

**Pennsylvania Department of Health**  
**Bureau of WIC State Strategic Plan**  
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Goals and Objectives for Functional Areas and Outreach \_\_\_\_\_

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# PA WIC FFY2024 Goals and Objectives

By Program Functional Area

## Vendor and Farmer Management

The State agency will:

1. Monitor competitive and maximum allowable pricing to assure cost containment.
2. Evaluate PA's vendor peer group selection to assure achievement of maximum cost containment.
3. Ensure stores are paid at least the PA Milk Marketing minimum retail price for milk.
4. Limit the variation of maximum allowable prices to 15% or less on a weekly basis.

## Nutrition and Breastfeeding Services

1. Local agencies will resume ensuring valid and accurate anthropometric and hemoglobin measurements are collected and documented in the MIS regardless of whether the appointment is being conducted in clinic or remotely by:
  - a. Providing training on State policy and guidance addressing techniques used for the collection of and expectations for documentation of valid hemoglobin and anthropometric data as well as evaluating staff compliance.
2. Local agencies will demonstrate a 2.5% increase in breastfeeding incidence rates between October 1, 2023, and September 30, 2024 by:
  - a. Implementing a new or strengthening a current breastfeeding promotion initiative and evaluating the effectiveness for continued use;
  - b. Evaluating staff performance in breastfeeding promotion contacts using the State-provided monitoring and evaluation tools and addressing areas needing improvement.
  - c. Promoting breastfeeding locally amongst other healthcare providers and the general public by joining a breastfeeding coalition or breastfeeding support organization and/or planning/participating in community events.
3. The State agency will implement the newly developed orientation program for onboarding local WIC agency staff.
4. The State agency will offer breastfeeding peer counseling services in new counties across the state to increase frequency and consistency in breastfeeding services provided from county to county.
5. Local agencies will raise awareness of the BFPC program in a variety of settings and expand BFPC service settings in FFY 24 by:

- a. Providing BFPC contacts to WIC mothers through home visits, hospital visits, peer support groups, and other means of in-person contacts that promotes breastfeeding support.
- b. Promoting the BFPC program in the community by providing mailings, telephone calls, or other means of communication to organizations and/or community events.

## Management Information System (MIS)

1. The State agency will monitor and enter changes in PA-WIC authorized vendor banking information as necessary.
2. Evaluate workload associated with the Electronic Benefits Transfer (EBT) System and determine full time equivalents required to perform related tasks.
3. Approve new foods on the PA WIC Authorized Product List (APL) as needed based on participant or vendor request and Nutritionist approval. Continue to maintain the Authorized Product List (APL) for WIC allowable foods for purchase by PA-WIC participants.
4. Continue to gather the information needed to work towards an online solution for eWIC benefit delivery.
5. Implement system upgrades to better enable clinic staff to schedule and conduct teleWIC services.
6. Implement system upgrades to streamline the nutrition assessment process.

## Organization and Management

1. Bureau of WIC leadership will evaluate the roles and responsibilities of State WIC agency staff and make organizational changes as needed to enhance the efficacy of State agency business.
2. The State WIC agency will conduct strategic planning efforts to collectively coordinate State agency business by establishing realistic goals and objectives that align with the PA WIC mission, vision and values.

## Nutrition Services and Administration (NSA) Expenditures

1. The State agency will utilize SAP to monitor expenditures closely to ensure grants are fully utilized and reported accurately and timely to USDA/FNS.
2. The State agency will work with the PA Comptroller Office to reconcile all draws in the SAP system to mitigate issues during reconciliation of all USDA grants.
3. The State agency will share quarterly financial reports with the Local Agencies to monitor grant spenddown. These reports will also assist in identifying and resolving discrepancies that may occur before closeout.

## Food Funds Management

1. The State agency will utilize SAP with food fund reconciliation to better manage food funds.
2. The State agency will work with the PA Comptroller Office to reconcile all draws in the SAP system to mitigate issues during reconciliation of all USDA grants.
3. The State agency will share quarterly financial reports with the Local Agencies to monitor grant spenddown (Food Funds for Breast Pumps). These reports will also assist in identifying and resolving discrepancies that may occur before closeout.

## Caseload Management

*See additional outreach goals below*

1. The State agency will utilize SAS participation monitoring to provide better projections and work toward fully automating participation assignments.
2. The State agency will resume monitoring local WIC agency no-show rates and continue to assist, as needed, with reaching applicants and participants who miss appointments.

## Certification, Eligibility & Coordination of Services

1. The State agency will provide refresher training on eligibility requirements following policy revisions.

## Monitoring and Audits

1. The State agency will begin tracking program review status and outcomes to better assess local agency training and support needs.
2. The State agency will conduct a fiscal review for all 22 local agencies in FFY2024.

## Civil Rights

1. The State agency will investigate 100% of civil rights complaints referred by the FNS Office.

## Outreach

1. Local Agencies will utilize at least two objectives, from below or personalized specific to service area needs and priorities, to increase PA WIC Participation by 1% in FFY24.

- a. **Objective 1:** By September 30, 2024, the local agency will establish or enhance outreach efforts with (insert community partner).
  - i. Early Head Start, Head Start, Healthy Start, Foster Care Programs, SNAP, TANF, Medicaid, Managed Care Organizations, HealthChoices Program, ELECT Program, Nurse Family Partnership, home visiting programs, food banks, food pantries, diaper banks, homeless shelters, unemployment centers, employment assistance programs, Federally Qualified Health Centers, OB-GYNs, hospitals, birthing centers, doula services, clinics, pediatricians, Penn State University Corporative Extension Offices, local colleges and universities or other community partner.
- b. **Objective 2:** By September 30, 2024, the local agency will promote PA WIC to at least three stakeholders.
- c. **Objective 3:** By September 30, 2024, the local agency will establish or enhance partnerships with the military and military families.
- d. **Objective 4:** By September 30, 2024, the local agency will establish or enhance outreach efforts to at least two of the following groups: refugees, asylum seekers, immigrants, migrants, resettlement agencies, and/or Limited English Proficiency Population.
- e. **Objective 5:** By September 30, 2024, the local agency will conduct outreach to mothers of racial and ethnic minority groups, and other underserved populations.
- f. **Objective 6:** By September 30, 2024, the local agency will market program benefits to retain children over age 1 on the WIC program.
- g. **Objective 7:** By September 30, 2024, the local agency will increase the rate of pregnant women enrolling in WIC during their first trimester by 1%.
- h. **Objective 8:** By September 30, 2024, the local agency will re-engage former WIC participants lost during covid 19.
- i. **Objective 9:** By September 30, 2024, the local agency will market the WIC program to new, existing, and former participants through media advertising.
- j. **Objective 10:** By September 30, 2024, the local agency will utilize two social media platforms to promote the PA WIC program.
- k. **Objective 11:** By September 30, 2024, the local agency will identify participant appointment preferences and adapt services accordingly (telewic).

## FFY 2024 State Plan – FFY 2023 Public Meetings Status Report

**The State Agency conducted three Public Comment Sessions in 2023 to receive comments and recommendations for the 2024 State Plan and the WIC Program in general.**

The Public Comment Sessions were held virtually and in person on three dates from 10:00 a.m.–3:00 p.m.

1. May 22, 2023: Western PA,
2. May 23, 2023: Southeast PA,
3. May 25, 2023: Central PA.

The Department of Health published a sunshine notice of the Public Comment Sessions in the Pennsylvania Bulletin, the official government publication of the Commonwealth. The meeting notice was placed on the Pennsylvania WIC website, and the Department of Health website, and in the following local newspapers: *The Daily Local News*, *The Philadelphia Inquirer*, *The Butler Eagle*, and *The Patriot News*.

In addition to these announcements and advertisements, notices were emailed to various stakeholder groups and health and human service agencies across the Commonwealth inviting individuals wishing to comment on the WIC Program to do so virtually or in-person at the Public Comment Sessions, by text, voicemail or by submitting written comments to the state agency by May 31, 2023.

The State Agency issued a memorandum to the Local Agencies, which outlined approaches to use to involve WIC participants, health professionals, stakeholders and the general public in the Public Comment Process. Local Agencies were requested to post notices of the Public Comment Sessions at clinic sites during the month of May 2023 and they also gave participants the opportunity to provide written comments. Local Agency announcements included community organizations, Head Start, home visiting programs, social service programs, professional organizations, health care providers and text messaging to WIC participants.

Summarized Public Comment Session feedback includes comments with focus on topics such as positive feedback of the WIC program, access and communication improvement, request to offer additional benefits including personal hygiene items, infant formula changes, expansion of WIC allowable foods, allowing shopping self-check out and curbside pickup, workforce development, program modernization including offline system and expansion of app features, multiprogram application integration, expansion of telewic services, and continuation of physical presence waivers.

# I. VENDOR AND FARMER MANAGEMENT

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby Formula Act or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements..

Executive Order (EO) 13988, "Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation." was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

**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 agency'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)(xii):** 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) and (a)(18):** 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)(xxvii):** 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)(xii):** 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. Participant Access - 7 CFR 246.4(a)(14)(xiv), (a)(15); 246.12(b), (g)(1), (g)(8):** provide information about the State agency's definition of participant access.

## I. VENDOR AND FARMER MANAGEMENT

**J. Farmer/Farmers' Market Authorization** – [7 CFR 246.4\(a\)\(14\)\(iii\)](#), [\(a\)\(14\)\(xii\)](#), and [246.12\(v\)](#): if the State agency authorizes farmers/farmers' markets to accept CVVs/CVBs, describe the authorization process.

**K. Farmer/Farmers' Market Agreements** – [7 CFR 246.4\(a\)\(14\)\(iii\)](#), [\(a\)\(14\)\(xii\)](#), 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.

**L. Farmer/Farmers' Market Training** – [7 CFR 246.4\(a\)\(14\)\(iii\)](#), [\(a\)\(14\)\(xii\)](#), 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.

**M. Farmer/Farmers' Market Monitoring** – [7 CFR 246.4\(a\)\(14\)\(iii\)](#), [\(a\)\(14\)\(xii\)](#), [\(a\)\(14\)\(v\)](#), 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.

**N. Farmer /Farmers' Market Sanctions, Claims, and Appeals** – [7 CFR 246.4\(a\)\(14\)\(iii\)](#), [\(a\)\(14\)\(v\)](#), [\(a\)\(14\)\(xii\)](#), 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).



# I. VENDOR 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(s) 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; P&P 4.01, Retail Store Management; I - Appendix E - Authorized Vendors

### 2. Vendor Application Periods

a. The State agency considers applications, check all that apply::

- On an on-going basis
- Annually in (month) for a new agreement that begins (month) (day)
- Every two years (specify month): (month)
- Every three years (specify month): (month)
- Any time there is a participant access need
- 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):**

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 MANAGEMENT

## A. Vendor Selection and Authorization

- 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 per 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? Check all that apply:

- At authorization
- 6 months after authorization
- Annually

# I. VENDOR MANAGEMENT

## A. Vendor Selection and Authorization

Other (specify): \_\_\_\_\_

**d. How does the State agency assess vendors for above-50-percent status? Check all that apply:**

Use the A50 status determination report in the Food Delivery Portal (e.g., WIC-6 in The Integrity Profile)

Collect food sales documentation from the vendor

Collect food sales documentation from another agency (specify): STARS

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 incentive approval process or attach a copy of the relevant application form and 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:

We do not allow incentive items for WIC participants/customers.

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

**by SA      by LA      by Other**

For vendors at initial authorization

For all vendors at authorization/reauthorization

**h. Does the State agency verify the status of vendor applicants' SNAP retailer authorization (e.g., via Food Delivery Portal (FDP) or Store Tracking and Redemption System (STARS))?**

Yes  No

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

28 PA Code Chapter 1103.4(10) indicates that the store cannot be currently disqualified from participation in the

# I. VENDOR MANAGEMENT

## A. Vendor Selection and Authorization

Supplemental Nutrition Assistance Program (SNAP)/Food Stamp Program or have been assessed a civil money penalty, in lieu of a disqualification from SNAP that, had it been imposed, would not yet have expired. 28 PA Code Chapter 1105.03 indicates that WIC does not authorize above 50% vendors. 28 PA Code Chapter 1103.1 (b)(7) indicates PA WIC will deny the application if the selection criteria is not met.

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### 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, per [7 CFR 246.12\(g\)\(4\)\(ii\)\(A\)](#).
  - Local agency service areas       Zip codes
  - City, county, or regional divisions     Unique economic location (e.g., rural island, single metro area)
  - Urban/suburban/rural       Other (specify): \_\_\_\_\_
  - Other (specify): Business Structure

**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 18 peer groups, please attach a chart containing this Peer Group Description and list the Appendix citation here:**

I - Appendix A - Vendor Peer Groups Table

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**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. At least once every 3 years, PA WIC assesses its authorized vendor universe against its peer group structure and competitive price criteria. PA WIC creates peer groups based upon at least two criteria selected by the Department. These criteria may include the size of a store sales floor, number of cash registers in the store,**

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## **I. VENDOR MANAGEMENT**

### **A. Vendor Selection and Authorization**

number of stores owned, and a measure of geography, such as metropolitan or other statistical areas that form distinct labor and product markets. PA WIC annually publishes the peer group selection criteria in the Pennsylvania Bulletin. PA WIC assigns a store seeking authorization into an appropriate peer group based upon information gathered from the store's application as completed by the store and returned to the local agency in accordance with § 1103.1(b)(1) (relating to authorization and reauthorization process and requirements). PA WIC notifies a store of its peer group classification prior to conducting an onsite review under § 1103.1(b)(5). A WIC authorized store seeking reauthorization shall remain in the peer group previously selected for the store unless otherwise notified by the Department. As part of its assessment, PA WIC ensures that the Program can authorize enough vendors to meet the access needs of participants, ensures that competitive price criteria are working as intended, and ensures that vendor peer group placement aligns with the vendors' store type, size, annual WIC/WIC-eligible food sales, and location. Based on the results of its assessment, PA WIC adjusts its vendor peer group placement, vendor peer group structure, and/or vendor competitive price criteria as warranted. This process is currently in the process or being captured in policy and meetings are ongoing. Once a draft policy is completed it will be sent to USDA for review and approval. Please see attachments sent to USDA on 9/15/23 titled "PA WIC Sample Peer Group Analysis" and "Peer Group Analysis" for more information.

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**I. VENDOR MANAGEMENT**  
**A. Vendor Selection and Authorization**

**DESCRIPTION OF VENDOR PEER GROUP SYSTEM**

Peer Group No. (1)	Vendor Peer Groups			Comparable Vendors Peer Group Number (6)	
	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 "Appendix A - Vendor Peer Groups Table" for complete description of the 6 peer groups utilized by PA WIC.				
2					
3					
4					
5					
6					
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8					
9					
10					
11					
12					

**I. VENDOR MANAGEMENT**  
**A. Vendor Selection and Authorization**

13									
14									
15									
16									
17									
18									

**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 MANAGEMENT

## A. Vendor Selection and Authorization

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): \_\_\_\_\_

Explain 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?

I - Appendix B -Assessing Peer Group Effectiveness

Provide date of most recent FNS approval: 11/14/2022

### 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

If yes, please attach a copy of the most recent exemption request and approval letter(s).

### 6. Vendor Agreements

a. The following reflect the State agency's vendor agreement practices; check all that apply:

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

Mobile stores

Other (specify): \_\_\_\_\_

Vendors are authorized for a period of 3 year(s)

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): see I - Appendix C - WIC Vendor Agreement

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: Real time or Daily via EBT System.

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 MANAGEMENT

### A. Vendor Selection and Authorization

- Redemption of a minimum number/volume of food instruments and CVVs/CVBs
  - Minimum hours of operation
  - Other (specify all): See attached copy of the " WIC Vendor Agreement". I - Appendix A - Vendor Peer Groups Table and I - Appendix C - WIC Vendor Agreement
- 

#### 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):**

I - Appendix A - Vendor Peer Groups Table and I - Appendix C - WIC Vendor Agreement

---

# I. VENDOR MANAGEMENT

## 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.**

The SA does not allow incentive items, therefore, no procedures for approval are established. Training conveys we do not allow incentive items for WIC customers.

---

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

# I. VENDOR MANAGEMENT

## B. Vendor 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 Vendors

---

## 2. Delegation of Vendor Training

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

- Local agencies
- A contractor; specify: \_\_\_\_\_
- A vendor association/representative; specify: \_\_\_\_\_
- Other (specify): State Agency also provided training in 2023, via webinar in English and Spanish.
- 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>
<u>1</u>	Provided comprehensive training materials to delegated trainers
<u>1</u>	Provided instruction on vendor training techniques to delegated trainers
<u>0</u>	Monitored performance of delegated trainers to ensure the uniformity and quality of vendor training
<input type="checkbox"/>	Not applicable
<input checked="" type="checkbox"/>	Other (specify): <u>State Agency also hosted two training sessions in English and two in Spanish.</u>

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

P&P 4.04 Training of WIC Vendors

---

# I. VENDOR MANAGEMENT

## B. Vendor Training

### 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:

<https://wic.health.pa.gov/vendorassistant/WICRetailStoreHandbook.pdf>

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

Yes     No

If yes, provide the link to the training: <https://wic.health.pa.gov/vendorassistant/Annual%20Vendor%20Training%20-%20PDF.pdf>

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

I - Appendix D -WIC Vendor Handbook 2023

**I. VENDOR MANAGEMENT**  
**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): SA accepts phone and written complaints. All complaints are entered into the MIS system and investigated. \_\_\_\_\_

**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): SA accepts phone and written complaints. All complaints are entered into the MIS system and investigated. \_\_\_\_\_

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

- Yes, please explain: All complaints are received, documented, and investigated. The complaint is logged in by the Retail Store Coordinator (RSC) in to the Vendor Management section of the PENN system under vendor oversight feedback area. \_\_\_\_\_
- 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): \_\_\_\_\_
- New vendor

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

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

**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:

**I. VENDOR MANAGEMENT**

**C. High-Risk Identification Systems**

Woman  Infant  Child  Other (specify): \_\_\_\_\_

CVVs/CVBs

Other (specify): eWIC Card

**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 detailing how the State agency conducts the high-risk vendor analysis and how the State agency ranks and selects vendors for compliance and/or monitoring activity when more than 5% of authorized vendors are high risk.**

P&P 4.03SP, Retail Store Quality Assurance

# I. VENDOR MANAGEMENT

## 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 all that apply:

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 or receipts in the vendor's possession for vend violations

Compare shelf prices that appear on the register to test for vendor overcharges

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 WIC transactions that occur

Verify if that the vendor has appropriate terminals deployed in the 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

Ensure 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 for each local agency 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: \_\_\_\_\_

# I. VENDOR MANAGEMENT

## D. Routine Monitoring

5 percent

More than 5 percent (specify): We complete more than 5% to avoid completing less than 5%.

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

P&P 4.03SP, Retail Store Quality Assurance



# I. VENDOR MANAGEMENT

## 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): \_\_\_\_\_

#### 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 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): \_\_\_\_\_

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

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### 2. Compliance Buys

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

- Trafficking buys (exchanging food instruments for cash)
- Safe buys (transacting food instruments to see if the vendor will overcharge)
- Short buys (transacting food instruments for less food items than those available to see if the vendor will charge for food items not received)

# I. VENDOR MANAGEMENT

## E. Compliance Investigations

- Major substitution buys (exchanging food instruments for non-food items)
- Minor substitution buys (exchanging food instruments for unauthorized food items)
- 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): \_\_\_\_\_

**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.

# I. VENDOR MANAGEMENT

## E. Compliance Investigations

No; please explain:

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**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, 28 PA Code §1107.1a Disqualifications (c) (2)

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**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:**

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**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): \_\_\_\_\_

---

**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): Locals for onsite inventory audits, State for remote audits

---

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

Two months of receipts for onsite audits, Six months of receipts for remote audits.

---

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

P&P 4.03SP, Retail Store Quality Assurance

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

# I. VENDOR MANAGEMENT

## E. Compliance Investigations

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 the PENN system

No

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

P&P 4.03SP, Retail Store Quality Assurance

# I. VENDOR MANAGEMENT

## 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 type="checkbox"/>	<input checked="" 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
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial based on circumvention of sanction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of peer group criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termination due to ownership change
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termination due to location change
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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):**

28 PA Code Chapter 1113; Store Appeals

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### 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 health department regulation

State agency law pertaining to WIC only  State agency WIC regulation

State agency health department law  Other (specify): \_\_\_\_\_

# I. VENDOR MANAGEMENT

## F. Administrative Review of State Agency Actions

**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): \_\_\_\_\_

**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 checked="" 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, procedures
<input type="checkbox"/>	<input checked="" type="checkbox"/>	A written decision within 90 days from request for review
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify): <u>Interpreter services as requested by vendor</u>

**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

# I. VENDOR MANAGEMENT

## G. Coordination with SNAP

### 1. WIC/SNAP Information Sharing

a. An information sharing agreement between the WIC State agency and SNAP is in effect and maintained at the State agency:

Yes     No

If yes, an updated list of authorized vendors is sent to the appropriate FNS SNAP Retailer Operations Division 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 of WIC vendor and SNAP retailer information to those permitted under [7 CFR 246.26\(e\)](#) and [\(f\)](#):

Yes (specify): P&P 4.01, Retail Store Management

No

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

\_\_\_\_\_

# I. VENDOR MANAGEMENT

## 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor selection and authorization
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor training
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Routine monitoring
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance investigations
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inventory audits
<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor appeals/administrative reviews
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Federal and/or State WIC regulations
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention of vendor fraud and abuse
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIC/SNAP information sharing and handling of confidential WIC vendor data
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High-risk vendor identification
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor management information system

Not applicable

Other (specify): \_\_\_\_\_

### 2. State agency staff meets with vendor representatives as part of a vendor advisory council or other vendor stakeholder group:

- Monthly
- Quarterly
- Other frequency: Twice a year
- No vendor advisory council

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

28 PA Code Chapter 1101.3 Administration (b) Vendor Advisory Workgroup

### 3. Reporting vendor information to the Food Delivery Portal (FDP):

#### a. How does the State agency submit vendor information to the FDP?

- Manually (via the FDP screens)
- Upload comma delimited file
- Upload XML file

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



## I. VENDOR MANAGEMENT

### I. 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

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2. Does the State agency assess all vendor applications not meeting selection criteria for participant access?

Yes  No

- a. If yes, describe below paste 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 and P&P 4.01, Retail Store Management

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

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**I. VENDOR MANAGEMENT**

**J. Farmer/Farmers' Market Authorization**

**IF YOUR STATE AGENCY DOES NOT AUTHORIZE FARMERS/FARMERS' MARKETS TO ACCEPT CVVs/CVBs; SECTIONS J-N 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): \_\_\_\_\_

**2. The State agency authorizes farmers/farmers' markets to accept CVVs/CVBs 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       Every three years

Annually       Every two years

Other (specify): \_\_\_\_\_

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

\_\_\_\_\_

# I. VENDOR MANAGEMENT

## K. Farmer/Farmers' Market Agreements

### 1. Agreement periods are for:

- One year
- Three years
- Two 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): \_\_\_\_\_

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

- Collect sales tax on CVV/CVB purchases

## I. VENDOR MANAGEMENT

### K. Farmer/Farmers' Market Agreements

- 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):**

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**I. VENDOR MANAGEMENT**

**L. 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: \_\_\_\_\_

**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):**

\_\_\_\_\_

# I. VENDOR MANAGEMENT

## M. 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):**

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# I. VENDOR MANAGEMENT

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

### 1. Farmer/farmers' market violations may result in; check all that apply:

- 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):**

\_\_\_\_\_

## II. NUTRITION SERVICES

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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 <https://wicworks.fns.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).

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*," was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

**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 including development and/or maintenance of a peer counselor program consistent with WIC Breastfeeding Model Components for Peer Counseling.

**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.

**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  NA, State agency has not authorized local agency(ies).

- 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  NA, State agency has not authorized local agency(ies).

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

A needs assessment

Goals and objectives for participants

Evaluation/follow-up

Other (list): Goal setting is projected to be removed as a policy requirement and only be a best practice

- e. 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): \_\_\_\_\_

- f. 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 Nutrition Education in the WIC Program

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#### 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

### A. Nutrition Education

**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 State Agency):  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):**

FFY 23 Breastfeeding Services Satisfaction Survey Results (survey in progress, results will be submitted when available)

**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 annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify): \_\_\_\_\_

## II. NUTRITION SERVICES

### A. Nutrition Education

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pregnant women   | <input checked="" type="checkbox"/> Breastfeeding women    |
| <input checked="" type="checkbox"/> Postpartum women | <input checked="" type="checkbox"/> Infants                |
| <input checked="" type="checkbox"/> Children         | <input checked="" type="checkbox"/> High-risk participants |

**The minimum nutrition education standards address:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Exit counseling  | <input checked="" type="checkbox"/> Documentation                                       |
| <input checked="" type="checkbox"/> Number of contacts   | <input checked="" type="checkbox"/> Referrals   |
| <input checked="" type="checkbox"/> Protocols (e.g., language barriers, cultural relevance)                          | <input checked="" type="checkbox"/> Care plans  |
| <input checked="" type="checkbox"/> Breastfeeding promotion and support  | <input checked="" type="checkbox"/> Nutrition topics relevant to participant assessment |
| <input checked="" type="checkbox"/> Information on substance use prevention  |   |
| <input checked="" type="checkbox"/> Counseling methods/teaching strategies   |   |
| <input checked="" type="checkbox"/> Content (WIC appropriate topics)   |   |
| <input checked="" type="checkbox"/> Appropriate use of educational reinforcements (videos, brochures, posters, etc.) |   |

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

- Face-to-face, individually or group
- Online/Internet (individually or group)
- Telephone
- Food demonstration
- A delivery method performed by other agencies, i.e., EFNEP, SNAP-Ed. Please describe the type of nutrition education delivered.  
Local agencies who utilize education provided by other agencies are typically still providing the minimum WIC education requirements as well.

Other (specify): \_\_\_\_\_

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

- Individual nutrition education contacts 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.)  
Group breastfeeding classes are offered by some LAs as determined by participant needs and interests in breastfeeding. Group classes are typically provided in addition to individual contacts.

Other (specify): \_\_\_\_\_

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Nutritional risk                   | <input checked="" type="checkbox"/> CPA discretion   |
| <input type="checkbox"/> Priority level                                | <input checked="" type="checkbox"/> Participant set goals  |
| <input checked="" type="checkbox"/> Healthcare provider's prescription | <input checked="" type="checkbox"/> Other: Care Plans are required at certification, health evaluation, and high risk appointments. Care Plans are written at benefit pick up (secondary nutrition education) appointments as well, typically in less detail due to the nature of the appointment. |

## II. NUTRITION SERVICES

### A. Nutrition Education

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

<b>Must Include</b>	<b>May Include</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Individualized food package
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Identification of nutrition-related problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nutrition education and breastfeeding support
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A plan for follow-up
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Referrals
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Timeframes for completing care plan
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Participant set goal
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

**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>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 checked="" type="checkbox"/>	Registered Nurses
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify): Anyone who completes nutrition education for a high-risk participant that does not meet the criteria of a CPA (checked for high-risk nutrition contact above), must have their Care Plan reviewed by a CPA for approval or participant follow up as needed.

**h. The State agency allows adult participants to receive nutrition education by proxy, per [7 CFR 246.12\(r\)\(1-4\)](#).**

- No
- Yes (If yes, check the applicable conditions below):
- Proxy is spouse/significant other
  - Proxy is parent of adolescent participant
  - Proxy is neighbor
  - Only for certain priorities (specify): \_\_\_\_\_
  - Other (specify): Any other adult the participant lists as a proxy who is able to actively participate in nutrition education contacts related to the WIC participant.

## II. NUTRITION SERVICES

### A. Nutrition Education

**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

Only for certain priorities (specify): \_\_\_\_\_

Other (specify): Any other adult the participant lists as a proxy who is able to actively participate in nutrition education contacts related to the WIC participant. \_\_\_\_\_

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

P&P 5.01 Nutrition Education in the WIC Program

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**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:

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If yes, does a written material sharing agreement exist between the relevant agencies, per [7CFR 246.4\(a\)\(9\)\(ii\)](#).

Yes  No

## II. NUTRITION SERVICES

### A. Nutrition Education

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

	English	Spanish	Other languages (specify):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Specific nutrition-related conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of adolescent participant	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Other:			
_____	<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: \_\_\_\_\_

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 1.09 Material Development and Requisitioning; P&P 5.01 Nutrition Education in the WIC Program; P&P 5.02 Breastfeeding Education and Peer Counseling Program

## II. NUTRITION SERVICES

### A. Nutrition Education

#### 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):

**M H S B**

- Providing nutrition education materials appropriate to this population and language needs
- Providing nutrition curriculum or care guidelines specific to this population
- Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans
- Arranging for special population training of local agency personnel who work with this population
- Distributing resource materials related to this population
- Encouraging WIC local agencies to network with one another
- Coordinating at the State and local levels with agencies who serve this population
- Other (specify): \_\_\_\_\_

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

P&P 3.05 Services to Special Populations; P&P 5.02 Breastfeeding Education and Peer Counseling Program

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#### 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) supplemental nursing systems, etc.
- Training for State/local agency staff
- Designating roles and responsibilities of staff
- Evaluation of breastfeeding promotion and support activities
- Other (specify): \_\_\_\_\_

## II. NUTRITION SERVICES

### A. Nutrition Education

**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 participants.
- A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- A plan to ensure that women have access to continued breastfeeding promotion and support when normal operations are disrupted
- Participant breastfeeding assessment
- Food package prescription and tailoring based on breastfeeding and nutrition assessment
- Data collection (at State and local level)
- Referral criteria
- Peer counseling
- Other (specify): \_\_\_\_\_

### 7. Breastfeeding Peer Counseling

**a. Does the State agency request WIC Breastfeeding Peer Counseling (BFPC) funds to develop and/or maintain a peer counselor program?**

- Yes     No

**If yes, the State agency is requesting to receive which of the following amounts in BFPC funds for the upcoming fiscal year (select only one amount)? Please consider available BFPC funds from prior fiscal years when making this request.**

- Full amount available BFPC funds.  
 Specific amount of available BFPC funds \$ \_\_\_\_\_ (Not to exceed the full amount available.)

**b. 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 attachment here:**

II - Appendix B - State Plan BFPC Narrative and Budget

**c. Please provide the approximate number of WIC peer counselors in your State:** 43

**d. Please provide the approximate number of Designated Breastfeeding Experts in your State.**

22

**e. 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 Breastfeeding Education and Peer Counseling Program

**f. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see [WIC Breastfeeding Model Components for Peer Counseling](#)):**

- Yes     No



## II. NUTRITION SERVICES

### A. Nutrition Education

- g. Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC participants outside usual clinic hours and outside the WIC clinic.**  
 Yes    No
- h. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**  
 Yes    No
- i. 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 participants contacts
- Define procedures for making referrals
- Define scope of practice of peer counselor
- j. Defined job parameters and job descriptions for designated breastfeeding expert.**  
 Yes    No
- k. Compensation and reimbursement of breastfeeding peer counselors**  
 Yes    No
- l. Training of State and local staff (managers, Designated Breastfeeding Expert, Peer Counselors, CPAs, others) through FNS-developed training curriculum**  
 Yes    No
- m. Training of WIC clinic staff about the role of the WIC peer counselor**  
 Yes    No
- n. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):**
- Timing and frequency of contacts
  - Documentation of participants contacts
  - Referral protocols
  - Confidentiality
  - Use of social media
  - Other, (specify): \_\_\_\_\_
- o. 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): \_\_\_\_\_

## II. NUTRITION SERVICES

### A. Nutrition Education

**p. 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): \_\_\_\_\_

**q. 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
- Other, (specify): \_\_\_\_\_

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

- Standardized training using FNS-developed 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.)
- Other, (specify): \_\_\_\_\_

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

P&P 5.02 Breastfeeding Education and Peer Counseling Program

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## II. NUTRITION SERVICES

### 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:
- 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 cultural consideration |
| <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 non-nutritive sweeteners or sugar alcohols, no red salmon or brisling sardines, no added ingredients in juice except vitamin D and Ca, and no organic in certain categories.

- 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).

Yes   No

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> <input type="checkbox"/> | Pregnant women/Partially (Mostly) Breastfeeding |
| <input checked="" type="checkbox"/> <input type="checkbox"/> | Fully Breastfeeding women                       |
| <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 (that does not meet the requirements in Table 4 at [246.10\(e\)\(12\)](#) per [7 CFR.246.10\(d\)\(1\)\(vi\)](#)).

- Yes    No

(3) The State agency requires medical documentation for contract infant formula (other than the primary contract formula per [7 CFR 246.16a\(c\)\(9\)](#)).

- Yes    No

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

- Yes    No

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

- Yes    No

(6) 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

## II. NUTRITION SERVICES

### B. Food Package Design

(7) 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 a description of the monitoring/tracking tools in place to ensure program integrity.

Participants are referred to Dept of Aging/Bureau of Family Health for PKU formula provision.

---

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.

II – Appendix F – FFY23 Medical Assistance Formula Payments

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#### f. Rounding:

(1) The State agency management information systems is flexible for issuing infant formula to support the option to use either method (i.e., monthly issuance or rounding up methodology) for the time frames (the number of months the participant will receive the food packages).

Yes  No

(2) The State agency management information supports the ability for infant formula to be individual tailored when using either method (i.e., monthly issuance or rounding up methodology) for the time frames (the number of months the participant will receive the food packages).

Yes  No

(3) Does the State agency issue infant formula according to the specific rounding methodology per Section [246.10\(h\)\(1\)](#)?

Yes  No

(4) Does the State agency issue infant foods according to the specific rounding methodology per Section [246.10\(h\)\(2\)](#)?

Yes  No

(5) 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 reduce fat (2%) milk to children ≥ 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

## II. NUTRITION SERVICES

### B. Food Package Design

- 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):**

P&P 7.02 Authorized Food Packages; II - Appendix C - Food List; II - Appendix D - Food List Criteria; P&P 7.06 Formula Issuance for Breastfed Infants

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#### 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

Residents of institutions

Other (specify): Model food packages can be tailored by CPAs to meet the needs of homeless individuals with limited cooking facilities or residents of institutions; Food Packages are automatically prorated at full, 2/3, 1/3 quantities depending on the date of issuance.

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**ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation):**

P&P 7.03 Food Package Tailoring; II - Appendix E - Model Food Packages in PENN

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- 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): Cultural & general preferences

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- 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): \_\_\_\_\_

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

P&P 7.03 Food Package Tailoring

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## II. NUTRITION SERVICES

### B. Food Package Design

#### 3. Prescribing Packages

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

	Standard food package	Individually-tailored food package
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify): <u>CPPA</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**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&P 7.03 Food Package Tailoring; II - Appendix E - Model Food Packages in PENN

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## II. NUTRITION SERVICES

### C. Staff Training

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

	<u>Professionals</u>		<u>Paraprofessionals</u> (may or may not be CPAs in some States)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anthropometric measurements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Nutrition and breastfeeding assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC Nutrition risk criteria	<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"/>
Screening protocol (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery of nutrition education remotely	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify): Guided Goal Setting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): (Please describe the type of training conducted or offered that correlates to the boxes selected above).**

P&P 1.01 Program Management

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### III. MANAGEMENT INFORMATION SYSTEM (MIS)

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*," was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

**A. System Planning and Operation – 246.4(a)(11)(iv):** 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. Management Information 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): Commonwealth Information Technology Policies
- 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):**  
 II - Appendix A - WIC Health and Human Services Delivery Center (HHSDC) IT Service Level Agreement (ISLA) ; III - Appendix B - 5-year HW-SW plan 2019-2023; P&P 1.08, Information System Management

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**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):**

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**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"/>	_____
Food instrument production	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

**III. MANAGEMENT INFORMATION SYSTEM (MIS)**

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

EBT Data Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Solutran (EBT Processor)/PENN MIS</u>
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 checked="" type="checkbox"/>	_____
Other (specify):			
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**b. The State agency has a contract 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  
 Other: \_\_\_\_\_

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

III - Appendix A - WIC HHSDC ISLA; P&P 1.08, Information System Management

**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.

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

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

- 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 \_\_\_\_\_ . Please provide a written summary of the most current biennial security review
- Periodic risk assessments are performed by \_\_\_\_\_
- Data uploads to mobile applications, participant portals, etc., are secure and participant information is protected.
- Other (specify): III - Appendix D - COPA Management Directive 205.34

**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):**

III - Appendix C - Health and Human Services Delivery Center COOP Plan

#### 5. Description of MIS changes that occurred in the past year:

Transfer knowledge from contracted staff to HHSDC staff occurred and is ongoing.

Typical maintenance and support for any changes is ongoing. For example, letter and form changes, reporting issues, audit request changes.

There will be a release occurring on July 25, 2023 which represents enhancements for new functionality in the system and bug fixes to address problems noted in existing functionality. Such enhancements and/or fixes are as follows:

-Fillable Proxy Form and Capture of Electronic Signature: Feature that allows clinic users the ability to collect the data that would be on the proxy form and collect the endorser and proxy signature electronically. There would then be no need for a paper form.

-Voter Registration Questions and Capture of Electronic Signature: Feature that allows clinic users the ability to collect the data that would be on the proxy form and collect the endorser and proxy signature electronically. There would then be no need for a paper form.

-Add 'FMNP' check box and indicator: Feature that allows clinic users to select check box 'FMNP' on the Member/Proxy screen. If selected, FMNP indicator will appear on Family panel. Note: Old Participant ID has been replaced with FMNP check box.

-Add 'Deceased' check box and indicator: Feature that allows clinic users to select check box 'Deceased' on the Member/Proxy screen. If selected, Deceased indicator will appear on Family panel.

-Add additional drop-down options for 'Type of Document' under Document Scan.

### **III. MANAGEMENT INFORMATION SYSTEM (MIS)**

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

-Add "Participation Federal Fiscal Year" report to PENN: This report is used to review WIC participation by Federal fiscal year broken down by month for each local agency.

-Update Prorated Food Package Quantities Automatically: Feature that allows proration values to automatically update if Full amount is changed. This eliminates the need to Remove and Re-add Food.

-Spanish Food Benefits: Feature that prints Food Benefit Balance in Spanish if clinic user selects Printouts Language: Spanish on Family panel.

-Increase Field Sizes for Nutrition Interviews: Big text boxes will have a character limit of 1500 on the Nutrition Interviews.

-Add Risk 383 Neonatal Abstinence Syndrome to Infant Nutrition Interviews for all infants regardless of Breastfeeding Status.

-Add additional drop-down option 'G6PD' under Risk 351 Inborn Errors of Metabolism drop-down on the Nutrition Interviews.

-Add additional drop-down option 'Polycystic Ovarian Syndrome' under Risk 360 Other conditions affecting nutritional status drop-down on the Nutrition Interviews.

-Update drop-down options to Risk Code 358 Eating Disorder. Existing drop-down options will be replaced with 'Anorexia Nervosa', 'Bulimia Nervosa', 'Binge-Eating Disorder', and 'Other'.

-Add Pop-Up when Food is End Dated: A pop-up will display under Food Benefits when a clinic user is trying to issue a food that has been/ will be end dated. This will allow the users to go back and correct the food package before Writing to Card.

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#### **6. Description of MIS changes planned for the upcoming year:**

Knowledge transfer activities continue between HHSDC staff and contractors.

Complete additional releases in new system.

Due to the pandemic and the inability to have benefits reloaded to the EBT (eWIC Smart Card) remotely, PA WIC has decided to move forward with Online eWIC in PENN – No Technology Upgrades as an initial step to get prepared for technology upgrades in both PENN and eWIC delivery methods.

Continued maintenance and support of new system, such as working through list of existing issues, bugs, reports, missing items, etc.

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### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### 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.

#### 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).

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### B. Participant Characteristics Minimum Data Set

- 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 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.

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### B. Participant Characteristics Minimum Data Set

#### OPTIONAL:

#### Supplemental Data Set

State Agency IS Collects	State Agency IS Plans to Collect	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Date of First WIC Certification.</b> 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Educational Level.</b> 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.
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Date Previous Pregnancy Ended.</b> For pregnant women, the date previous pregnancy ended in MMDDYYYY format.
<input checked="" 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 checked="" 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/oz). 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 .

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### 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 Core 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.
<input type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	8. Uses table-driven food packages.
<input checked="" 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 checked="" 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 Food Delivery Portal (FDP) 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.



### III. MANAGEMENT INFORMATION SYSTEM (MIS)

#### C. WIC Systems Functional Requirements Checklist

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

## IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** Pennsylvania for FY 2024

Organization and management involves the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*," was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

**A. State Staffing – 246.3(e), 246.4(a)(4) and (24):** describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.

**B. Evaluation and Selection of Local Agencies - 246.4(a)(5)(i) and (7) and 246.5:** describe the procedures and criteria utilized in the selection and authorization of local agencies.

**C. Local Agency Staffing - 246.4(a)(4):** describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.

**D. Plan of Alternate Operating Procedures (Disaster Plan) -** describe the plan of alternate operating procedures in preparation for a disaster an/or public health emergency.

**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 Appendix \_\_\_\_\_ of this section:**

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	_____	_____	_____
Nutritionist	_____	_____	_____
Vendor Specialist	_____	_____	_____
Program Specialist	_____	_____	_____
Financial Specialist	_____	_____	_____
Breastfeeding Coordinator	_____	_____	_____
(MIS/EBT) Specialist	_____	_____	_____
Intern	_____	_____	_____
Other (specify): <u>Training</u>	_____	_____	_____
<u>Outreach</u>	_____	_____	_____
<u>Administrative</u>	_____	_____	_____

**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:**

IV - Appendix A - PA WIC Organizational Chart

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**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:**

IV - Appendix B - PA DOH Organizational Chart

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**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:**

Position descriptions available upon USDA request

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

Policy 1.00, Organization and Management

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## IV. ORGANIZATION AND MANAGEMENT

### B. Evaluation and Selection of Local Agencies

Does not apply because the State agency has only one location or no local agency(ies). (PROCEED TO NEXT SECTION)

#### 1. Local Agencies Authorized

23 Number of local agencies authorized to provide WIC services last fiscal year

22 Number of local agencies planned to provide WIC services this fiscal year

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

Policy 1.00, Organization and Management

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

Annually

Biennially

On an on-going basis

Other (specify) On an as-needed basis

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

Policy 1.02, Local Agency Selection and Disqualification

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

Annually

Biennially

Not applicable

Other (specify) \_\_\_\_\_

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

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#### 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                     |
| <input type="checkbox"/> | <input type="checkbox"/>            | Other factors: _____   |

## IV. ORGANIZATION AND MANAGEMENT

### B. Evaluation and Selection of Local Agencies

b. The State agency conducts studies (provide date of most recent study: 04/01/2013 ) 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

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

Policy 1.02, Local Agency Selection and Disqualification

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

- Yes (state contract duration): One year  No

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

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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 below:
- No

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

Policy 1.03, Abuse, Fraud Prevention and Investigation

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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: IV - Appendix D - Active Local Agencies and Clinics July 2023

- 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):**

IV - Appendix D - Active Local Agencies and Clinics July 2023

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## IV. ORGANIZATION AND MANAGEMENT

### C. Local Agency Staffing

Does not apply because the State agency has only one location or no local agency(ies).(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): Director, Nutrition Education Coordinator, Breastfeeding Coordinator, Outreach Coordinator, Retail Store Coordinator, and DBE staffing requirements as well as BFPC Supervisor requirements for agencies who receive Peer Counseling funds. \_\_\_\_\_

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

##### 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? 3

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

Policy 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): Staff-to-participant ratio has not been conducted recently. \_\_\_\_\_

Other (specify): \_\_\_\_\_

## IV. ORGANIZATION AND MANAGEMENT

### C. Local Agency Staffing

**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):**

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### 3. Local Agency Breastfeeding Staffing Requirement

- a. 22 Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.
- b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS-developed curriculum.  
 Yes     No
- c. 15 Number of local agencies with breastfeeding peer counselors



## IV. ORGANIZATION AND MANAGEMENT

### D. Plan of Alternate Operating Procedures (Disaster Plan)

Developing a plan of alternate operating procedures, more commonly referred to as a Disaster Plan, is not required but encouraged. A Disaster Plan should include policies and procedures for operations when regular operations are disrupted, which may include disasters, public health emergencies, and supply chain disruptions. In this section are questions to guide State agencies in developing their plan of alternate operations prior to a disaster and/or public health emergency.

**1. State agency has developed a WIC disaster plan.**

Yes     No

**2. The WIC disaster and public health emergency plan is part of a broader Health Department or other State agency disaster plan.**

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

No

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

Yes     No

**4. The disaster plan addresses:**

**a. Disaster and Public Health Emergency Planning.**

Designate a WIC State agency emergency contact to work with relief organizations for continued WIC benefits

Internal/external communications plan

Establish point of contact with State/ITO-level relief agencies

Design a comprehensive plan that aligns with the Department of Health's Disaster Plan for continued WIC services

Plans are submitted with State Plans for approval

Train staff and test readiness periodically on approved plans

Other (describe) \_\_\_\_\_

**b. Alternate Certification**

Remote certification

Physical presence

Anthropometric data

Eligibility documentation

Certification period (temporary or fully certified)

Signature requirements

Verification of certification (VOC) issuance

Other (describe) \_\_\_\_\_

**c. Alternate Benefit Issuance and Redemption**

Electronic benefit (EBT) issuance sites

Out of State benefit redemption

Replace EBT cards

Replace destroyed supplemental foods

Mailing food instruments (FI) and cash value voucher/benefits (CVV/B)

Direct Distribution

## IV. ORGANIZATION AND MANAGEMENT

### D. Plan of Alternate Operating Procedures (Disaster Plan)

Home Food Delivery

Other (describe) \_\_\_\_\_

#### d. Vendor Management Requirements

Minimum stocking requirements (MSR)

Vendor Monitoring Schedules

Emergency authorization of vendors

Other (describe) \_\_\_\_\_

#### e. Nutrition Services

Infant Formula

Medically fragile participants

Medical documentation

State agency options for evacuated participants

Food package adjustments

Breastfeeding Support

Other (describe) \_\_\_\_\_

#### f. Allowable Cost

Necessary equipment (health and safety) approval process

Use of WIC staff

Cost of personal protective equipment (PPE)

Other (describe) \_\_\_\_\_

#### g. Participants

Access to program records

Certification and food issuance sites and procedures

Publication notification of variances in program operations

Use of mobile devices

Other (describe) \_\_\_\_\_

#### h. Alternate Procedures

Local agency monitoring

Procedures to access the extent of a disaster and report findings

Use of mobile clinics

Management Information System (MIS) Recovery

Back up filing systems

Back up computer systems

MIS alternate procedures

Reciprocal agreement with bordering States

Plan to ensure continuity of services for priority populations

#### IV. ORGANIZATION AND MANAGEMENT

##### D. Plan of Alternate Operating Procedures (Disaster Plan)

Collect and report on alternate operating procedures implemented

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

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

\_\_\_\_\_

Access to program records

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

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.*" was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

**A. Funds Allocation-246.4(a)(13): (14)(ix)** 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) and 246.14(a)(1)(ii):** 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): Local agencies do not have regular input; however, when changes are made local agency input is solicited \_\_\_\_\_

**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): \_\_\_\_\_

**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): Caseload Management, Unspent funds from previous fiscal years \_\_\_\_\_

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

- Yes  
 Monthly    Quarterly    Semiannually    Other (specify): When funds are available for distribution a Subsequently Available Funds (SAF) amendment can be done to the local agency grant. Additionally, the State agency will monitor spending and if a local agency is not on track to spend at least 97% of their grant, the State agency will reallocate elsewhere. We call this process recovery and re-allocation. \_\_\_\_\_

No

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

V - Appendix A - Grant Agreement Boiler Plate, Paragraph VIII and IX

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

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

- Not applicable  
 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 FNS-projected level for the State agency.

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

### A. Funds Allocation

Describe measures used to increase participation:

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

7 CFR 246.16

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**3. The State's Fiscal Year runs from** 07/01/2023 **to** 06/30/2024

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

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

### 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 repair  |
| <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 checked="" type="checkbox"/> Other (specify): Personnel Services, Consultant/Subcontract Services, Patient Services, Supplies/Equipment, Travel and Other Costs |

Functions

- |  |   |
|--|---|
| <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

#### d. To prepare the federally required WIC administrative budget, the State agency:

- Uses local agency budgets or prior year expenditures
- Uses a state agency information system to collect and compile expenditure and cost 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): \_\_\_\_\_

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

P&P 2.01, Local Agency Financial Management; P&P 2.02, Cost Allowability for Travel, Incentive Items, Tuition Reimbursement and Renovations; P&P 2.03, Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements; P&P 2.04, Audit of Local Agencies; and P&P 2.05, Equipment Purchases, Inventory and Disposition

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

### 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):

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#### 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 Grant 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).

##### 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 formal budget revision. If the Grantee is moving less than 20% of the total grant between line items, they are not required to request a formal 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): \_\_\_\_\_



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

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

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

V- Appendix C - Grant Agreement Payment Provisions; Budget Summary; P&P 2.01 Local Agency Financial Management; P&P 2.02 Cost Allowability for Travel, Incentive Items, Tuition Reimbursement and Renovations; and P&P 2.03 Nutrition Education, Breastfeeding Promotion and Support, and Outreach Expenditure Requirements.

---

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

### 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):**

New Employee Orientation

---

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

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

Local Agency Grant Agreements (available upon request)

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#### 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)

#### 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): \_\_\_\_\_

---

**The review is conducted by:**

- WIC State agency staff
- State Department of Health fiscal or audit staff

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

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

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):**

V - Appendix C - Grant Agreement Payment Provisions; P&P 2.01 Local Agency Financial Management; P&P 2.02 Cost Allowability for Travel, Incentive Items, Tuition Reimbursement and Renovations; and P&P 2.03 Nutrition Education, Breastfeeding Promotion and Support, and Outreach Expenditure Requirements.

**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):**

V - Appendix C - Grant Agreement Payment Provisions

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

### 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 NE and BF expense report

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

P&P 2.01 Local Agency Financial Management; P&P 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements

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):**

P&P 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements

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): \_\_\_\_\_

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

P&P 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements

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

**E. Nutrition Education Costs**

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

When they report routine NSA costs       Does not apply

Through a different system (specify): Annually through grant closeout

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

P&P 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements

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

**F. State and Local Agency 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

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---

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**b. The State agency's indirect cost rate(s) is 15.10 (%) and is based on:**

Salaries     Direct costs for administration     Both

Other (specify): \_\_\_\_\_

**c. If applicable, cite the effective date of the State agency's executed cost allocation plan for indirect cost: \_\_\_\_\_.**

**If applicable, cite the expiration date of the State agency's most recent executed indirect cost allocation plan:**

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

Budgeting/accounting

Personnel/payroll

ADP

Space usage/maintenance

Communication/phone/mail

Central supply

Legal services

Procurement/contracting

Printing/publication

Audit services

Equipment usage/maintenance

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):**

V - Appendix B - 2022-2023 Approved Indirect Cost Rate Agreement

---

**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

Done for local agency level indirect costs (frequency): Completed monthly and at fiscal reviews

Not done at either level.

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

### F. State and Local Agency Indirect Costs

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 type="checkbox"/>
The accounting mechanism used to ensure the propriety of indirect cost charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A copy of the cost allocation plan	<input checked="" type="checkbox"/>	<input 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):**

V - Appendix B - 2022-2023 Approved Indirect Cost Rate Agreement

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## VI. FOOD FUNDS MANAGEMENT

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*," was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

**A. Cost Containment Measures - [246.4\(a\)\(14\)\(xi\)](#), [246.4\(a\)\(14\)\(xvii\)](#), [246.16a\(a\)](#):** 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):

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

##### a. The State agency acquires infant formula through the following food delivery systems:

###### i. Non-exempt infant formula (check all that apply):

- Home food delivery system
- Direct distribution food delivery system
- Retail food delivery system
- Other (specify): \_\_\_\_\_

###### ii. Exempt infant formula (check all that apply):

- Home food delivery system
- Direct distribution
- Retail food delivery system
- Other (specify): Specific exempt infant formulas and WIC-eligible nutritionals are issued through our Special Formula Distribution Center. Product is shipped to either the WIC clinic for participant pick up or

###### iii. WIC-eligible nutritionals (check all that apply):

- Home food delivery system
- Direct distribution system
- Retail food delivery system
- Other (specify): Specific exempt infant formulas and WIC-eligible nutritionals are issued through our Special Formula Distribution Center which is operated by CAP Lancaster on behalf of PA WIC. Product is shipped to either the WIC clinic for participant pick up or shipped directly to participants' homes depending on the specific product.
- 

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

- Yes  
If yes, attach contract in Appendix
- 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.)

## VI. FOOD FUNDS MANAGEMENT

### A. Cost Containment Measures

- c. **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 VI - Appendix B - 2024 Abbott Rebate Amounts  
(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				
Soy-based*				
<b>Powder</b>				
Milk-based				
Soy-based*				
<b>Ready to Feed</b>				
Milk-Based				
Soy-based*				
<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 total infant participants receiving each type of formula is estimated at:**

\*Contract (infant formula authorized and rebated through infant formula cost containment contract/s awarded by the State agency.) 85.7%

\*Non-contract (infant formula that is not rebated through an infant formula cost containment contract awarded by the State agency.) 14.3%

Exempt infant formula (non-contract infant formula that is issued through Food Package III)  
100%

Non-exempt infant formula (non-contract infant formula that is issued through Food Packages I & II)  
0%

\*Contract and Non-contract categories should total 100%. Exempt and Non-Exempt subcategories should total to 100%.

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

#### 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

## **VI. FOOD FUNDS MANAGEMENT**

### **A. Cost Containment Measures**

**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

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

---

## VI. FOOD FUNDS MANAGEMENT

### A. Cost Containment Measures

	Specific brands are designated Disallowed	Only certain container sizes are allowed	Allowable types are limited	Other
Exempt formula for women, infants & children	No			Only with authorized prescription
Infant cereal	Yes	8 or 16 oz only		brands specified
Infant Fruit/Veg/Meat	Yes	4oz F&V, 2.5ozMeat	no pouches	brands specified
Whole fresh fluid milk	No	Gallon or Half Gal	no flavored milk	Limitation on Qts
Lowfat fresh fluid milk	No	Gallon or Half Gal	no flavored milk	Limitation on Qts
Skim fresh fluid milk	No	Gallon or Half Gal	no flavored milk	Limitation on Qts
Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify): _____	No	Gallon or Half Gal	no buttermilk or goat's milk	Limitation on Qts
Shelf-stable milk (e.g., evaporated milk, UHT, whole/ low fat/nonfat dry milk)	No			
Cheese	No	8 or 16 oz only	no individually wrap	
Yogurt	Yes	32 oz only		brands specified
Soy-based beverage	Yes	32 or 64 oz only		
Tofu	Yes	8 or 16oz only		
Fresh eggs	No	S, M, L, XL	specialty eggs	cage free now allow
Dried egg mix	Not allowed			
Hot cereal	Yes	9.8 -36oz		
Cold cereal	Yes	12 - 36 oz		
Single strength fruit/vegetable juice	Yes	48 or 64 oz only		
Concentrated fruit/vegetable juice	Yes	11.5-12 oz only		
Whole wheat bread	Yes	16 oz only		
Other whole grains	Yes	16 oz only		
Peanut butter	No	16-18 oz only		
Dry beans/peas	No	1 lb only		
Canned Fish	No	3.75, 5 or 6 oz	No albacore, red sal	mon or brisling sardi
Canned beans/peas	No	15-16 oz only		



## VI. FOOD FUNDS MANAGEMENT

### B. Funds Monitoring/798 Reporting

#### 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

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

VI - Appendix A - Infant Formula Contract 67007; VI - Appendix C - PA WIC Abbott Rebate Redemption Methodology

---

#### 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):

2 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):**

PA Code 1105.3. Terms and conditions of participation

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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:

**State WIC**      **State FM**      **Other (Specify)**

           \_\_\_\_\_ By check directly to vendor or farmer

           \_\_\_\_\_ By check directly to vendor's or farmer's bank

           \_\_\_\_\_ By electronic transfer to vendor's or farmer's bank

           \_\_\_\_\_ Other (specify): \_\_\_\_\_

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

I - Appendix D -WIC Vendor Handbook 2023 - see page 14, eWIC System Claims Process

---

## VI. FOOD FUNDS 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:**

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): \_\_\_\_\_

N/A

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): NA \_\_\_\_\_

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

P&P 3.01 Caseload Management

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## VI. FOOD FUNDS MANAGEMENT

### C. Participation Reporting

#### 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  N/A

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

P&P 3.01 Caseload Management

---





## 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
  - Mobile App
- If contact is established, she is offered an 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.
  - Other

#### 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):**

## VII. CASELOAD MANAGEMENT

### A. No-Show Rate

P&P 1.04 Local Agency 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

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## VII. CASELOAD MANAGEMENT

### 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 in a program year. (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 served by each local agency

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

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**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 3.01 Caseload Management

---

## VII. CASELOAD MANAGEMENT

### B. Allocation of Caseload

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

Yes    No

If yes, attach procedure in the Caseload Management Appendix.

P&P 3.01 Caseload Management

---

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 may request a reduced and additional caseload. If warranted and funding is available, the request is granted.

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

P&P 3.01 Caseload Management

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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 3.01 Caseload Management

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## VII. CASELOAD MANAGEMENT

### C. Caseload Monitoring

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Participation levels/rates | <input type="checkbox"/> High-risk participant levels/rates |
| <input type="checkbox"/> No-show rates                         | <input type="checkbox"/> Food costs per participant         |
| <input type="checkbox"/> Food costs by area                    | <input type="checkbox"/> Other (specify): _____             |

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

VII - Appendix B - Estimate of Statewid Participation\_FFY 2022

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2. The State agency uses the following methods to monitor the below task (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):**

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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):**

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## VII. CASELOAD MANAGEMENT

### 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): Families affected by addiction, refugees/immigrants and those residing in rural areas

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

P&P 3.01 Caseload Management; P&P 6.01 Local Agency Outreach Activities

**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, Early Learning Resource Centers, Nurse Family Partnership and other Home Visiting Programs, Food Banks, Domestic Relations, County Assistance Offices, Health Benefit Plan Providers, Hospitals and Physicians.

**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): \_\_\_\_\_

**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):**

VII - Appendix A - Target Population and Priority Tables; P&P 3.01 Caseload Management; P&P 6.01 Local Agency Outreach Activities

**VII. CASELOAD MANAGEMENT**  
**D. Benefit Targeting**

## VII. CASELOAD MANAGEMENT

### 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): WIC representation at statewide and regional events

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

State Agency	Local Agency	
<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Social Media (Twitter, Facebook, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify): <u>Online advertising (i.e. Google ads, etc.) (SA); Bus and outdoor advertising (i.e. billboards and bus/train stations) (LA)</u>

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

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

##### 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
  - 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): Nurse Family Partnership and other home visiting programs, foster care programs, military bases, health education centers, drug and alcohol treatment centers.
- Food Banks
  - Head Start Centers

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



**VII. CASELOAD MANAGEMENT**  
**E. Outreach Policies and Procedures**

P&P 6.01, Local Agency Outreach Activities

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**VII. CASELOAD MANAGEMENT**  
**E. Outreach Policies and Procedures**

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, none] local agencies to implement the following to meet the special needs of employed applicants/participants.**

- | <b>All</b>                          | <b>Some</b>                         | <b>None</b>                         |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Early morning/evening clinic hours by appointment  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Early morning/evening clinic hours, walk-in basis  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Weekend hours, by appointment  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input 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 accomodate the special needs of employed participants. |

**b. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of rural participants (check all that apply):**

- | <b>All</b>                          | <b>Some</b>                         | <b>None</b>                         |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <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 issuance, <input checked="" type="checkbox"/> 3 months issuance |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Other (specify): Mailing of Food Benefits due to public health emergency, system failure, staffing emergencies or inclement weather is allowable with prior authorization by the State Agency.   |

**c. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of migrant families (check all that apply):**

- | <b>All</b>                          | <b>Some</b>                         | <b>None</b>                         |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <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 (check one): <input type="checkbox"/> 2 months issuance <input checked="" type="checkbox"/> 3 months issuance |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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):**

**VII. CASELOAD MANAGEMENT**

**E. Outreach Policies and Procedures**

Yes (If yes, please identify the State agencies with whom formal agreements exist): \_\_\_\_\_  No

## VII. CASELOAD MANAGEMENT

### E. Outreach Policies and Procedures

e. The State agency requires [all, some, none] 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 communal 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 <a href="#">246.7(n)(1)(i)</a> regarding homeless facilities are met
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify): _____

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

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### 3. Unserved Geographical Areas

a. How does the State prioritize areas defined as undeserved geographic areas in descending order?

The State Agency has supported the implementation of Mobile Clinics and Telehealth appointments to support unserved geographic areas.

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):**

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### 4. Underserved Geographic Areas

a. The State agency has a list on file of served and/or unserved geographic areas including the number of potential eligibles, the priority level currently being served, and the level of participation.

Yes  No

b. 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):**

VII - Appendix A - Target Population and Priority Tables

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## VII. CASELOAD MANAGEMENT

### E. Outreach Policies and Procedures

#### 5. The State agency has a plan to:

- Inform potential local agencies of the Program and the availability of technical assistance in implementation
- Describes how State agencies will take all reasonable actions to identify potential local agencies
- Encourage potential and existing 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:**

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## VII. CASELOAD MANAGEMENT

### F. Waiting List Management

#### 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 agency.**  
 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  
 Point system  
 Special target populations (specify): \_\_\_\_\_  
 Other (specify): Priority
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): Pre-screening is discouraged, but is allowed if it facilitates caseload management and expedites provision of benefits to 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  
 Category  
 Priority  
 Nutritional risk

## VII. CASELOAD MANAGEMENT

### F. Waiting List Management

- Income eligibility status
  - Method of application
  - Date applicant notified of placement on the waiting list
  - Other (specify): Date of Birth, Date of Delivery, VOC Expiration Date, Method and Date of waiting list notification and disposition.
- 

**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 3.01 Caseload Management

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## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, or supply chain disruption, the State agency may request a program waiver or implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the waiver and/or flexibility or waiver through their procedure manual where applicable. Please note the State Plan Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*," was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and nondiscrimination statement.

- 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  Maternal and Child Health (MCH)  
 SNAP  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

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#### 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 reciprocal agreements concerning residency with other States agencies

Yes; list states: West Virginia, Maryland, Delaware, Washington D.C., New Jersey, Ohio, Virginia, New York and Seneca Nation Indian Tribe Organization.  
 No: \_\_\_\_\_

Describe any reciprocal agreements VIII – Appendix E – Reciprocal Agreements with Other States

- c. 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  
\_\_\_\_\_

- d. The State agency allows the following as proof of identity, please select all that apply:

Driver's licenses  
 Passport  
 State issued identification card  
 Employer issued identity card  
 Documentation from participation in a means-tested program

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

- Other (Please list all that are accepted): Birth Certificate, Crib Card, School issued identification, Immigration/ Naturalization Record, Foster Care Contract.  
An "Affirmation of Identify, Residency, and/or Income" statement is used if the applicant/participant meets the criteria to self-declare. An applicant/participant may only self declare if they are a victim of theft, loss, or disaster, a homeless individual; or migrant farmworker.

#### 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 or more working parent, or under the care of primary working caretakers whose working status presents a barrier to bringing the infant or child in to the WIC clinic.

#### 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 at or below 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: Certification and Eligibility Appendix and/or Procedure Manual (citation):

P&P 3.02, Program Eligibility

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##### 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):

VIII - Appendix A - FY 2024 Income Guidelines

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## 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")	<u>185.00</u> %
<input checked="" type="checkbox"/> SNAP	
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	
<input checked="" type="checkbox"/> Pregnant women and infants	<u>185.00</u> %
<input checked="" type="checkbox"/> Children	<u>133.00</u> %
<input checked="" type="checkbox"/> Other categorically eligible women	<u>250.00</u> %

- 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 Lunch Meals	_____ %
<input type="checkbox"/> Supplemental Security Income (SSI)	_____ %
<input type="checkbox"/> Other State-provided health insurance (specify State "percent of poverty" maximum _____ %)	_____ %
<input type="checkbox"/> Food Distribution Program or Indian Reservation (FDPIR)	_____ %
<input checked="" type="checkbox"/> Other (specify): <u>LIHEAP (heating assistance) - 150%</u>	

- 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, SNAP, TANF and Liheap )

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

P&P 3.02, Program Eligibility

### 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 one of the following:**

- Certification process is terminated and no food instruments/cash-value vouchers are provided; appointment rescheduled
- Temporary certification (not to exceed 30 days) for applicants that have one qualifying nutrition risk and are able to present at least two of the three required documents (identification, residency, and income) during a certification appointment 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, if determined necessary.**

- 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 appointments if participant's income eligibility changes.**

- Yes; Please specify       No

P&P 3.02: Once an applicant is participating in the WIC program, that person must provide documentation of household income at all recertification visits and when there is a significant increase in income. The LA must reassess a participant's income eligibility during the current certification period if the LA receives information indicating the participants household income has changed. Such assessments are not required if the change is reported within the last 90 days of the certification period. Adjectively eligible WIC participants may not be disqualified from the WIC Program solely because they, or certain family members, no longer participate in one of the specified programs. Such participants may be Disqualified only after their income eligibility has been reassessed using traditional income eligibility screening. The LA must Disqualify a participant and any other household members currently receiving WIC benefits at any time they are determined eligible. Applicants found ineligible for the WIC program because economic criteria are not met shall be given a Notice of Ineligibility along with an explanation of their rights and directed to other potential sources of food assistance.

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

- 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 by a State-administered programs.  
 Yes    No
- h. The State agency has specific policy to ensure that certain types of income, such as combat pay or Family subsistence Supplemental Allowance (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 3.02, Program Eligibility

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## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### A. Eligibility, Determination, and Documentation

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, State-wide     No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

P&P 3.02, Program Eligibility

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7. The State agency excludes cost-of-living allowances for military personnel on duty outside of the contiguous 48 States (OCONUS COLA) from applicant income for purposes of WIC income determination

Yes, State-wide     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, State-wide     No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

P&P 3.02, Program Eligibility

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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, State-wide     No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

P&P 3.02, Program Eligibility

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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 3.02, Program Eligibility

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## 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 3.02, Program Eligibility

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### 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 agency 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):

Qualification	Can certify for:	
	Priorities I-III	All Priorities
RD or Master's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Registered Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licensed Practical Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home Economist	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

- 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
- Use data from a state Health Information Exchange (including access to medial referral data via a participant/physician portal)

- 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 December 17, 2020) that list the revised risk criteria requiring implementation by 10/1/2022, published on the FNS PartnerWeb, to document nutrition risk. (Note: A more recent transmittal memorandum was issued on November 17, 2022, however, the revised criteria included in this memorandum are not scheduled to be implemented until October 1, 2024.)

- Yes  No

Please append a list of the nutrition risk criteria used by the State agency in its entirety to this State Plan.

- d. The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.

- Yes (list criteria): \_\_\_\_\_
- No



## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### B. Nutrition Risk Determination, Documentation and Priority Assignment

#### 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.

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 an extended certification period.

- Yes  Not 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 reviews
- 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): USDA messaging is the priority, but we refer to Dietary Guidelines for Americans, MyPlate, AAP, USDA Infant Feeding Guide, USDA Breastfeeding Policy & Guidance.

- No (explain): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):**

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### B. Nutrition Risk Determination, Documentation and Priority Assignment

P&P 3.03 Nutrition and Risk Assessment; VIII - Appendix B - FY 2023 Risk Revision Tracking; VIII - Appendix C - Nutrition Interview Required Questions; VIII - Appendix D - Risk Crosswalk Table 6-2021

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#### 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): \_\_\_\_\_

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### B. Nutrition Risk Determination, Documentation and Priority Assignment

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): \_\_\_\_\_

#### 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): \_\_\_\_\_

b. 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 3.03, Nutrition and Risk Assessment

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c. 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

d. High risk postpartum women are assigned to the following priority:

- Priority III
- Priority IV
- Priority V
- Priority VI

e. 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"/>

f. 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):**

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## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### 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):

- |                                   |   |
|-----------------------------------|---|
| <u>M</u> SNAP                     | _____ Rural/migrant health centers  |
| <u>M</u> TANF                     | _____ Hospitals   |
| <u>M</u> Medicaid                 | _____ Childhood immunization  |
| _____ SSI                         | _____ Immunization registries   |
| _____ EPSDT                       | _____ Well-child programs   |
| _____ MCH programs                | _____ Child protective services   |
| _____ Children's health insurance | _____ Children with special health care needs program(s)  |
| _____ Family planning             | _____ Private physicians  |
| _____ Lead Screening              | _____ IHS facilities  |
| <u>M</u> other (specify):         | Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Mortality Review Committee (MMRC) |
- 

b. Formal agreements for coordination of services include:

- Responsibilities of each party
- Assurance that information is used only for program eligibility and/or outreach
- Assurance that information will remain confidential and not be shared with a third party

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 type="checkbox"/> Early and Periodic Screening, Diagnostic and Treatment (EPSDT)      |
| <input checked="" type="checkbox"/> SSI                      | <input checked="" type="checkbox"/> Expanded Food and Nutrition Education Program (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"/> Head Start   |
| <input checked="" type="checkbox"/> Schools                  | <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):**

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### C. Health Care Agreements, Referrals, and Coordination

Policy 6.02, Participant Referral System; Policy 6.03, Referral Agreements for Healthcare Services

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#### 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): Breastfeeding Support
- EPSDT Program
- Children's Health Insurance program(s)
- Other (specify): Immunizations, Lead Testing, Mental Health Services, Smoking Cessation

**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 type="checkbox"/> Telephone call to referring agency   | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Verbal referral to participants   | <input type="checkbox"/>            |
| <input 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): <u>Needs are determined during the nutrition assessment process to ensure individualized referrals by need</u> | <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 checked="" type="checkbox"/> Written literature on the WIC Program  | <input type="checkbox"/>            |
| <input type="checkbox"/> Other (specify): _____                            | <input type="checkbox"/>            |

## 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): \_\_\_\_\_

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):**

Policy 3.00, Clinic Operations; Policy 6.01, Local Agency Outreach Activities; Policy 6.02, Participant Referral System

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f. 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 (TEFAP)

Food Distribution Program on Indian Reservations (FDPIR)

Other (specify): \_\_\_\_\_

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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 (TEFAP)
- Food Distribution Program on Indian Reservations (FDPIR)
- 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):**

Policy 3.04, Food Benefits

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#### 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):**

Policy 3.04 Food Benefits; Online pre-applications are also processed according to the date email is received.

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## 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:
- 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), if there is 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):  No  
In cases where there is difficulty in appointment scheduling.

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

P&P 3.02 Program Eligibility

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): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**E. Certification Periods**

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## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### F. Transfer of Certification

#### 1. Procedures for Transfer of Certification and Verification of Certification (VOC)

- 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/documentation is provided which also serves as a VOC:

Yes  No

- c. The State agency requires all local agencies to use a standardized VOC:

Yes  No

- d. VOCs 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):**  
Policy 3.04 Food Benefits

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2. The State agency requires all local agencies to include the following information on the VOC (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/phone number of certifying local agency  
 Identification number or some other means of accountability  
 Other (specify): Anthropometrics, blood work and date of last FIs issued
- 

3. The State agency requires all local agencies to accept as valid all VOCs 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.

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**F. Transfer of Certification**

Yes    No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**  
Policy 3.04 Food Benefits

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## 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): Policy 1.03 Abuse, 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): Policy 1.03 Abuse, Fraud Prevention and Investigation

No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

Policy 1.03 Abuse, Fraud Prevention and Investigation; VIII – Appendix E – Reciprocal Agreements with Other States

#### 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, and must be read by or to the applicant, parent, or caretaker:**

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: \_\_\_\_\_

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):**

Policy 1.03, Abuse, Fraud Prevention and Investigation

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

**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):**

Policy 3.02 Program Eligibility

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### 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): \_\_\_\_\_

**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

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

**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):**

Policy 1.03, Abuse, Fraud Prevention and Investigation; PA code 1111.1 Participant Appeals.

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## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby formula Act or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.*" was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the **nondiscrimination** statement.

### **Electronic Benefit Transfer (EBT) Implementation and Management**

**A. 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

### **Retail Food Delivery Systems**

**B. 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.

**C. 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.

**D. 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.

**E. 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.

**F. 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.

**G. 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**

**H. 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.

**I. 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.



**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**A. 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

**2. What is the State agency policy for permitting replacement cards and transfer of balances per [7 CFR 246.12\(bb\)\(2\)](#)?**

Replacement cards are provided after a five (5) day waiting period.

---

**3. What are the State agency procedures for providing customer service during non-business hours for EBT cards per [7 CFR 246.12\(bb\)\(3\)](#)?**

All local agencies have voicemail for messaging after hours.

---

**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 of the approved alternative installation formula as required per 7 CFR [246.12\(z\)\(2\)](#).**

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROLB**

**B. Food Delivery and Food Instrument Control Overview**

**1. Food Instruments - (i.e., vouchers, checks, EBT Cards, coupons or related documents) - General**

**a. The State agency uses the following types of FIs (check all that apply):**

- EBT Cards
- Paper food instruments
  - Automated-point of certification
  - Manual-individual prescription
  - Pre-printed manual-standard prescription
  - Automated-central generation
- Mobile Payment
- 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):**

<b>Automated - EBT Cards</b>	<b>Physical - Paper FIs</b>
<input type="checkbox"/> Daily/perpetually	<input type="checkbox"/> Daily
<input checked="" type="checkbox"/> L Other (specify): <u>Monthly</u>	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Other (specify): _____

**c. The FI contains/allows for the following information (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Not applicable                         | <input type="checkbox"/> Local agency identifier       |
| <input type="checkbox"/> Participant WIC ID number              | <input type="checkbox"/> Vendor/farmer endorsement     |
| <input type="checkbox"/> Countersignature for participant/proxy | <input type="checkbox"/> Authorized supplemental foods |
| <input type="checkbox"/> First date of use                      | <input type="checkbox"/> Last date of use              |
| <input type="checkbox"/> Redemption period                      | <input type="checkbox"/> Serial number                 |
| <input type="checkbox"/> Purchase price                         | <input type="checkbox"/> Signature space               |

**Provide a facsimile of FI in Appendix or cite Procedure Manual:**

---

**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

**ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):**  
Policy 4.02 EBT Card Management

---

**2. Food Instrument Accountability**

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROLB**

**B. Food Delivery and Food Instrument Control Overview**

**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): \_\_\_\_\_

**c. The State agency uses the following procedures to ensure that unclaimed FIs are not being used fraudulently (check all that apply):**

- Not Applicable:
- 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): \_\_\_\_\_

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

Policy 4.02 EBT Card Management

---

**3. The State agency has established food delivery procedures in cases of natural disaster and emergencies for the following (check all that apply):**

- Manual Issuance                       Automated issuance                       Remote issuance
- Mailing                       Home food delivery
- Direct distribution                       Other (specify): \_\_\_\_\_

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

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# IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

## C. Food Instrument Pick-up and Transaction

### 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): <u>SA Support Staff</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 paper food instruments or EBT cards:

Participant/parent/caretaker/proxy signature block on register confirming receipt

Local agency staff initials

Date of food instrument pick-up

Stub with participant signature or initials

Other (specify): \_\_\_\_\_

#### d. The State agency has a policy to prorate food packages for the following:

Late FI pick-up

Certification due to expire within 30 days

Mid-month certification

Other (specify): Food packages prorated at 2/3 and 1/3

#### 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

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): Training on use of eWIC card and information about WIC Shopper App

#### 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):

Policy 4.02 EBT Card Management & Policy 7.05 Issuance of Prorated Packages

#### 2. The State agency's proxy policy includes the following:

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**C. Food Instrument Pick-up and Transaction**

- 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):**

Policy 3.02 Program Eligibility

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# IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

## D. Food Instrument Redemption and Disposition

### 1. Food Instrument Disposition Procedures for paper FI issuance

#### 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

#### ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

Policy 4.02 EBT Card Management. In this question, we are defining voided FIs as hot-carded eWIC cards.

---

### 2. Unclaimed, Voided, Prorated FIs

#### a. The State agency requires local agencies to return "unclaimed/not picked up" paper FIs or EBT cards:

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):

Policy 4.02 EBT Card Management.

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### 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): eWIC card must be hot-carded in PENN as soon as LA staff are made aware of the loss.

---

#### 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 5 day waiting period (specify number of days)

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### D. Food Instrument Redemption and Disposition

**(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 5 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 5 day waiting period (specify number of days)
- Other (specify): \_\_\_\_\_

**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. Hot card list file is generated by PENN & sent to processor for download by vendors. \_\_\_\_\_

**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\(a\)\(14\)\(xix\)](#)).**

Policy 4.02 EBT Card Management

**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): eWIC card is placed on the Hot Card List, participants would need to contact clinic to get card reinstated. \_\_\_\_\_

**g. If lost/stolen/damaged FIs are transacted by someone other than the participant, the following actions are taken, check all that apply:**





**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**D. Food Instrument Redemption and Disposition**

**b. The State agency screens redemption request through a pre-edit (before payment) or post-edit (after payment) process to detect the following:**

<b>Not Applicable</b>	<b>Pre-Edit Screen</b>	<b>Post-Edit Screen</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase or requested price exceeds price limitations (FI only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price missing
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	Transacted before specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transacted after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Redeemed after specified period
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered dates
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): Invalid PIN entries

**c. When the payment amount on a food instrument item 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 reimbursement request but allows the vendor to resubmit
- Rejects the reimbursement request without allowing the vendor to resubmit
- Other (please specify): \_\_\_\_\_

**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:**

<b>Pre-Edit</b>	<b>Post-Edit</b>	
<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): Transactions are authorized to be processed, but vendor is reimbursed only up to the maximum allowed.

**(c) Other (please specify):** \_\_\_\_\_  Yes  No

**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
- Remove a vendor/farmer/farmers' ability to conduct transaction when it is no longer authorized
- Conduct compliance buy to verify if unauthorized store transacts and redeems FIs

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### D. Food Instrument Redemption and Disposition

- State agency or its banking institution checks vendor/farmer/farmers' market ID numbers on redemption requests 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): \_\_\_\_\_

**ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation):**  
Policy 4.02 EBT Card Management

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#### 5. Price Lists

##### a. Shelf Price list information is routinely collected from vendors:

- Yes     No; Explain: \_\_\_\_\_ (Proceed to item #6)

##### b. Shelf Price list data are collected:

- Real Time or Daily via EBT system     Monthly     Quarterly     Semiannually  
 Other (specify): \_\_\_\_\_

##### c. Shelf 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): Outlier prices will not be included in the calculations for average price per peer group.

##### 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): \_\_\_\_\_

##### f. The State agency/local agency analyzes price data:

- Manually on a routine or as needed basis  
 In 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

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### D. Food Instrument Redemption and Disposition

- Flag individual food instruments that appear to be overcharges
  - Other (specify): Assist in determination of need for manual price adjustments due to market trends; monitor trends in price changes by vendors; identify vendors who consistently price WIC foods at or near the NTE price.
- 

#### 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 potential vendor overcharges are:

- Comparison of vendor's redemption prices to charged prices (via receipt)
- Other (specify): Report provided by EBT Processor - "NTE Percentage by Vendor". State Agency does however make the adjustments at the claim file level and does not pay for an item over the NTE threshold.

##### 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): \_\_\_\_\_

##### d. What action(s) is/are taken when a potential vendor overcharge is identified? (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
  - Other (specify): Overcharges do not occur due to EBT.
- 

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

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## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### E. 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): \_\_\_\_\_

##### 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

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**E. Manual Food Instruments**

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):**

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**F. 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
- FIs 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 clinics
- Other (specify): FIs are mailed to initials if appointments are done virtually

**2. Mailing Policy/Procedures**

**a. The State agency provides local agencies with guidelines/procedures for mailing paper FIs or EBT cards to individual participants:**

- Yes     No

**b. Policy requires participants to pick up paper FIs or EBT cards 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 paper FIs or EBT cards (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 paper FIs or EBT cards 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Better clinic management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Public Health Emergency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(if other, specify): If PENN system is down and benefits cannot be written to the card. Mailing is permissible when conducting teleWIC appointments.

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**F. Special FI Issuance Accommodations**

**e. When mailing paper FIs or EBT cards, 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):**

Policy 4.02 EBT Card Management

---

**3. Participants who receive paper FIs or EBT cards by mail are provided:**

- One month of benefits
  - Two months of benefits
  - Three months of benefits
  - Other (specify): Varying depending on circumstance, predominately 3 months
- 

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

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## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### G. Vendor Cost Containment System Certification

If the State agency has authorizes or plans to authorize any above-50 percent 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 H)

#### 1. Calculation of new competitive price levels

Describe how the State agency derives (or will derive) competitive price levels for regular vendors that excludes 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 ensures that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.

---

b. The State agency exempts 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 benefit redemption process.

Yes  No If yes, describe the procedure or process used:

---

3. 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.

---

4. The State agency has fully implemented the competitive price criteria and maximum allowable reimbursement methodologies described in items 1 and 2 above.



## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### G. Vendor Cost Containment System Certification

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.

---

**5. 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 nutritional foods to program participants.

**6. Does the State agency collect shelf prices from pharmacies that provide only exempt infant formula?**

Yes     No

**7. Complete the table on the following page 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-percent vendors do not exceed average payments to regular vendors.**

**8. 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-percent 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**  
**G. Vendor Cost Containment System Certification**

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 WIC-only 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 not 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

## H. 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):**

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**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**I. Direct Distribution Food Delivery Systems**

	<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.

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

---

**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. Since the formula recall and subsequent shortages, CAP Lancaster has been sharing their inventory list on a semi-weekly basis to prevent delays in participant orders.

## X. MONITORING AND AUDITS

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the over arching authority, i.e. Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note that State Plans Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements .

Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.*" was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

**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:

22 Number of local agencies

13 Number of local agencies monitored last annual period

25 Number of clinics monitored last annual period

13 Number of local agencies to be monitored this current annual period

25 Number of clinics to be monitored this current annual period  
to

Specify last annual period, from: 10/01/2022 09/30/2023 (month/day/year – month/day/year; must be applied consistently)

to

Specify current annual period, from: 10/01/2023 09/30/2024 (month/day/year – month/day/year; must be applied consistently)

##### b. Number of local agencies/clinics required to submit Corrective Action Plans (CAPs) to address deficiencies identified during monitoring last year: 9 (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

Whether the review was conducted virtually or onsite

##### 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): \_\_\_\_\_

##### ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

P&P 1.04 Local Agency Monitoring

---

## X. MONITORING AND AUDITS

### A. MONITORING

#### 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:**

X - Appendix A - Program Review Handbooks

---

##### **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 services
- 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

### A. MONITORING

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:**

X - Appendix B - Program Monitoring Tools

---

**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 provides monitoring tools to the local agencies; however, it is not mandated that the State-provided tools be used. Other internal monitoring tools which are consistent with the State-provided tools are acceptable.
- 

**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:**

X - Appendix B - Program Monitoring Tools

---

**Do these procedures include a monitoring tool?**

Yes  No

**Are all local agencies/clinics required to follow these procedures?**

Yes  No (specify basis for exemptions): \_\_\_\_\_

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

P&P 1.04 Local Agency Monitoring and P&P 4.03 Retail Store Quality Assurance

---



**X. MONITORING AND AUDITS**

**B. AUDITS**

**c. Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$750,000 , as applicable or more in Federal funds during the fiscal year, etc.)**

**Entities not audited (includes both State and local agencies)**

**Reason Entity Not Audited**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**  
P&P 2.04 Audit of Local Agencies

---

**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):**  
X - Appendix C - WIC Single Audit Reports Received During SFY 20-21.

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## X. MONITORING AND AUDITS

### B. AUDITS

#### 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): \_\_\_\_\_

- 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: SFY2021-2022**

- d. **The State agency ensures WIC participation in a 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):**

P&P 1.08 Information System Management

## XI. CIVIL RIGHTS

(Please indicate) **State Agency:** Pennsylvania for FY 2024

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.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements, i.e., the Families First Coronavirus Response Act (PL 116-127).

More recently, Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*," was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations. However, where appropriate, State agencies may update their policies and procedures to align with the contents of the EO.

**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:

	State Agency	Local Agency
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"/>
Presentations 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:

	State Agency	Local Agency
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"/>
Resolution of noncompliance	<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: \_\_\_\_\_

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

P&P 1.10 Civil Rights

## XI. CIVIL RIGHTS

### A. Administration

#### 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](#)
- [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 1.10 Civil Rights

---

#### 3. The State agency's policy for reasonable accommodation includes the most up-to-date special provisions for individuals with disabilities.

- 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 3.00 Clinic Operations

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## XI. CIVIL RIGHTS

### 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 type="checkbox"/> Letters of invitation in the public hearing process         | <input checked="" type="checkbox"/> Application forms (including computer-based forms) |
| <input checked="" type="checkbox"/> Certification forms to be signed by participants | <input type="checkbox"/> Other (specify): _____  |

## XI. CIVIL RIGHTS

### B. Public Notification Requirements and Nondiscrimination

**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
- Distribution centers and locations
- Other (specify): Visibly posted in each clinic in areas frequented by applicants and endorsers

**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 low-income individuals

3 = potential eligible individuals/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 1.10 Civil Rights and P&P 6.01 Local Agency Outreach Activities

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### 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.
- Provide applicants/participants with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits using inclusive language.
- 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. Public Notification Requirements and Nondiscrimination

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): <u>See Appendix A</u>
<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 type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

XI - Appendix A - Propio Language Poster (Local Agencies are required to use Propio Language Services.) - P&P 1.10 Civil Rights; P&P 6.01 Local Agency Outreach Activities; and P&P 3.03 Nutrition and Risk Assessment

## XI. CIVIL RIGHTS

### 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 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):**

P&P 1.04 Local Agency Monitoring and P&P 1.10 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:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Review of the racial/ethnic enrollment and/or participation data | <input checked="" type="checkbox"/> Review of complaints          |
| <input checked="" type="checkbox"/> Review of denied applications                                    | <input checked="" type="checkbox"/> Review of participant surveys |
| <input checked="" type="checkbox"/> Review of waiting lists  | <input checked="" type="checkbox"/> Participant interviews        |
|  | <input type="checkbox"/> Other (specify): _____                   |

## **XI. CIVIL RIGHTS**

### **C. Compliance Review and Monitoring Activity**

#### **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
- The local agency uses inclusive language with developing its program materials
- 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:

#### **ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

P&P 1.10 Civil Rights

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# 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):

P&P 1.10 Civil Rights

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#### 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 1.10 Civil Rights

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# XI. CIVIL RIGHTS

## 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 (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>) 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, 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.
  
- 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 1.10 Civil Rights

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### 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 1.10 Civil Rights

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### 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 1.10 Civil Rights

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