood Facilities Health Care Corporation	10/01/16	09/30/17	
North Central Organized Regionally for Total Health, Inc. (NORTH)	10/01/15	09/30/16	<b>5/15/18</b>
Mon Valley Community Health Services, Inc.	07/01/16	06/30/17	
Bucks County	01/01/15	12/31/15	
Maternal and Family Health Services, Inc.	07/01/16	06/30/17	
North Central PA Regional Planning and Development Commission	07/01/16	06/30/17	

If additional audits were conducted, please provide separately.

- c. **Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$500,000 or \$750,000, as applicable, or more in Federal funds during the fiscal year, etc.)**

**Entities not audited (includes both State and local agencies)**

**Bradford**

**Reason Entity Not Audited**

**did not expend \$500,000.**

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): P&P 2.04, Audit of Local Agencies**



## X. MONITORING AND AUDITS

### 2. Audit Management Decision

a. **Methods used by the State agency to ensure that corrective action is taken on audit findings include (check all that apply):**

- State agency has a copy of the corrective action plan on file.
- State agency tracks audits to determine if the same problems are recurring from year to year.
- Local agency must file periodic reports.
- State agency contacts local agency by phone or in writing periodically.
- State agency visits local agency.
- Other (specify):

b. **State agency actions taken to ensure that all claim amounts are recovered include (check all that apply):**

- Local agency files periodic reports.
- State agency contacts local agency by phone or in writing.
- State agency monitors receipt of a check in the amount of an audit claim.
- State agency establishes and employs billing/offsetting of account procedures.
- Other (specify):

c. **State agency accounting procedures for claim amounts recovered:**

- Recovered claim amounts from prior fiscal years are returned to FNS.
- Recovered claim amounts are reallocated if collected within the same fiscal year.
- Claim amounts are verified with local agency.
- Other (specify):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

### 3. Availability of Audit Reports

a. **The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.**

- Yes
- No, copies are retained by: Bureau of Audits

b. **Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:**

- Detailed breakdown of each audit finding is tracked separately.
- Individuals are assigned to monitor each audit.
- One individual is assigned to monitor all audits.
- Other (specify):

## X. MONITORING AND AUDITS

c. The State agency maintains a listing of all planned audits for the coming Fiscal Year.

Yes       No

(Indicate recent FYs which included WIC in the single audit report):

d. The State agency ensures WIC participation in the single audit and other audits by (check all that apply):

Developing a tracking system that monitors the status of each audit

Establishing a contact person for each audit

Including this audit requirement in the local agency contract

Other (specify):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

## XI. CIVIL RIGHTS

(Please indicate) **State Agency: Pennsylvania** for **FY 2019**

The Civil Rights section of the State Plan should cover the training of State and local staff on issues, rules and regulations related to civil rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with civil rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling civil rights complaints.

**A. Administration - 246.4(a)(17)**: describe the procedures the State will use to comply with the civil rights requirements described in 246.8, including the processing of discrimination complaints.

**B. Public Notification Requirements and Nondiscrimination Notification - 246.8(a)(1)**: describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants in an appropriate language (246.8(c)) through WIC Program materials.

**C. Compliance Review and Monitoring Activity - 246.8(a)(2)**: describe the policies and procedures used to monitor and review local agencies to verify that they are in compliance with civil rights laws and regulations.

**D. Data Collection and Reporting - 246.8(a)(3)**: describe the methods used to collect and monitor racial/ethnic data in compliance with title VI of the Civil Rights Act of 1964.

**E. Complaint Handling - 246.4(a)(17)**: describe the policies and practices used to ensure civil rights complaints are handled properly at the State and local level.

## XI. CIVIL RIGHTS

### A. Administration

1. The State agency designates an individual to coordinate, implement, conduct training and enforce civil rights efforts.

Yes       No

- a. The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations and instructions:

	<b>State Agency</b>	<b>Local Agency</b>
Briefing for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handouts for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Memos and updates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by civil rights coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentation by staff other than WIC Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other, specify:		

- b. Civil rights training is provided annually

State agency staff                       Yes       No

Local agency staff                       Yes       No

- c. Civil rights training includes the following:

	<b>State Agency</b>	<b>Local Agency</b>
Collection and use of racial/ethnic data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Effective public notification systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance review techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for language assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conflict resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If other, specify:		

**DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** P&P 1.10SP, Civil Rights

2. The State agency has copies of the following materials on file:

- FNS Instruction, 113-1
- Title VI (1964), 7 CFR 15
- Title IX, Education Amendments, 7 CFR 15a (sex discrimination)
- Section 504, Rehabilitation Act of 1973, 7 CFR 15b
- Racial/Ethnic data collection policy and reporting requirements

## XI. CIVIL RIGHTS

- Age Discrimination Act of 1975, 45 CFR Part 91
- Americans with Disabilities Act, 28 CFR Part 35
- Civil Rights Restoration Act of 1987

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** P&P 1.10SP, Civil Rights

**3. The State agency's policy for reasonable accommodation for the disabled includes the most up-to-date special provisions for the disabled.**

- Yes       No

(Refer to FNS Instruction 113-1, Civil Rights Compliance and Enforcement–Nutrition Programs and Activities)

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** P&P 3.00SP, Clinic Operations

### B. Public Notification Requirements and Nondiscrimination

#### 1. Public Notification

**a. The State agency requires its local agencies to include the nondiscrimination policy statement and civil rights complaint procedure on the following (check all that apply):**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Outreach letters to the general public              | <input checked="" type="checkbox"/> Radio announcements      |
| <input checked="" type="checkbox"/> Program information letters                         | <input checked="" type="checkbox"/> Publications             |
| <input checked="" type="checkbox"/> Program information brochures                       | <input checked="" type="checkbox"/> Posters                  |
| <input checked="" type="checkbox"/> Program information bulletins                       | <input checked="" type="checkbox"/> Newsletters              |
| <input checked="" type="checkbox"/> Newspaper announcements                             | <input checked="" type="checkbox"/> Referral material        |
| <input checked="" type="checkbox"/> Internet  | <input checked="" type="checkbox"/> Television announcements |
| <input checked="" type="checkbox"/> Letters of invitation in the public hearing process |  |
| <input checked="" type="checkbox"/> Certification forms to be signed by participants    |  |
| <input checked="" type="checkbox"/> Application forms (including computer-based forms)  |  |
| <input type="checkbox"/> Other (specify):   |  |

**b. The State agency requires that the USDA nondiscrimination poster, "And Justice For All," or an FNS- approved substitute be displayed in the following places frequented by applicants and participants:**

- Clinic waiting rooms
- Food instrument issuance offices
- Group/individual nutrition education areas
- Test kitchens
- Warehouse distribution centers
- Other (specify): Visibly posted in each clinic in areas frequented by applicants and endorsers

## XI. CIVIL RIGHTS

c. Check the group categories that the State agency and its local agencies publicly inform of the following information (check all that apply; see key below):

1      2      3

- |                                     |                                     |                                     |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Availability of program benefits   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Eligibility criteria for participation                                   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Location of LA/clinics operating WIC Program and (800) telephone numbers |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Hours of service of LA/clinics operating WIC Program                     |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Rights and responsibilities  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Nondiscrimination policy   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Civil rights complaint procedure   |

1 = general public

2 = grassroots/community organizations that deal with potentially eligible minorities

3 = potential eligibles/applicants/participants

d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure Manual citation of materials used):

- Annually       More frequently

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** P&P 1.10SP, Civil Rights and P&P 6.01SP, Local Agency Outreach Activities

### 2. Nondiscrimination Notification

a. The State agency or local agency:

- Provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- Appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- All rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.

## XI. CIVIL RIGHTS

- b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

M	VT	PT	BS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spanish
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	French
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific (specify):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal (specify):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign Interpreter
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify):

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** Local Agencies are required to use Propio Language Services P&P 1.10SP, Civil Rights, P&P 6.01SP, Local Agency Outreach Activities, and P&P 3.03SP, Nutrition and Risk Assessment

### C. Compliance Review and Monitoring Activity

#### 1. Compliance Review

- a. Civil rights reviews of local agencies are conducted:

- Separately
- In conjunction with another department, organization or service as part of an overall review
- Other (specify): Civil Rights reviews are done in conjunction with the administrative & nutrition program reviews of the clinics

- b. The State agency reviews all of its local agencies for civil rights compliance with the nondiscrimination laws and regulations when it does its reviews.

Yes       No

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** 1.04SP, Local Agency Monitoring and P&P 1.10SP, Civil Rights

## XI. CIVIL RIGHTS

### 2. Monitoring Activity

**a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:**

- Review of the racial/ethnic enrollment and/or participation data applications
- Review of denied applications
- Review of complaints
- Review of participant surveys
- Participant interviews
- Review of waiting lists
- Other (specify):

**b. The State agency checks for the following in local agency applications:**

- The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- The Civil Rights Assurance is included in the State-Local Agency Agreement
- A description of the racial/ethnic makeup of the service area is included in the application
- Appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of people with limited English proficiency (LEP) reside

**c. The State agency checks for the following in its civil rights reviews of its local agencies:**

- Case records include racial/ethnic data
- Where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population
- The local agency has conducted civil rights training for its staff
- The project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- Program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- The nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public
- Racial/ethnic data are collected by actual count and maintained on file for 3 years
- The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- Civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1:

XV

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**



## XI. CIVIL RIGHTS

### D. Data Collection and Reporting

#### 1. Data Collection

##### a. The State agency ensures the following when collecting civil rights data:

- All racial/ethnic categories are collected and reported as part of the program participant characteristics report
- Racial/ethnic data definitions are in accordance with current OMB guidance and WIC policy, and clinic procedures are in place to ensure the data is collected accurately
- Data reported on participant characteristics include the number of persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits
- Collected racial/ethnic data and records are accessible only to authorized personnel

##### b. The State agency maintains a civil rights file which retains collected racial/ethnic data for three years.

- Yes       No

##### **ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

#### 2. The State agency instructs its local agencies to obtain a participant's racial/ethnic category by (check all that apply):

- Allowing self-identification by participant (must be used at participant's request)
- Visual identification/sight assessment by local agency staff
- Local agency staff personally know participant's racial/ethnic category
- Other (specify):

##### **ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** P&P 3.02SP, Program Eligibility

### E. Complaint Handling

#### 1. The State agency ensures the following:

- WIC Program applicants and participants are informed where and how they may file a complaint of discrimination by directing them to the USDA Office of the Assistant Secretary for Civil Rights (OASCR) website ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) for proper Discrimination Complaint Filing processes.
- WIC Program applicants and participants are informed that they can file their complaints directly with the U.S. Department of Agriculture or directly with the FNS HQ Civil Rights Division, their State Agency or their local Agency. However, the local/State Agency must then forward their complaint either directly to the FNS HQ Civil Rights Division or the U.S. Department of Agriculture.
- All local agency staff are trained in discrimination complaint procedures
- All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff and forwarded to the FNS HQ Civil Rights Division.

## XI. CIVIL RIGHTS

- Complaints alleging discrimination based on race, color, national origin, or age are forwarded to the FNS HQ Civil Rights Division through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)
- Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division (for those State and local agencies without an FNS-approved grievance procedure in place).
- Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division.

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): P&P 1.10SP, Civil Rights**

**2. The State agency uses a discrimination complaint form it has developed for acceptance of a complaint.**

- Yes       No

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): P&P 1.10SP, Civil Rights**

**3. The State agency establishes and ensures that local agencies implement specific timeframes concerning discrimination complaints:**

- An individual has the right to file a complaint within 180 days of the alleged discriminatory action.
- All complaints are processed and closed within 90 days of receipt.

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): P&P 1.10SP, Civil Rights**