

**Rhode Island Department of Health
Division of Family Health
Office of Women, Infants and Children (WIC) Program
Special Supplemental Nutrition Program**

**State Plan of Operation
And Administration**

WIC Program

FISCAL YEAR 2007



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**THE HONORABLE DONALD L. CARCIERI
GOVERNOR, STATE OF RHODE ISLAND**



**Rhode Island Department of Health
Division of Family Health**

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FISCAL YEAR 2007

November 15, 2006

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

PREFACE

ACKNOWLEDGMENTS

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

Tables of Contents

Preface

State Plan Pages

Content and Structure	5
Legal Requirements	5
The WIC Program.....	6
WIC Program Administration.....	10
Division of Family Health Chart.....	11
RI Department of Health Chart.....	12

CONTENT AND STRUCTURE

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

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

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

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

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

Abridged Manuals

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

LEGAL REQUIREMENTSNEED FOR ADOPTION, AMENDMENT, AND REPEAL OF PROGRAM RULES.

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

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

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

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

EVALUATION OF ALTERNATIVES.

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

DUPLICATION AND OVERLAP.

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

ECONOMIC IMPACT ON SMALL BUSINESS.

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

AUTHORITY AND SEVERABILITY.

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

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

AMENDMENTS TO THE STATE PLAN

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

THE WIC PROGRAM

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

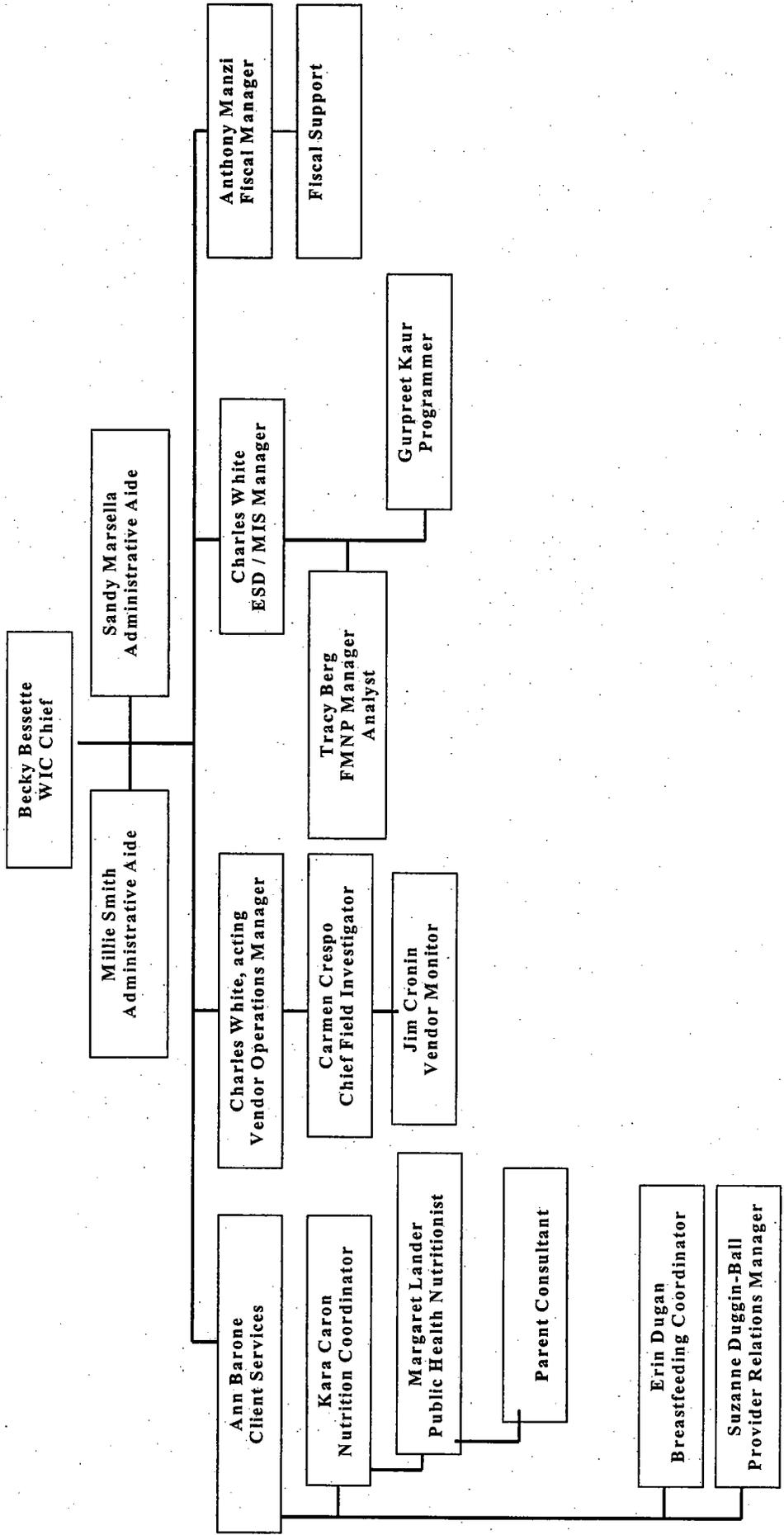
WIC is funded through the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). The Department of Health (HEALTH) through various local health centers and hospitals ("local agencies") which distribute the food funds and provide nutrition education to participants administers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

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

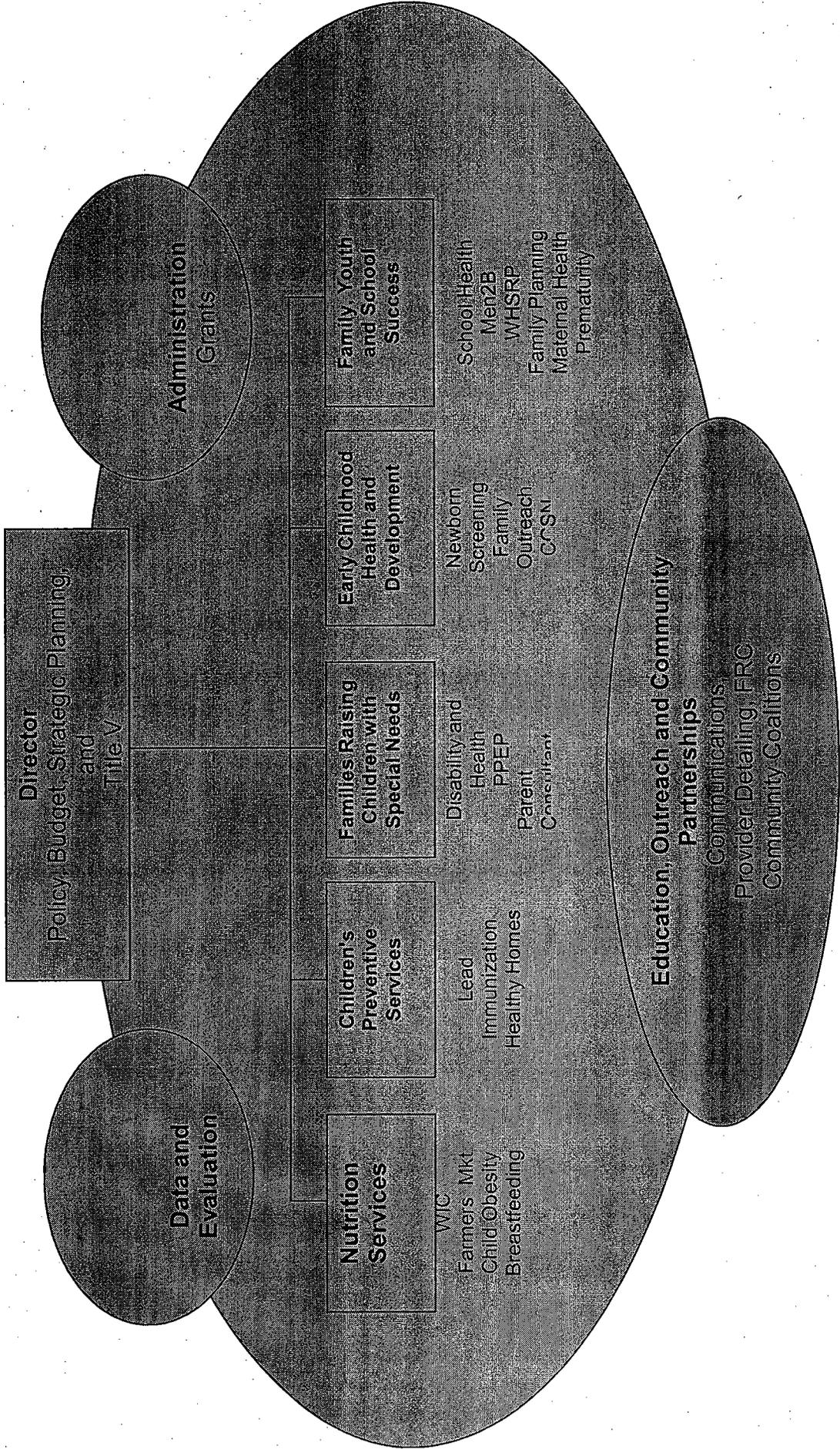
The Program serves eligible participants who meet certain income limitations and show evidence of special nutritional need. The Program provides special supplemental foods; including milk, eggs, juice, cereal, dried beans and peas or peanut butter, and cheese, plus carrots and tuna fish to breast-feeding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

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

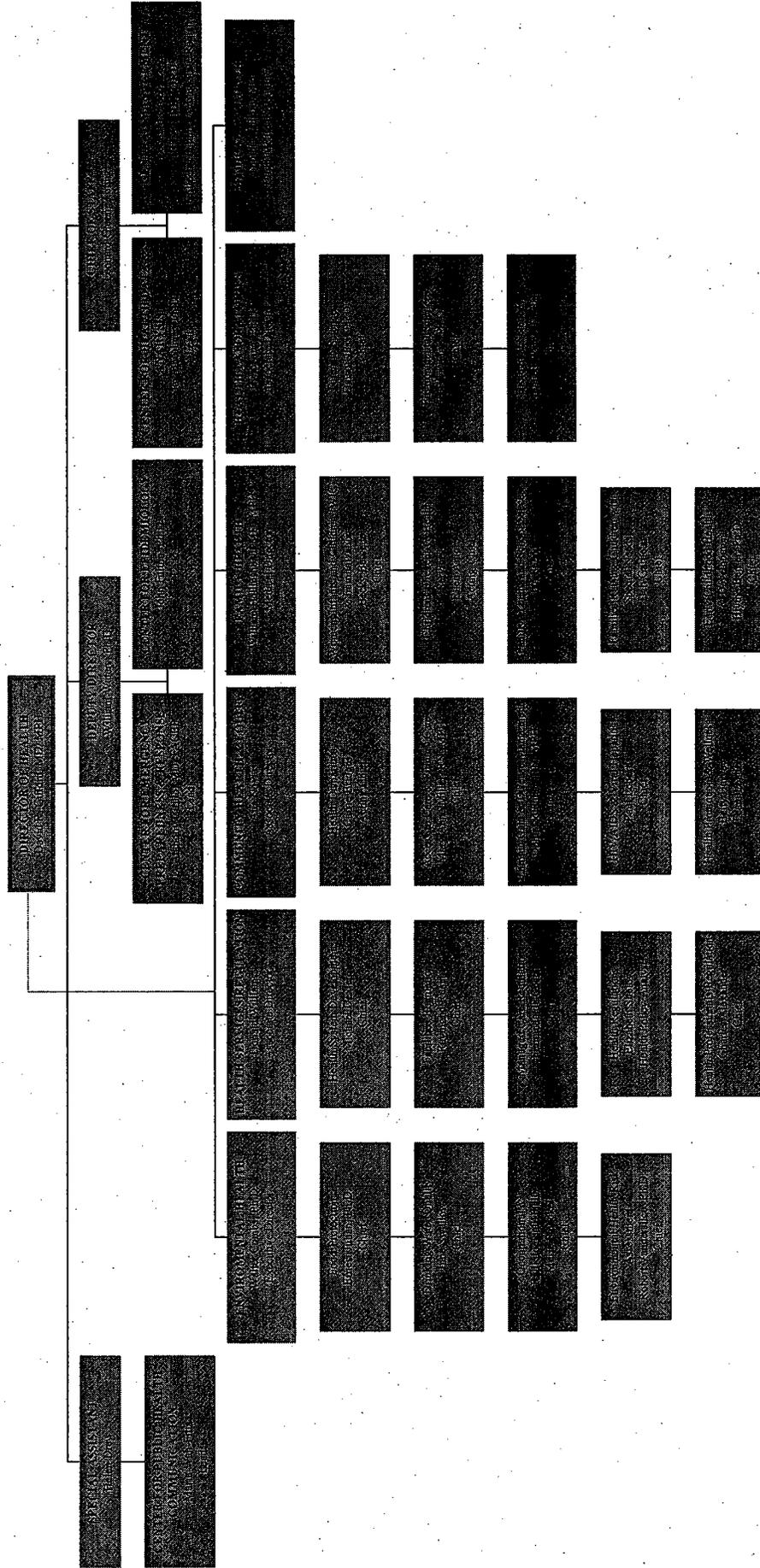
RI WIC PROGRAM ORGANIZATION CHART



Division of Family Health



Rhode Island Department of Health Organizational Chart 2006



RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

WIC and Farmers Market Services

STATE PLAN OF OPERATION AND ADMINISTRATION

VOLUME I

GOALS FOR FISCAL YEAR 2007

Proposal
Submitted to FNS / USDA
November 16, 2006

GOALS FOR FY 2007

I. PRELIMINARY INFORMATION

Local WIC Agencies

Location and Administration.....	I - 2
Selection of Local Agencies.....	I - 8
Caseload Allocation and Adjustment.....	I - 11
Affirmative Action Plan.....	I - 12
Disaster Coordination and Planning.....	I - 17
Affirmative Action Tables.....	I - 19

GOALS FOR FY 2007

II. ELIGIBILITY AND ENROLLMENT

Application and Eligibility Determination	II - 2
Nutritional Assessment.....	II - 4
Program Violations or Abuse/Multiple participation.....	II - 4

GOALS FOR FY 2007

III. FOOD DELIVERY SYSTEM

Food Delivery System Contracts.....	III - 2
Automated Data Processing	III - 2
Management Tools – Financial Reporting	III - 2
Local Agency Clinic Data Processing.....	III - 2
Vendor Selection and Authorization	III - 3
Vendor Management	III - 3
Vendor Education and Training	III - 3
Excessive Price Limits	III - 4
Program Integrity	III - 4
State / Federal Information Sharing	III - 5
Community Relations.....	III - 5

GOALS FOR FY 2007

IV. PROGRAM BENEFITS

Health Care Resources	IV - 2
State Agency Nutrition Education Plan.....	IV - 4
Breastfeeding Promotion.....	IV - 8
Supplemental Foods	IV - 11

GOALS FY 2007

V. OUTREACH AND COORDINATION

Outreach Plan.....	V - 2
Coordination	V - 5
Hunger and Food Security	V - 7
Statement on Special Population	V - 7

GOALS FY 2007

VI. FINANCIAL MANAGEMENT

Cost Containment	VI - 2
Limiting High Cost food Items	VI - 2
Food Price Reduction Initiatives	VI - 3
Conversion of Funds to Administrative and Program Services Funds	VI - 3
Local Agency Allocation.....	VI - 3
Program Income	VI - 4
Administrative Funding Formula	VI - 4
Utilization of State of Rhode Island Appropriation	VI - 4
Internal Controls and Reporting	VI - 4
Audits	VI - 6

GOALS FY 2007

VII. MONITORING (Local Agency Reviews).....VII - 2

GOALS FY 2007

VIII. CIVIL RIGHTS AND APPEAL

Civil Rights Compliance	VIII - 2
Fair Hearings	VIII - 4

GOALS FY 2007

IX. PUBLIC INPUT/NOTIFICATIONIX - 2

SECTION I

Preliminary Information

**Refer to WIC Procedure Manual Section 100
WIC Operations Manual Section 1**

**RHODE ISLAND DEPARTMENT of HEALTH
WIC PROGRAM**

LOCAL AGENCY ADMINISTRATION and LOCAL WIC CLINICS

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Goals 2007

Section I Preliminary Information

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Goals 2007**Section I Preliminary Information**

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Goals 2007

Section I Preliminary Information

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Section I

Selection of Local Agencies

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

Recent Trends

Enhanced collaboration between the WIC Program and “sister” health / social service programs (ie, Lead, Immunization, Ritecare {medicaid}) is continuing to expand. Although targeted funding for these activities is lagging behind, RI WIC is focusing on use of Kidsnet (RI’s public health preventive services database) to monitor and target cross program initiatives.

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

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

As of April 2005, 94.5% of WIC participants were insured, with an additional 4.9% referred for health insurance. Since 1998, there has been a significant shift of participants from private insurance (67% Medicaid, 26% Private) to Medicaid in 2005 (83.8% Medicaid, 10.6% Private).

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

Additional WIC Program Services and Service and Performance Objectives

Objective 1: Investigate if additional WIC sites are needed to fully utilize funding.

Discussions with Rhode Island Hospital (RIH) occurred in FY '04 and '05. Hasbro Children's Hospital and a variety of specialty pediatric clinics reside within RIH. Although both WIC and RIH expressed interest in the establishment of a WIC clinic within Hasbro, WIC was unable to meet RIH's requirements for resources. Subsequently, outreach was provided to RIH pediatric ambulatory service providers to promote WIC and enhance the referral process.

Goals 2007

Section I Preliminary Information

In FY 2002, Thundermist Health Associates, Inc. and the Health Center of South County merged into Thundermist Health Center. Self-Help Inc. and New Visions of Newport County merged in FY' 03. These agencies continued to maintain the individual WIC sites currently managed by their agencies, but have since merged their organizations and provide WIC services as East Bay Community Action Program. In FY 2004, these Wood River Health Services reestablished WIC services in Westerly after an absence of 10+ years. In addition, Chad Brown Health Center opened a WIC satellite at the International Institute of RI in the West End of Providence.

In FY '05-'06, Fox Point Health Center (run by Providence Community Health Centers, Inc. closed. It was replaced with a new and larger health center, the Chafee Health Center, on Allens Avenue in Providence. Caseload has surpassed that of Fox Point WIC since opening.

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

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

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

Objective 1: Ensure prompt access to services

1. The Program must make available evaluation and receipt of benefits to non-breastfed infants in a much shorter time span, including ability to respond on a crisis intervention basis.
2. The Program's preventive effectiveness has been shown to be greatest when pregnant women receive benefits as early in pregnancy as possible. Any delay in responding to a request from a pregnant woman in effect undermines the Program's effectiveness.
3. Accessible hours for the working eligible. Congress has mandated that WIC services be available during hours in which the working eligible (over two thirds of WIC families) can apply for the Program without interfering with their jobs.
- 4 . Prompt enrollment of other high risk individuals.

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

where such persons are receiving health care.

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

Objective 4: Increase and enhance breastfeeding support and promotion.

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

Objective 6: Ensure compliance with Program rules and requirements.

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

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

1. Caseload and allocation adjustment,
2. Local agency performance in high risk identification, caseload maintenance,
3. Establishment of local agency satellite sites in areas of particularly high unmet needs,
4. State and local outreach activities.

Objective 2: Review the contracting process as related to:

1. Continued variations in the percent of need met where some communities have remained at more than ten percent below the statewide need met average over the course of several years.
2. Despite success in targeting benefits to high-risk eligibles such items as clinic location, additional satellite clinics, and local outreach need to be further evaluated to further improve such targeting.

Objective 3: If the current network is not sufficient to continue to provide WIC services to all eligible clients for which the Program has funds, or if there is any other compelling need to seek other providers then the HEALTH would perform a feasibility study of the benefits and drawback to additional providers, especially in relation to client access and caseload expansion needs. This review will consider:

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

Goals 2007

Section I Preliminary Information

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

Caseload Allocation and Adjustment

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

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

1. Developing measures of local agency performance and indicators of future capability,
2. Improved measures of relative need in each service area,

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

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

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

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

Potentially Eligible WIC Population

In 1990 there were 1,003,464 Rhode Islanders based on the US Census. Data from the 2000 Census indicated that RI's population increased slightly to 1,043,819, a 4.5% increase. However, the number of children less than 5 years of age dropped by 4.6%. Hispanics rose from 4.5% to 8.7%, African Americans from 3.9% to 4.4%, Asians from 1.8% to 2.3%, Native Americans dropped from 0.4% to 0.5%.

In 2003, there were an estimated total of 18,705 pregnancies resulting in 13,200 live births. This represents a 6.3% increase in the number of births from 1999.

The population of Rhode Island potentially eligible to participate in the WIC Program was estimated as outlined below.

WIC Eligibility:

I. Categorical Eligibility:

1. Infants (age 0-12 months)
2. Children (age 1-4 years)
3. Pregnant women
4. Non-breastfeeding mother <6 months postpartum
5. Breastfeeding mother up to 1 year postpartum

II. Income Eligibility

1. Incomes at or below 185% of FPL or
2. Enrolled in Medicaid, the Food Stamp Program, or Temporary Assistance for Needy Families (TANF) –Adjunctive Eligibility

III. Have to meet Nutritional Risk Criteria

Estimates of WIC Eligibles in RI, 2006

I. Infants (0-12 months of age)

- Total Number of Infants in RI: **12,608 infants** (Source: 2005 vital records)

- RI Medicaid (Rite Care) Recipients: **5,796 infants** as of July 31, 2006 (Source: RI DHS, Rite Care Program Data, MMIS database).
Note: According to the FY 2003 National MSIS data, 5,763 infants were the recipients of RI Medicaid Program in 2003 (Source: FY 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 12)
- Rite Eligibles: **6,337 infants in 2003** (Source: Fiscal Year 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 05)

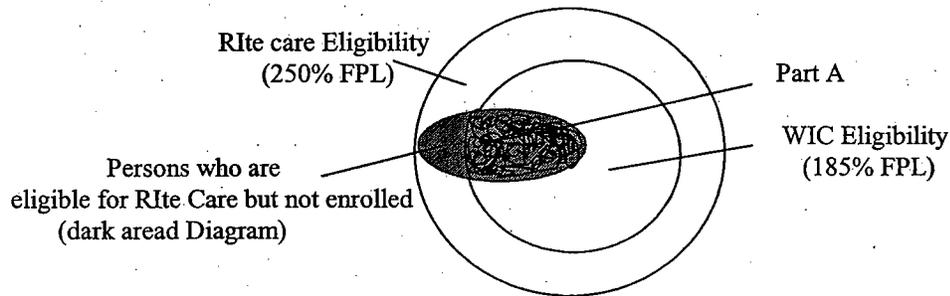
There are some differences between Rite care eligibles and Rite enrollments.

II. Children (1-4 years of age)

- Total Number of Children aged 1-4 years in RI: **51,717 children** (Source: US Census Bureau, Annual Estimates of the Population, July 1, 2005)
- Rite Care Recipients: **20,624 children** as of July 31, 2006 (Source: RI DHS, Rite Care Program Data, MMIS database)
Note: According to the FY 2003 National MSIS data, 23,150 children 1-4 years of age were the recipients of RI Medicaid Program in 2003 (Source: FY 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 12)
- Rite Care Eligibles: **23, 531 children** in 2003 (Source: FY 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 05)

NOTE: We need some adjustments when we use Rite Care enrollment data for the WIC eligibility estimation among infants and children, because

1. The numbers of infants and children enrolled in Rite Care shown above are from the point at time (as of certain date). It might be different from the numbers that are calculated for the entire year.
2. There are some differences in the numbers between Rite Care Eligibles and Rite Care Enrollments. Among those who are eligible for the Rite Care but not enrolled, some of them are still eligible for the WIC program because their income is below 185% FPL (see diagram: part A).



3. As seen in the above, the RItE Care Enrollment numbers vary by year. We do not want to underestimate the WIC eligibles by taking the data from a year with smaller RItE care enrollments, such as 20,624 children in 2006 compared to 23,150 children in 2003.

Adjustment Method

We want the number of WIC eligible infants somewhat around **6,337 infants** (RItE Care Eligible Infants in 2003) and the number of children 1-4 years of age somewhat around **23,531 children** (RItE Care Eligible Children in 2003).

Method: 10% increase from the number of infants enrolled and
5% increase from the number of children enrolled.

III. Eligible Pregnant Women

(Based on the number of infants eligible for WIC)

- Eligible Pregnant Women = Number of Eligible Infants * 0.75 (9 months pregnant)
= 6,376 * 0.75
= **4,782**

IV. Eligible Postpartum Women

(Based on the number of infants eligible for WIC)

- Eligible Postpartum Women = Number of Eligible Infants * (Range of 0.5 – 1.0)
= 6,376 * (range of 0.5 – 1.0)
= Range of 3,188 – 6,376:
(65% of eligible infants: **4,144**)

Note: If no postpartum women breastfeed their babies at 6 months, then the number of eligible postpartum women will be 3,188 women (50% of eligible infants). If all postpartum women breastfeed their babies at 6 months, then the number of eligible postpartum women will be 6,376 women (100% of eligible infants).

Goals 2007

Section I Preliminary Information

According to the recent "CDC's Breastfeeding National Immunization Data, 2005" the breastfeeding rate at 6 months in RI population is about 33%. (http://www.cdc.gov/breastfeeding/data/NIS_data/2005/state.htm). WIC eligible population's breastfeeding rate is usually lower than non-WIC eligible population. If we assume that the breastfeeding rate at 6 months in RI WIC eligible population is 30%, then the estimation of Eligible Postpartum Women will be 65% of eligible infants.

Estimates of WIC Eligibles, 2006

- # Infants (0-12 months of age): 6,376
- # Children (1-4 years of age): 21,655
- # Pregnant Women: 4,782
- # Postpartum Women: 4,144

Total # WIC Eligibles: 36,957

References:

- RIte Care Income eligibility thresholds for Infants and Children: 250% FPL
 - Total Number of RI Infants and Children aged 0-4 years in 2005: 64,325 (Source: US Census Bureau, Annual Estimates of the Population, July 1, 2005)
 - Percent and Number of Children (0-4 years of age) living below selected FPL in 2005
 - Below 175% of Poverty: 32.9% (21,163 children)
 - Below 200% of Poverty: 39.5% (25,408 children)
 - Below 250% of Poverty: 46.2% (29,718 children)
- (Source: US Census Bureau, Current Population Survey, 2005) *

Maternal and Child Health Risk Indicator

The following maternal and child health risks were selected for the RI WIC MCH indicator.

- Women with Delayed Prenatal Care (% of pregnant women lacking prenatal care during their first trimester)
- Low Birthweight Infants (% of infants born weighting under 2,500 gms [5.5 lbs])
- Infant Mortality (rate/1000 births of deaths occurring to infants under 1 year of age)
- Births to Teens (# of births to girls aged 15 to 17 per 1000 teen girls)
- Children in Poverty (% of related children under age 18 who live in families below the US OMB defined poverty threshold)

The 5 year average for each risk was calculated as a standard score for each community, and at the state level (Table 2). This illustrates the MCH risk by each town / city.

WIC Need Index and Rank

For the 39 RI communities and the state, the MCH risk score doubled and then combined with the standard score of WIC Unserved by Community. This index was then ranked by town / city.

Statewide Parity

Rhode Island receives funding (federal grant and infant formula rebates) for and provides service to an estimated 70 percent of its WIC eligible population in 2004. Locality analysis of enrolled participants indicates that service levels vary significantly between cities and towns from 82% of the eligible population being served in some towns to 34% of the eligible population in Glocester. Forty percent (40%) of the total WIC eligible population resides in the City of Providence, up from 38%.

Following previous allocation formulas, 41% percent of the total caseload for FY '04 was designated to the four local agencies (9 sites) in Providence. In FY 1980 the state's AAP first introduced the expansion goal of Statewide Parity. For FY 2006, the AAP in its expansion criteria again incorporates this goal. Additional slots will be allocated to local sites in relation to the expansion rank of the cities and towns served, the state mean, and the size of the needy population (Tables I, IV, VI). Unfilled slots shall be counted as allocated.

Service Areas - Market Share Concept

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

1. Market Sharing

A local agency is considered as impacting or eligible to receive allocations targeted to increase participation in a particular city or town if it serves a minimum of 10 percent of the enrolled population of the city or town. For the analysis of the local agency's impact on each community served, local agency caseloads were assigned census tract codes to indicate cities and towns served by each local and determine the percentage of caseload composed by this distribution (Tables 3 and 5).

2. Normative Concept

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

agencies for participants on the basis of residency.

Table 5 indicates current assignment of service areas.

1. Realignment of Service Areas

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

Future Allocations

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

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

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

1. Current or previous unutilized caseload at an agency shall be considered before allocating it additional slots.
2. The most current economic and health data, if feasible, will be incorporated to update the Affirmative Action tables.
3. Recognition will be given to each agency's willingness and capacity to expand operations. Agencies desiring increased caseload may be required to submit a plan of the methods they will utilize to ensure that the additional caseload is enrolled.
4. The need rankings and other measures of need in the Affirmative Action Plan will be applied. In addition the census tracts identified as those with the highest need (Factor Analysis review 11/04, Division of Family Health, RI Dept of Health) will be viewed for effective penetration.
5. Preliminary and final identification of each local agency's estimated proportion of increased caseload will be made.
6. Enrollment and spending will be monitored and the expansion plan may be adjusted as warranted.

Disaster Coordination and Planning

Goal: In the event of a disaster which disrupts food distribution, utilities, transportation, building

Goals 2007**Section I Preliminary Information**

security, communications or computer operations, to assure continuity of access to supplemental foods, certification services, operation of accountability systems, and information and referral response, and to extend services to newly eligible persons related to the disaster.

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

Evaluation: WIC was defined as a key HEALTH Program resulting in inclusion in Y2K Planning efforts. HEALTH refined its Disaster Plan, integrating WIC procedures into the process. As the new WEBS systems is rolled out, WIC will engage in an assessment of the security and continuity of access, physical, operating system, network and software aspects.

Objective 2: By June 2007, revise the WIC emergency response plan based on the newly deployed WEBS system and review with local WIC Coordinators.

Objective 3: By September 2007, produce a Disaster Procedures section of the State Operations Manual and the Local Agency Procedures Manual

Objective 4: By September, 2007, conduct a disaster drill at the State agency.

Table 1

Number and Percent of WIC Eligible Population Served by Each City and Town

		Estimated WIC Eligible	WIC Eligible Enrolled	WIC Eligible Unserved	Adjusted Eligible Unserved*	% WIC Eligible Unserved	standard score* of unserved
1	Barrington	97	44	53	53	54.64%	1.067
2	Bristol	293	190	103	103	35.15%	-0.370
3	Burrillville	340	229	111	111	32.65%	-0.555
4	Central Falls	2,093	1,594	499	499	23.84%	-1.205
5	Charlestown	144	74	70	70	48.61%	0.623
6	Coventry	555	352	203	203	36.58%	-0.265
7	Cranston	2,028	1,171	857	857	42.26%	0.154
8	Cumberland	474	251	223	223	47.05%	0.507
9	East Greenwich	101	47	54	54	53.47%	0.981
10	East Providence	1,330	910	420	420	31.58%	-0.634
11	Exeter	96	37	59	59	61.46%	1.571
12	Foster	63	46	17	0	0.00%	-2.964
13	Glocester	126	38	88	88	69.84%	2.189
14	Hopkinton	171	106	65	65	38.01%	-0.159
15	Jamestown	35	15	20	20	57.14%	1.252
16	Johnston	528	323	205	205	38.83%	-0.099
17	Lincoln	318	205	113	113	35.53%	-0.342
18	Little Compton	35	17	18	18	51.43%	0.831
19	Middletown	266	244	22	22	8.27%	-2.354
20	Narragansett	137	75	62	62	45.26%	0.375
21	Newport	840	583	257	257	30.60%	-0.707
22	New Shoreham	5	3	2	2	40.00%	-0.013
23	North Kingstown	466	234	232	232	49.79%	0.709
24	North Providence	639	385	254	254	39.75%	-0.031
25	North Smithfield	103	48	55	55	53.40%	0.976
26	Pawtucket	4,205	3,292	913	913	21.71%	-1.362
27	Portsmouth	173	116	57	57	32.95%	-0.533
28	Providence	13,485	9,730	3755	3755	27.85%	-0.910
29	Richmond	89	52	37	37	41.57%	0.103
30	Scituate	120	57	63	63	52.50%	0.910
31	Smithfield	149	67	82	82	55.03%	1.097
32	South Kingstown	377	214	163	163	43.24%	0.226
33	Tiverton	225	146	79	79	35.11%	-0.373
34	Warren	254	151	103	103	40.55%	0.028
35	Warwick	1,713	923	790	790	46.12%	0.439
36	Westerly	558	357	201	201	36.02%	-0.306
37	West Greenwich	42	28	14	14	33.33%	-0.505
38	West Warwick	1054	556	498	498	47.25%	0.522
39	Woonsocket	2,611	1,870	741	741	28.38%	-0.870
40	No town listed	619	31	588	588	95%	4.045
	Total	36,957	24,811		12,129		

RI Average of unserved: 32.8% (= 10685/36107*100)

city/town average % of unserved: 40.17% (average of column "% WIC Eligible Unserved"-excluding no town listed)

SD of % unserved: 13.55% (Standard Deviation of column "% WIC Eligible Unserved"- excluding no town listed)

NOTE: * Standard Score of each town/city is calculated by subtracting the average value (value in D55) from the observed value, then dividing the amount by the standard deviation (value in D56).

Data Source: WIC Program, Rhode Island Department of Health.

Goals 2007 Section 1 Preliminary Information

Table 2

WIC Need Index and Rank, RI 2004

(Different weights were imposed between MCH Indicator Scores and Unserved Scores to calculate Need Index)

City/Town	Average Stand. Score of 5 MCH Indicators	Col (1) x 2		Standard Score of WIC Unserved	Need Index*	Need Rank
	Col (1)	Col (2)	Col (3)	Col (2)+Col (3)		
Central Falls	1.899	3.799	-1.205	2.594	1	
Providence	1.746	3.492	-0.910	2.582	2	
Woonsocket	1.618	3.236	-0.870	2.366	3	
Little Compton**	0.580	1.161	0.831	1.991	4	
Glocester**	-0.117	-0.234	2.189	1.955	5	
West Warwick	0.349	0.698	0.522	1.220	6	
Pawtucket	1.092	2.185	-1.362	0.823	7	
Newport	0.615	1.230	-0.707	0.524	8	
Exeter**	-0.578	-1.155	1.571	0.415	9	
Cumberland	-0.049	-0.098	0.507	0.409	10	
Warren	0.165	0.331	0.028	0.358	11	
Westerly	0.324	0.648	-0.306	0.341	12	
Hopkinton**	0.234	0.469	-0.159	0.309	13	
Narragansett	-0.125	-0.250	0.375	0.125	14	
Charlestown**	-0.254	-0.507	0.623	0.115	15	
Warwick	-0.174	-0.349	0.439	0.090	16	
North Providence	0.058	0.116	-0.031	0.085	17	
North Smithfield	-0.452	-0.903	0.976	0.072	18	
Johnston	0.037	0.075	-0.099	-0.025	19	
Smithfield	-0.565	-1.129	1.097	-0.033	20	
Jamestown**	-0.648	-1.296	1.252	-0.043	21	
North Kingstown	-0.416	-0.832	0.709	-0.123	22	
Scituate	-0.523	-1.047	0.910	-0.137	23	
Cranston	-0.200	-0.399	0.154	-0.246	24	
New Shoreham**	-0.148	-0.296	-0.013	-0.309	25	
East Greenwich	-0.665	-1.330	0.981	-0.349	26	
Bristol	-0.008	-0.016	-0.370	-0.387	27	
Coventry	-0.065	-0.130	-0.265	-0.395	28	
Lincoln	-0.049	-0.098	-0.342	-0.441	29	
East Providence	-0.021	-0.042	-0.634	-0.676	30	
South Kingstown	-0.556	-1.113	0.226	-0.887	31	
Burrilville	-0.197	-0.395	-0.555	-0.950	32	
Tiverton	-0.324	-0.648	-0.373	-1.021	33	
Barrington	-1.074	-2.148	1.067	-1.081	34	
Foster**	0.937	1.874	-2.964	-1.090	35	
Richmond**	-0.622	-1.244	0.103	-1.141	36	
Portsmouth	-0.450	-0.899	-0.533	-1.432	37	
West Greenwich**	-0.855	-1.710	-0.505	-2.215	38	
Middletown	-0.521	-1.043	-2.354	-3.397	39	

* Need Index = (Average Standard Score of 5 MCH Indicators x 2) + Standard Score of WIC Unserved.

** indicates cities/towns with less than 500 births during 1999-2003, resulted in statistically unreliable MCH scores.

These cities/towns are recommended to be excluded in ranking.

Data Source: The source of 5 MCH indicators (Poverty, Infant Mortality, Low Birthweight, Prenatal Care, and Teen Birth) is the 2005 Rhode Island Kids Count Factbook.

The source of WIC Unserved data is the WIC Program, Rhode Island Department of Health.

Goals 2007 Section 1 Preliminary Informatic Table 2A
 Summary Table of the 5 MCH Indicators Standard Score by city/town, RI

City/Town	Standard Score (teen birth)	S.S. (prenatal)	S.S. (IMR)	S.S. (Lo Birthwt)	S.S (poverty)	Total S.S.	Average S.S
Barrington	-0.769	-1.248	-1.013	-1.631	-0.709	-5.370	-1.074
Bristol	-0.259	-0.052	0.241	-0.004	0.033	-0.041	-0.008
Burrillville	-0.394	-0.148	-1.013	0.940	-0.373	-0.987	-0.197
Central Falls	3.783	2.076	0.152	0.311	3.175	9.497	1.899
**Charlestown	0.223	0.259	-0.296	-0.948	-0.506	-1.288	-0.254
Coventry	0.117	-0.626	-0.162	0.731	-0.384	-0.324	-0.065
Cranston	0.124	-0.554	-0.296	-0.214	-0.058	-0.999	-0.200
Cumberland	-0.223	-0.459	0.376	0.731	-0.668	-0.244	-0.049
East Greenwich	-0.585	-0.937	-0.498	-0.739	-0.567	-3.325	-0.665
East Providence	-0.117	-0.124	-0.028	0.048	0.115	-0.105	-0.021
**Exeter	-0.145	-0.291	-1.282	-0.948	-0.221	-2.888	-0.578
**Foster	-0.677	-0.841	4.429	2.462	-0.689	4.684	0.937
**Glocester	-0.521	-0.100	1.339	-1.001	-0.302	-0.586	-0.117
**Hopkinton	-0.181	0.809	0.196	0.731	-0.384	1.171	0.234
**Jamestown	-0.457	-0.650	-0.184	-1.106	-0.841	-3.239	-0.648
Johnston	-0.153	-0.722	0.084	1.045	-0.068	0.187	0.037
Lincoln	-0.479	-0.435	1.204	-0.214	-0.323	-0.246	-0.049
**Little Compton	-0.833	0.426	1.361	2.829	-0.882	2.901	0.580
Middletown	-0.521	-0.339	-0.655	-0.739	-0.353	-2.607	-0.521
Narragansett	-0.606	-0.602	0.488	0.206	-0.109	-0.624	-0.125
Newport	1.088	1.263	-0.140	-0.634	1.498	3.076	0.615
**Newshamham	-0.833	3.057	-1.282	-1.736	0.054	-0.740	-0.148
North Kingstown	-0.543	-0.626	-0.229	-0.686	0.003	-2.081	-0.416
North Providence	0.089	-0.387	-0.028	0.573	0.044	0.291	0.058
North Smithfield	-0.557	-0.530	-0.856	0.363	-0.678	-2.259	-0.452
Pawtucket	1.422	1.263	0.510	0.678	1.589	5.462	1.092
Portsmouth	-0.493	-0.650	0.017	-0.424	-0.699	-2.248	-0.450
Providence	2.741	0.881	0.823	1.150	3.135	8.730	1.746
Rhmond	-0.309	-0.435	-1.282	-0.529	-0.556	-3.110	-0.622
**Sicutate	-0.486	-0.770	-0.811	-0.004	-0.546	-2.617	-0.523
Smithfield	-0.472	-1.009	-0.699	-0.057	-0.587	-2.823	-0.565
South Kingstown	-0.266	-0.387	-0.946	-0.739	-0.445	-2.782	-0.556
Tiverton	-0.309	0.378	-0.252	-0.739	-0.699	-1.619	-0.324
Warren	-0.550	-0.028	0.331	1.203	-0.129	0.826	0.165
Warwick	-0.145	-0.626	-0.319	0.521	-0.302	-0.872	-0.174
Westerly	-0.082	1.933	0.420	-0.686	0.033	1.619	0.324
**Westgreenwich	-0.571	-1.033	-0.543	-1.421	-0.709	-4.276	-0.855
Westwarwick	0.521	-0.004	0.376	-0.004	0.857	1.745	0.349
Woonsocket	2.429	2.268	0.465	0.678	2.250	8.080	1.618

** Indicates cities/towns with less than 500 births during 1999-2003, resulted in statistically unreliable MCH scores. These cities/towns are recommended to be excluded in ranking.

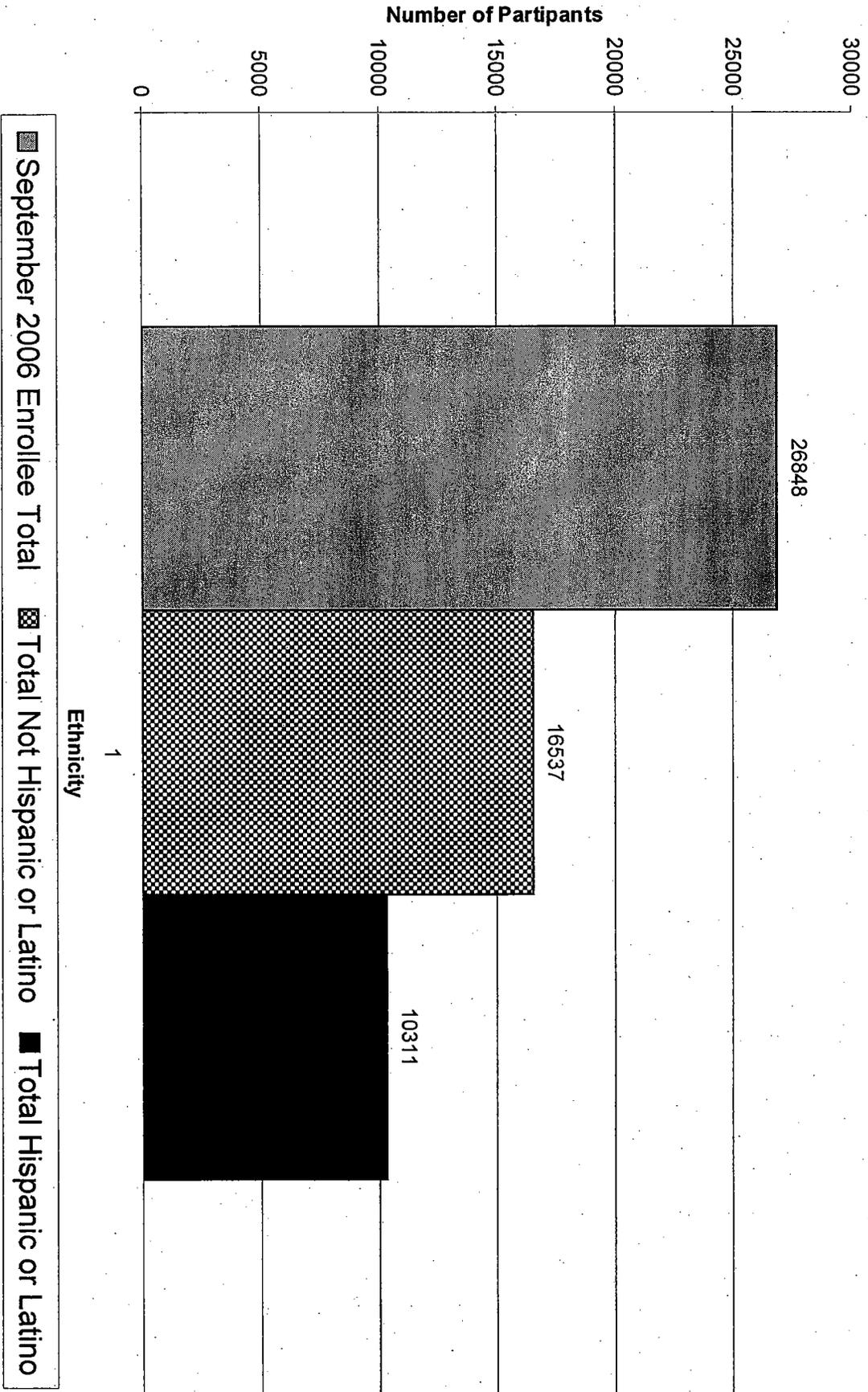
Table 3
Percent of Service by WIC Agencies
By City or Town of Participant Residence and Clinic

	Women & Infants Hospital	St. Joseph's Hospital	Tri Town Hlth. Ctr.	Westbay CAP	Wood River Hlth. Ctr.	Blackstone Valley Hlth. Ctr.	Chad-Brown Hlth. Ctr.	Comp. CAP	Thundermist Hlth. Ctr.	Eastbay CAP	Providence Hlth. Ctr.	Total % served	Total # served
Barrington	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%	90.9%	0%	100%	44
Bristol	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	93.7%	4%	100%	190
Burrillville	1.3%	0.0%	76.9%	0.4%	0.0%	2.2%	0.0%	0.4%	18.3%	0.0%	0%	100%	229
Central Falls	1.1%	0.5%	0.1%	0.0%	0.0%	90.7%	0.8%	0.3%	0.7%	0.4%	5%	100%	1694
Charlestown	0.0%	0.0%	0.0%	0.0%	43.2%	2.7%	0.0%	0.0%	54.1%	0.0%	0%	100%	74
Covenry	0.0%	0.3%	1.1%	36.4%	0.9%	0.0%	0.0%	56.3%	3.4%	0.0%	2%	100%	352
Cranston	5.6%	4.4%	5.5%	3.2%	0.1%	1.4%	1.9%	56.1%	0.4%	0.2%	21%	100%	1171
Cumberland	2.4%	0.8%	1.6%	0.4%	0.0%	58.2%	0.4%	0.0%	34.7%	0.0%	2%	100%	251
East Greenwich	2.1%	0.0%	0.0%	0.2%	55.3%	2.1%	0.0%	12.8%	27.7%	0.0%	0%	100%	47
East Providence	4.4%	0.5%	0.2%	0.7%	0.0%	3.5%	0.7%	0.9%	0.1%	76.9%	12%	100%	910
Exeter	0.0%	0.0%	5.4%	5.4%	24.3%	0.0%	0.0%	2.7%	59.5%	2.7%	0%	100%	37
Foster	0.0%	0.0%	67.4%	6.5%	0.0%	0.0%	0.0%	26.1%	0.0%	0.0%	0%	100%	46
Glocester	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%	100%	38
Hopkinton	0.0%	0.0%	0.9%	0.9%	82.1%	0.0%	0.0%	0.0%	16.0%	0.0%	0%	100%	106
Jameson	0.0%	0.0%	0.0%	13.3%	0.0%	0.0%	0.0%	0.0%	0.0%	86.7%	0%	100%	15
Johnston	1.5%	0.3%	74.6%	1.5%	0.0%	2.2%	0.6%	6.8%	1.5%	0.0%	11%	100%	323
Lincoln	1.5%	0.0%	1.0%	0.5%	0.0%	32.7%	1.0%	2.9%	56.1%	0.5%	4%	100%	205
Little Compton	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0%	100%	17
Middletown	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.4%	98.4%	0%	100%	244
Narragansett	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	96.0%	0.0%	0%	100%	75
Newport	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.3%	0.0%	0.5%	98.8%	0%	100%	583
New Shoreham	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0%	100%	3
North Kingstown	0.4%	0.0%	0.4%	9.4%	1.7%	0.0%	0.9%	1.7%	79.9%	4.3%	1%	100%	234
North Providence	9.1%	2.9%	49.6%	1.0%	0.0%	10.1%	5.2%	0.0%	1.8%	0.8%	19%	100%	385
North Smithfield	4.2%	0.0%	16.7%	4.2%	0.0%	8.3%	0.0%	4.2%	58.3%	0.0%	4%	100%	48
Pawtucket	2.1%	1.2%	1.0%	0.1%	0.0%	83.0%	1.2%	0.5%	0.5%	1.5%	9%	100%	3292
Portsmouth	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0%	100%	116
Providence	12.0%	11.7%	1.6%	0.5%	0.0%	2.7%	7.2%	2.0%	0.3%	0.6%	61%	100%	9730
Richmond	0.0%	0.0%	0.0%	1.9%	73.1%	1.9%	0.0%	0.0%	19.2%	0.0%	4%	100%	52
Scituate	1.8%	0.0%	56.1%	17.5%	0.0%	0.0%	0.0%	22.8%	0.0%	0.0%	2%	100%	67
Smithfield	3.0%	0.0%	71.6%	1.5%	0.0%	0.0%	0.0%	0.0%	19.4%	1.5%	3%	100%	57
South Kingstown	0.0%	0.0%	0.0%	0.5%	2.3%	0.5%	0.0%	0.0%	94.9%	1.9%	0%	100%	214
Tiverton	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.7%	97.9%	1%	100%	146
Warren	1.3%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	1.3%	0.0%	95.4%	1%	100%	151
Warwick	2.0%	0.1%	1.0%	85.2%	0.2%	1.4%	0.2%	4.6%	0.5%	1.3%	4%	100%	923
Westerly	0.3%	0.0%	0.0%	0.6%	92.4%	3.0%	0.0%	0.0%	5.6%	0.0%	1%	100%	357
West Greenwich	0.0%	0.0%	3.6%	67.9%	14.3%	3.6%	0.0%	7.1%	3.6%	0.0%	0%	100%	28
West Warwick	0.7%	0.4%	0.9%	76.8%	1.6%	0.4%	0.4%	16.2%	0.9%	0.9%	1%	100%	556
Woonsocket	0.4%	0.3%	0.6%	0.4%	0.2%	0.9%	0.4%	0.1%	95.8%	0.1%	1%	100%	1870
City/Town not listed	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%	100%	31
% of WIC participants served by each agency	6.0%	5.1%	4.3%	6.2%	2.1%	19%	3%	5%	11.2%	9.3%	28%	100%	24,811

Table 4
WIC Local Agency Current Service Areas

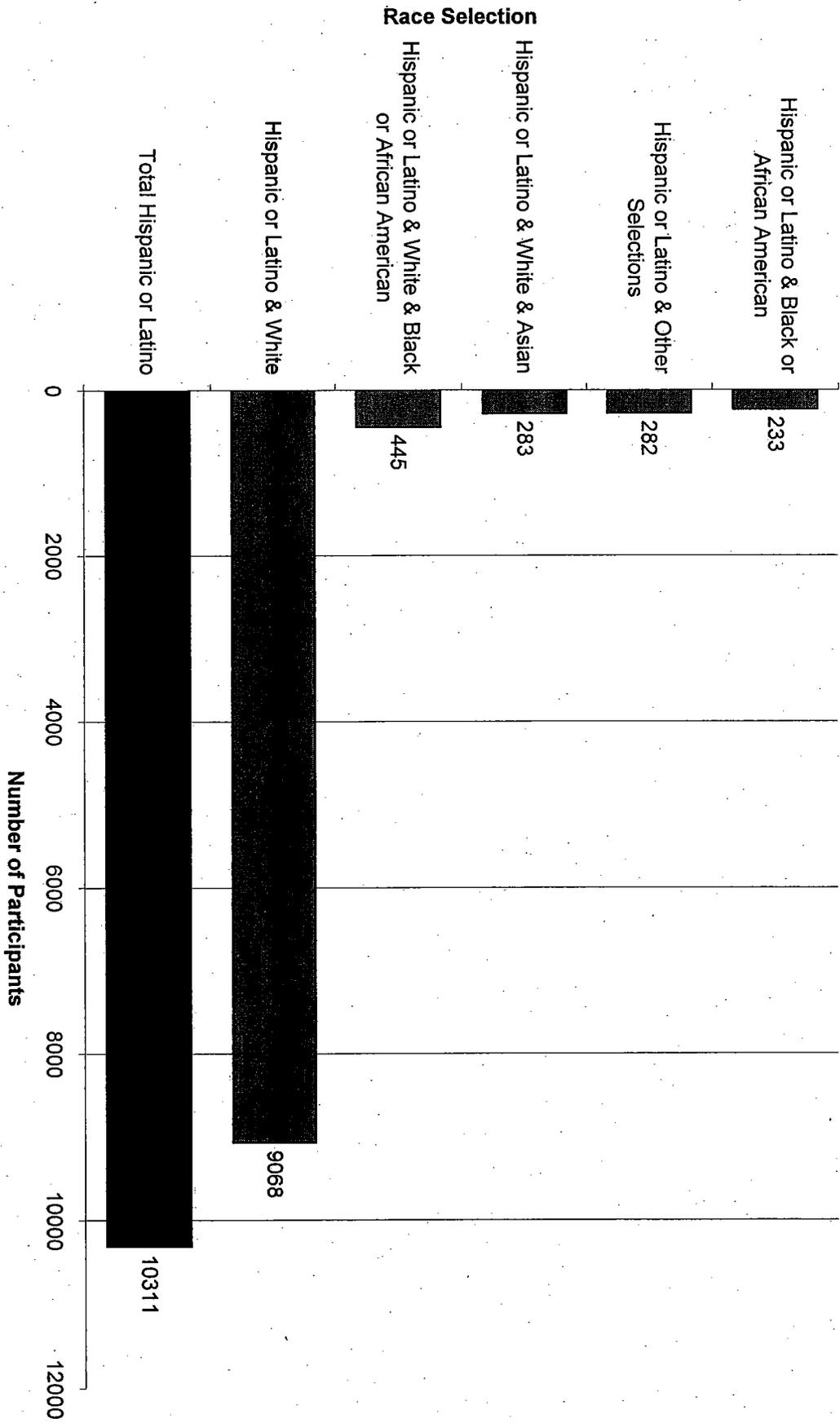
Local Agency	Need Index	Communities Served
Blackstone Valley Health Center	2.594	Central Falls
	0.409	Cumberland
	-0.441	Lincoln
	0.823	Pawtucket
Chad Brown Health Center	2.582	Providence
Family Health Center of Cranston	-0.395	Coventry
	-0.246	Cranston
Health Center of South County	0.115	Charlestown
	-0.349	East Greenwich
	0.415	Exeter
	0.043	Jamestown
	0.125	Narragansett
	-0.309	New Shoreham
	-0.123	North Kingstown
	-0.887	South Kingstown
New Visions for Newport	0.043	Jamestown
	1.991	Little Compton
	-3.397	Middletown
	0.524	Newport
	-1.432	Portsmouth
	-1.021	Tiverton
Providence Ambulatory Health Care Foundation, Inc. (PAHCF)	-0.246	Cranston
	-0.349	East Greenwich
	-0.676	East Providence
	0.085	North Providence
	2.582	Providence
Self-Help Inc.	-1.081	Barrington
	-0.387	Bristol
	-0.676	East Providence
	0.358	Warren
St. Joseph Hospital	2.582	Providence
Thundermist Health Associates, Inc.	-0.441	Lincoln
	0.072	North Smithfield
	-0.033	Smithfield
	2.366	Woonsocket
Tri-Town Economic Opportunity Committee	0.950	Burrillville
	0.409	Cumberland
	-1.090	Foster
	-0.025	Johnston
	0.085	North Providence
	-0.137	Scituate
	-0.033	Smithfield
	1.955	Glocester
WestBay Community Action Inc	-0.395	Coventry
	-0.349	East Greenwich
	0.090	Warwick
	-2.215	West Greenwich
	1.220	West Warwick
Women and Infants Hospital	-1.081	Barrington
	2.582	Providence
Wood River Health Services	0.115	Charlestown
	0.415	Exeter
	0.309	Hopkinton
	-1.141	Richmond
	-2.215	West Greenwich
	0.341	Westerly

RI WIC Program as of September 2006 Enrollees by Ethnicity



September 2006 Enrollee Total
 Total Not Hispanic or Latino
 Total Hispanic or Latino

**RI WIC Program as of September 2006
Hispanic or Latino Enrollees by Race**



**RI WIC Program as of September 2006
Not Hispanic or Latino Enrollees by Race**

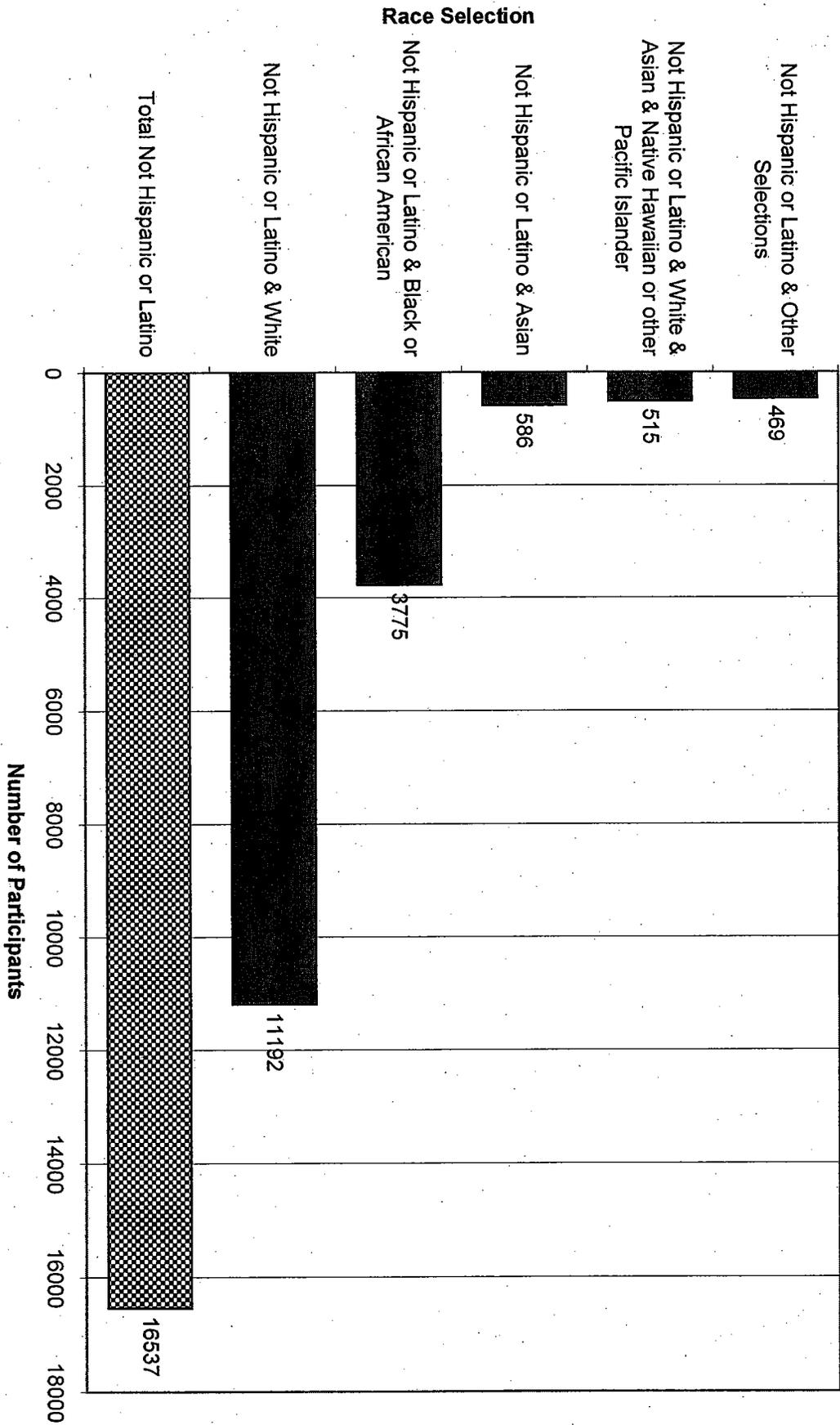


Table 6

**Affirmative Action Plan
WIC Estimated Rhode Island Participants by Category
FY 2007**

<u>Category</u>	# of Estimated WIC Eligibles 2006	Average # of WIC Participants Served per Month - FY 2006	Average % WIC Eligible Served per Month- FY 2006
Pregnant Women	4,782	2,649	55.4%
Postpartum Women	4,144	2,589	62.5%
Infants	6,376	5,547	87.0%
Children	21,655	11,880	54.9%
Total	36,957	22,666	61.3%

Sources of data for all tables:

- United State Census Bureau, (2000 Census),
- HEALTH Division of Vital Records Reports
- HEALTH WIC Program Enrollment Reports (August 2004)
- Rite Care Program Enrollment Data (Medicaid) 2004
- RI Medicaid Eligible Data (CMS.gov data 2001)

SECTION II

WIC ELIGIBILITY AND ENROLLMENT

**Refer to WIC Procedure Manual Section 200
WIC Operations Manual Section 2**

Section II
Eligibility and Enrollment

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

Application and Eligibility Determination

Objective 1: Identify training needs

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

Plan: Identify training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, quality assessment data reports, management evaluations, technical assistance calls logged by SA and changes in rules, regulations, policies and procedures impacting local WIC sites.

Objective 2: Conduct training

Evaluation: Conducted quarterly orientation and training for new WIC nutritionists and support staff (as needed), trained new breast-feeding peer counselors, provided three training sessions for WIC support staff, conducted three nutrition education training (avg. attendance 30), met with WIC local agency coordinators bi-monthly, and provided individual agency training during Management Evaluations (15 sites). At the Nutrition education meetings covered nutrition education for preemie infants, gestational diabetes, breastfeeding training. CLC training was offered to all LA nutrition and PC staff in November, 2005 which has enhanced BF support at each agency. LA nutrition and PC staff has been offered the opportunity to complete the IBCLC exam through state WIC funding. Refresher training on the new RI WEBS software was conducted through the month of May, included in this training was the civil rights around Race Ethnicity. Breastfeeding Grand Rounds from NY School of Public Health was broadcast at the Health department and made available to all WIC staff.

Plan: Follow-up training for WIC staff on the RI WEBS system will be conducted during the Annual Meeting. Conduct training quarterly for new WIC nutritionists and support staff, train new breast-feeding peer counselors and provide bi-monthly training for all peer counselors, conduct two per year training for WIC support staff, conduct quarterly nutrition education training for WIC and community nutrition staff, meet with WIC local agency coordinators bi-monthly. Another CLC training for LA nutrition staff and community partners will be provided in December 2006. All LA nutrition staff and peer counselors will be

offered the opportunity to complete the IBCLC exam through state WIC funding.

Objective 3: Assure enrollment of high priority applicants

Evaluation: WIC Client Services Unit, the Community Liaison Manager, and local agency WIC staff collaborated in the presentation of provider in-service trainings. Offered to new providers, practices with questions re: WIC services, and OB / GYN offices. These in-services enhanced communication between WIC and providers.

RI WIC has been using pre-existing events to target high-risk participants. Continued with new system of conducting and reporting outreach activities to better reach high-risk populations. The planned outreach brochure targeting pregnancy was not completed in '05 due other priorities in the department.

Plan: Continue work with WIC parent consultants and Communications in providing targeted outreach, including new / relocated WIC sites
Contract with Health Metrics Partners INC. to address issues of patient flow analysis that will help increase efficiency/quality of WIC services while providing cost savings to our program. Continue outreach efforts through managed care providers, and new providers serving the RIte Care populations through the Provider Liaison ¼ FTE position. Develop a pregnancy targeted outreach brochure to be used at OB offices.

Objective 4: Streamline eligibility determination process

Evaluation: Continued follow-up training of local agency WIC staff on use of adjunctive eligibility for WIC income verification. Planned the upgraded software at local agency sites to increase intake efficiency. Continued the process of software upgrade that will enhance access for lead and immunization data.

Plan: Review training on computer generated income documentation forms (upon implementing RI Webs) that will replace handwritten ones currently used. Review documentation requirements to ensure compliance with regulations while simplifying determination process. Upon implementation, utilization of RI Webs software will help ensure that adjunctive eligibility is utilized for Medicaid recipients

Objective 5: Separation of Duties

Evaluation: The State Agency incorporates SOD monitoring into the biennial Management Evaluations performed. Seven local agency management evaluations were completed. There were three WIC local agency sited for SOD non-compliance in FY 2006. The agencies that were cited were required to submit a plan of correction.

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

Continue monitoring efforts.

Objective 6: Coordinate with RI Department of Health Minority Health Initiatives

Evaluation: Continued collaboration with Cultural Competence Coordinator to address cultural awareness and sensitivity issues among State and local WIC staff. Provided education on the RI refugee population at the WIC annual meeting. Several State office staff attended a refugee in-service training at weekly managers meeting.

Plan: Continue coordination of work with Minority Health Office in addressing needs of non-English speaking, and minority communities SA staff will continue to educate LA WIC staff on issues surrounding minority health.

Nutrition Assessment

Objective 1: Dietary assessment tools

Evaluation: Rhode Island has stopped the use of a FFQ and replaced it with an open-ended client survey. This tool will be used pending instruction on VENA.

Plan: State Agency WIC staff will be trained as trainers on the VENA guidance.

Objective 2: Prompt implementation of revised risk criteria

Evaluation: Rhode Island WIC Nutritionists were trained on WIC Risk Criteria Revision 8 in May and July 2006. The new revisions were incorporated in RI WEBS. Each Nutritionist was given a copy of the revised allowed nutrition risk criteria for their reference. New VENA friendly tools were drafted and are being used at the LA.

Plan: VENA friendly tools will be modified after SA staff is trained. LA staff will begin VENA training in FY 07.

Minimize violations of Program rules and misuse of Program funds.

Objective 1: Warnings and sanctions

Evaluation: Provided technical assistance as needed to LA staff on properly notifying clients about their rights and responsibilities on the WIC program. Evaluated at ME's.

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

SECTION III

Food Delivery System

**Refer to WIC Procedure Manual Section 300
WIC Operations Manual Section 3**

Goal: To operate a Food Delivery system which fosters Program efficiency and effectiveness, especially in maintaining enrollment records, issuing benefits, paying vendors, reconciling food instruments, maintaining accountability and controls, providing management information for the administration of the program, and vendor management.

Food Delivery System Contracts

Objective 1: Continue efficient and effective banking services.

Evaluation: A new banking services RFP was released. Major changes include incorporation of ACH processing for select bank edits, and enhanced reporting requirement to enable WIC to manipulate data more readily.

Plan: Select and award a new banking contract for WIC services.

Automated Data Processing

Objective 1: Continue to evaluate and enhance MIS as a management tool.

Evaluation: MIS software development contract was awarded to Covansys, Inc. Fiscal management, vendor management, caseload management, report generator and local agency modules were developed. Testing and training were completed for the local agency module and deployment occurred in June of 2006.

Management Tools - Financial Reporting

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

Plan: Continue the rollout the local agency, vendor, fiscal, caseload management, scheduling and ad hoc reporting modules to streamline, improve and support program integrity, efficiency and effectiveness.

Local Agency Clinic Data Processing

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

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

Plan: Integrate the use of the new WEBS local agency MIS module into local agency functions. Identify clinic efficiencies (paperwork, traffic flow, check issuance procedures) to stream-line services. Monitor efficiencies and provide technical

assistance during routine and management evaluation site visits. Monitor the appointment times.

Operation of the Retail Vendor Management System

Goal: That all authorized participating WIC vendors will be a benefit to the efficient and effective administration of the Program, in particular with regard to their charges for WIC purchases, provision of authorized foods, service to participants, and cooperation with the goals of the Program and its vendor monitoring procedures.

Vendor Selection and Authorization

Objective 1: Maintain no more than 200 authorized WIC retail grocery vendors in FY 2007.

Evaluation: Actual vendors as of 10/06, there were 65 large grocery stores, 12 medium grocery stores, 97 small grocery stores, 37 large pharmacies, 2 small pharmacies with 1 commissary. There were a total of 214 vendors; 175 were grocery vendors.

Plan: Continue applying clear and specific selection criteria to ensure the lowest cost/most accessible vendors are enrolled, unless the need for special authorization warrants a enrollment above the maximum. Rollout the newly developed peer group categories based on gross food sales, # of registers, type of ownership and if the store is a potential 50% WIC vendor, or has been identified as an actual 50% WIC vendor.

Vendor Management

Objective 1: Perform regular monthly analysis to track high risk and potentially high risk WIC vendors.

Evaluation: The Vendor Software Module, including enhanced tracking of high risk and potentially high risk WIC vendors, is operational.

Plan: High risk vendor reports will be generated regularly and appropriate follow up will be taken. A system of assigning sanction points to program violations will be developed and implemented to track and respond to high risk vendors.

Vendor Education and Training

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

Evaluation: On-going training events were held for 214 legacy vendors during the WIC reauthorization process. In addition, new vendor applicants received training, and current vendors received update training. Monitoring and follow-up site visits

were also made. This data will be reported in the 2006 TIP Report.

Plan: Continue training sessions at Health for applicants and existing vendors. Increase the number of one-on-one on-site training/monitoring visits and investigate alternative training methods. Schedule statewide training in FY 2007 as vendor related materials are developed.

Excessive Price Limits

Objective 1: Utilize vendor MIS module to identify potential overcharges among stores.

Evaluation: Peer group pricing analysis has been input into the Vendor Software Module. This allows more specific analysis of price data. The previous method of tracking high priced vendors was labor intensive and required significant resources.

Plan: A peer group analysis is one of the key components of the process and allows more specific analysis of price data. The system will begin to provide automatic generation of invoice letters in order to recover identified overcharges.

Objective 2: Enhance use of a maximum price pre-edit by check type to deny payments, thus increasing vendor collections.

Evaluation: Printed maximum price on checks was removed in FY 2003. In 2004, systems were developed to move to ACH crediting for the processing of WIC checks submitted over the maximum value. In 2005, testing of the new WEBS and bank processing resulted in the need to expand the WEBS capacity to manage additional ACH processing numbers. The ACH process was deployed in 2006. An evaluation of the process is now being undertaken.

Plan: Utilize Vendor Management Module reports and bank data to perform price analysis by check type within vendor peer group in order to monitor and audit maximum check value within peer groups. (Operations Policy V-10 and V-11). Implement ACH check processing statewide.

Program Integrity

Objective 1: Conduct a minimum of twelve investigations (ie, a minimum of 5% of RI vendors) selecting as many high-risk vendors as possible.

Evaluation: Employees were secured to perform compliance visits in FY 2006 and conducted the required visits. Twelve high risk vendors had compliance buys conducted at their stores. This data will be reported in the 2006 TIP Report.

Plan: Utilize vendor analysis reports and complaint information to flag potential vendors for compliance investigation.

Objective 2: Increase staff time for vendor compliance investigation management

Evaluation: The process and forms were streamlined to increase the accuracy of reporting, and decrease duplication of reporting, and to incorporate RI WEBS capability into the process.

Plan: Prepare a training and investigation procedures manual for new investigators.

Objective 3: Maintain routine monitoring at 30 percent of vendors.

Evaluation: 146 monitoring visits to WIC authorized stores in FY '06

Plan: Ensure required routine visits are conducted in FY 2006.

Objective 4: Strengthen sanctions related to violations

Plan: The new WEBS vendor module was rolled out, and assignment of sanction points to specific program violations were finalized.

Federal/State Information Sharing

Objective 1: Coordinate with Northeast Regional Office (NERO) and Food Stamp Program (FSP) to improve notification of administrative/disqualification actions for WIC and food stamp authorized vendors.

Evaluation: State staff were trained and authorized to have access to FSP vendor specific data to assist in vendor functions.

Plan: Continue to utilize E-mail notifications and investigate the connection to, and use of the federal food stamps computer system to track federal Food Stamp Program actions relating to Rhode Island vendors.

Community Relations

Objective 1: Maintain a positive dialogue with the retail vendor community through the WIC & RI Food Dealers' Association and members of the Vendor Advisory Committee.

Evaluation: The RIFDA has provided valuable feedback and communication on issues related to Program rules and regulations and special initiatives by WIC involving the vendor community.

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

SECTION IV

State Agency Nutrition Education Plan

**Refer to WIC Procedures Manual Section 400
WIC Operations manual Section 4**

IV
Program Benefits
(Procedures - 400, Operations - 4)

Goal: To ensure that RI WIC participants have access to health care services and appropriate referrals

Objective 1: Evaluate barriers to early entry into prenatal care in the WIC Program.

Evaluation: In 1990, 86.7% of pregnant women received prenatal care in the first trimester and by 1999, the figure increased to 91.4%. (data from self-reported data on the birth certificate). Provisional data for 2005 indicates that 89.% of Rhode Islanders received prenatal care in the first trimester, a slight decrease from 2004 (89.6%). The 2004 data showed that African Americans and Asians had the lowest rates (83.2.6% and 83.4.5% respectively). Whites were 91.9.2%, and Hispanic/Latino ethnicity were at 86.6%. In the core urban cities, 86.9% received adequate prenatal care compared to the women in the rest of the state (93.8%). Local Agency health Centers collaborate with the WIC Program in referrals to WIC at the time of a positive pregnancy test. HEALTH's Provider Relations unit encourages referrals to WIC at the time an initial contact is made at Private OB Offices.

Plan: Continue screening prenatal applicants for access to prenatal services, make appropriate referrals to health care providers as necessary. Continue collaboration with the Women's Screening Program at the Local Agency level to enhance early entry into WIC for pregnant women. Continue development of new outreach initiative to educate new Rite Care prenatal providers, through our provider relations personnel, about WIC services.

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

Evaluation: WIC continued to monitor access to health care by obtaining proof of health care (via medical referral form), interviewing caretakers, and continued working with Kids Net program.

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

Healthy People 2010

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

Evaluation: With the transition to WEBS, an update on this goal is not possible at this time. (As of April 2005, 94.5% of WIC participants were insured. 84% were on Medicaid (managed care RITE Care Program), and 10.6% were privately insured. 4.7% of the WIC participants were referred to Rite Care managed Medicaid program. Training was provided to all local agency staff on the new Rite Care Eligibility criteria)

Plan: With state budget constraints, Medicaid is charging a premium for some Rite Care recipients. If the premium is unpaid, the recipient is dropped from the Rite Care Program. WIC will track Rite Care enrollment to assess the impact of premiums in continued enrollment. Continue referrals to Rite Care managed Medicaid program for uninsured applicants. Develop and run report which list those WIC participants without health insurance for follow-up contact.

WIC Objective

Objective 1: Maintain WIC association with health care agencies

Plan: Managed care continues to impact R.I. Medicaid program. Rite care contracted Health care agencies with WIC sites were monitored to ensure continuity of service.

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

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

Objective 2: Participate in Rite Care planning and service integration

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

Plan: Continue to collaborate with the new Women's Assessment Project and encourage providers to complete the WIC Medical Referral Forms to reduce duplication of screenings. Monitor Local Agency WIC Programs to ensure compliance with risk assessments, This will be done at Management Evaluations. Continue the WIC presence on the Rite Care Consumer Advisory Committee.

IV

State Agency Nutrition Education Plan
(Procedures - 420, Operations - 4)

Goal To ensure that quality nutrition education, which recognizes the individual needs of participants, is provided to every WIC participant or guardian in a manner consistent with federal regulations, state guidelines, and appropriate health care standards.

*Provision of Quality Nutrition services**Year 2010 Objectives*

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

Evaluation: With the transition to WEBS, an update on this goal is not possible at this time. (As of June, 2005, 13.0% of children and 14.0% of women on the WIC Program had low hemoglobin levels. With the current software, we are unable to breakdown the age range of low hemoglobin's, the State Office will better evaluate with new software developed for FY 06. Participants continued to receive targeted counseling re: iron rich foods and their importance using the newly developed and translated nutrition education materials.)

Plan: Continue providing targeted nutrition education re: iron nutrition. Continue WIC caseload expansion (if feasible) to prevent iron deficiency by reaching more children aged one through 4. Continue to expand to statewide Kids Net access at local agency to provide lead blood level test results at WIC certification and recertification. (adequate iron nutrition is a barrier to lead poisoning). Women will continue to receive education, follow up and referrals to their physicians regarding iron deficiency anemia.

Objective2: Ensure dental care concerns are addressed within the VENA format for counseling.

Evaluation: As the new VENA format evolves, ensure that oral health is included.

Plan: Assess and develop VENA focus for WIC counseling that includes oral health.

Objective 3: (16-17) Monitor abstinence from alcohol (to 94%), cigarettes (to 98%), and illicit drugs (to 100%) among pregnant women.

Evaluation: With the transition to WEBS, an update on this goal is not possible at this time.

(During 2005, approximately 10.5% of RI women smoked during their pregnancy. 9.24% of pregnant women on WIC smoked. Illicit drug use is rarely identified as a risk due to attached stigma and fear of discovery. WIC continued to counsel women on the implications of abusing drugs and other harmful substances.) Referrals were made to community organizations with smoking cessation programs and alcohol / drug abuse treatment services.

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

Objective 4: Work towards increasing to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies.

Evaluation: With the transition to WEBS, an update on this goal is not possible at this time. (Counseled WIC mothers on the importance of proper weight gain during pregnancy and sound dietary practices and a nutritionally adequate diet. Provided customized food packages based on nutritional needs and preferences. As of June, 2005 approximately 28.0% of prenatal women on WIC were risked with insufficient wt gain (loss), while .14% of postpartum women were risked with insufficient wt gain in their last pregnancy.)

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

Healthy People 2010 Objectives

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

Objective 1: Educate WIC caretakers about effects of tobacco exposure and exposure to second hand smoke.

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

Plan: Continue in these efforts

Objective 2: Educate WIC clients on alcohol and other drug related health problems.

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

Plan: Continue in these efforts

Objective 3: Reduce children's blood lead levels by reducing the prevalence of levels exceeding 10 mcg/dl by 50% and exceeding 20 mcg/dl by 75% among children through age 5 years.

Evaluation: Assisted in screening children, or referring for lead poisoning when possible, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screenings, worked with Lead Program to ensure that lead burdened children were referred to WIC through distribution of WIC outreach materials to families of lead burdened children. WIC/Lead materials were developed by HEALTH's communications unit and are used in WIC LA and within the lead program. Expansion of access to Kidsnet was completed at LA..

Plan: Continue with these efforts. . Changing access to Kidsnet for a more seamless ability for LA staff.

Objective 4: Reduce poor birth outcomes by reducing the incidence of low birth weight infants, reducing tobacco and illicit substance use by pregnant women.

Evaluation: With the transition to WEBS, an update on this goal is not possible at this time. (As of June, 2005, 15% of infants on the WIC program were premature or low birth weight infants. WIC counseled WIC pregnant women on the effect smoking and drug use has on the birth outcome and referred participants (when appropriate) to abuse treatment centers and/or smoking cessation programs, instructed clients on optimal weight gain during pregnancy, and monitored high risk participants for optimal weight gain during their pregnancy.)

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

R.I. WIC Objectives

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

Evaluation: Reviewed and evaluated FY 2006 Nutrition Education Plans submitted by the 11 local WIC agencies; ensured their consistency with federal and state rules and regulations and emphasized the development of quality assurance systems to monitor the provision of nutrition education to WIC clients. During Management Evaluations, are reviewing the quality assurance program used as a local agency self evaluation systems. The results of the self-assessment component have been incorporated into the Nutrition Education Plan to allow quick/consistent feed back to the agency. Revised 2006 Nutrition Education Plan to clarify needs for self-assessment.

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

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

Evaluation: Provided series of nutrition meetings and training for nutritionists (quarterly), breastfeeding peer counselors (bi-monthly and new peer counselor training), WIC coordinators (bi-monthly), local agency support staff series (4times per year), and new staff training offered monthly. The annual meeting addressed civil rights, program integrity, and customer service and program procedures. Topics for trainings were based on staff requests and surveys, needs identified through management evaluations, policy and procedural changes, latest research.

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

WIC support staff will no longer be providing SNEC's to WIC participants. Nutrition staff will be responsible for all nutrition contacts in an effort to adhere to VENA guidance.

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

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

Evaluation: WIC parent consultants conducted participant interviews related to access to WIC services, and client satisfaction /rights and responsibilities surveys as part of the Management Evaluation process, Focus groups were conducted with select WIC participants to improve access and quality of WIC services. Local WIC agencies

surveyed their participants in the annual WIC Participant Survey and through the FMNP participant survey. The results were used to reduce barriers to service, improve WIC services can be better provided, and the quality of services provided.

Plan: Continue annual WIC participant and FMNP survey, and the use of WIC parent consultants in obtaining participant information regarding WIC services they receive.

Objective 4: Develop and test pilot group nutrition education contacts for WIC participants, to maximize nutrition education time.

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

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

Breastfeeding Promotion

Goal Increase breastfeeding initiation and duration

Year 2010 Objective

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

Objective 1: To monitor and evaluate the Tender Lactation Care (TLC) Program, which promotes breastfeeding by offering in-hospital lactation consultant services with follow-up support to WIC participants.

Evaluation: TLCs provided hospital-based support services 6 days per week to postpartum WIC mothers at Women & Infants Hospital of RI. WIC TLCs consistently made referrals to local WIC agencies and WIC Breastfeeding Peer Counselors for follow-up after hospital discharge. Routine communication between TLCs and local WIC agencies and WIC Breastfeeding Peer Counselors and between State Breastfeeding Coordinator and TLCs effectively continued. TLCs continued to assist with training new Breastfeeding Peer Counselors in the classroom and in the hospital setting and will begin to participate in Breastfeeding Peer Counselor Program evaluation.

Plan: Continue to monitor, evaluate, and enhance program activities of TLC Program.

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

Evaluation: Current computer system limits reporting to monthly summaries of overall WIC breastfeeding rates at a single point in time at both at the local agency level and state level. Computer-generated reports that determine breastfeeding initiation rates and duration rates for 3 months, 6 months, 9 months, and 12 months at the local agency and state level has been developed for RI WEBS, which launched in June, but are not yet available.

Plan: Computer-generated reports that determine breastfeeding initiation rates and duration rates for 3 months, 6 months, 9 months, and 12 months at the local agency and state level will be available on RI WEBS as soon as the data is accessible.

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

Evaluation: The Breastfeeding Peer Counselor (PC) Program has been established at 26 of 27 WIC sites and currently provides services at 23 sites. Five new PCs were trained in late 2005 and early 2006 using the USDA Loving Support Through Peer Counseling training program. Existing and new PC Program sites developed and submitted internal PC Program Protocols outlining local agency approaches. State WIC Staff enhanced relationships with and provided adequate support to local agency WIC coordinators and breastfeeding coordinators to maintain PC Program at the local level. State WIC staff enhanced tools for evaluation of local WIC PC Programs as part of biannual WIC agency management evaluations. Pager services continued to be provided to PCs at receptive local agencies. The State WIC Office continued to support the partnership between the PC Program at one local agency and a local birthing hospital to provide continuous hospital-based care for early postpartum mothers. Continuing breastfeeding education was provided to all WIC staff members through State-sponsored and independent trainings, helping them to identify breastfeeding issues specifically related to WIC and to support the PC Program. PCs and local agency staff were offered funding and guidance to pursue IBCLC certification and to attend a local, 45-hour Certified Lactation Counselor (CLC) training. Half of all WIC nutrition staff and nearly all WIC PCs received their CLC certification. Other WIC nutritionists and PCs may attend the CLC training in December 2006. Statewide WIC breastfeeding rates have increased steadily from 8.5% in 1995 to 12.7% in 2000 to an average of 19.1% in the 1st quarter of 2006.

Plan: Develop a comprehensive, standardized State Peer Counselor Manual that includes both training materials and operational policies and procedures. Integrate recommendations from the USDA Loving Support training module into the State PC Protocol. Provide State-sponsored biannual trainings for new PCs and local agency staff and offer additional training opportunities both inside and outside of WIC. Encourage WIC support staff to attend PC training. Continue to monitor and facilitate the integration of the PC Program into the local agencies. Continue to provide support to Local Agency WIC Coordinators and Breastfeeding

Coordinators to maintain PC Program at the local level. Research peer counselor career paths available within the WIC structure and budget impact. Continue to implement and monitor the approved activities and requirements in the grant application for the USDA Peer Counseling Program. Continue to monitor WIC breastfeeding rates on a monthly basis.

Objective 4: Enhance the skills and education provided to the Local Agency Breastfeeding Coordinators to improve their ability to fulfill their role in the local agencies.

Evaluation: Enhanced communication between Local Agency Breastfeeding Coordinators (LABCs) and State Breastfeeding Coordinator. Encouraged LABCs to participate in clinical education to support and promote breastfeeding.

Plan: Train Local Agency Breastfeeding Coordinators as CLCs as well as using the USDA Loving Support through Peer Counseling training program to orient them to the expectations of the PC Program. Ensure that Breastfeeding Coordinators are conduits for sharing of breastfeeding support and promotion information, clinical updates, and breastfeeding data sharing with local agency staff and Coordinators.

Objective 5: Assist in development and support of statewide infrastructure that protects, promotes and supports breastfeeding.

Evaluation: Participated in and supported the ongoing efforts of the RI Breastfeeding Coalition by attending monthly meetings and assisting in statewide projects to protect, promote, and support breastfeeding. Participated in the Physicians' Committee for Breastfeeding in RI. Supported breastfeeding promotion through local WIC agencies and local media during World Breastfeeding Week. Developed community partnerships and conducted outreach with breastfeeding families and health care professionals to increase breastfeeding knowledge and awareness. Continued to distribute breastfeeding resources to health care professionals.

Plan: Continue to participate in and support the activities of the RI Breastfeeding Coalition and the Physicians' Committee for Breastfeeding in RI. Continue to promote breastfeeding locally and through WIC agencies during World Breastfeeding Week. Continue to provide leadership for implementation of structured Breastfeeding initiatives within the Local Agency WIC Programs.

Objective 6: Develop and implement State WIC Breastfeeding Support and Promotion Policy and WIC Breast Pump Loan Program Policy.

Evaluation: Researched, developed, and instituted State WIC breastfeeding support and promotion policy.

Plan: Research, develop, publicize and institute State WIC breast pump loan policy and program. Utilize existing regional and national WIC resources to assist with policy development. Provide training to local WIC agency staff to facilitate policy

implementation. Familiarize and orient WIC clients with breast pump loan program.

IV
Supplemental Foods
(Procedures - 420, Operations - 41)

Goal: To provide nutritious supplemental foods to all WIC participants according to nutritional need and federal regulations within the financial means of the Program.

Objective 1: Review and modify the WIC Allowed Foods List and Food Packages

Evaluation: The new combination WIC Allowed Food List & ID Folder were finalized, printed and distributed in 2006. The effective date is October 1, 2006.

Plan: The new WIC software will increase the ability of the nutritionist to better tailor food packages to meet the needs of their clients. Training regarding the new WIC allowed food list will be conducted with local agency WIC staff and RI vendors before implementation.

SECTION V

Outreach and Coordination

**Refer to WIC Procedure Manual Section 500
WIC Operations Manual Section 5**

V

Outreach and Coordination

OUTREACH PLAN

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

Healthy People 2010 Objective 16-6

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

Evaluation: Statewide, delayed prenatal care rates have dropped by almost 50% over the past 10 year. Vital Records data for 1996-2000 show a statewide rate of 9.2%, the best in the country. From 1999 to 2003, 90.7% of Rhode Islanders received prenatal care in the first trimester. Rates continue to vary by racial / ethnic groups and geographical areas. African Americans and Asians had the lowest rates, 83.2% and 83.4% respectively, while Whites (91.9%) and those of Hispanic / Latino ethnicity (86.6%) had the highest rates. Only 81.9% of Native Americans received prenatal care in the first trimester. Women living in the core cities were less likely to receive prenatal care in the first trimester (86.9%) compared to women in the rest of the state (93.8%). Specifically, women residing in Woonsocket had the lowest early entry prenatal care rate (82.4%) compared to women living in the other core cities. WIC provided referrals to Rite Care and Rite Start for uninsured pregnant women to improve access to health care. 95% of WIC participants have health insurance in RI.

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

Healthy People 2010 Objective 1-5

Objective 1: Increase the proportion of persons with a usual primary care provider to 85%.

Evaluation: Continued to screen and refer applicants for health care needs, and provided risk appropriate nutrition services. Provide information to families on new Rite Care age and income eligibility. Currently 96.8% of WIC participants have a primary care provider. This is captured at the certification appointment each participant is asked about the type of provider they have, if any. WIC continued to educate health care providers about the WIC referral process. The Provider Liaison team made outreach

contact with 147 health care providers across the state. Seven were OB/GYN offices, 7 schools, and the remainder family or pedi practitioners.

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

WIC Objectives

Objective 1: Increase the proportion of LA WIC staff that utilizes the Kidsnet database to immunization/lead data for WIC assessment purposes from 1 LA to 12 LA's.

Overview:

Evaluation: Local Agency WIC staff are trained in the Kidsnet system, they are able to access through the web lead and immunization status during certification.

Plan: Evaluate lead status of clients in Kidsnet compared with assigned risk in the WIC system. Provide feedback to agency coordinators and re-training if necessary. SA will review access logs to Kidsnet, to enforce need to review immunization status.

Objective 2: The State WIC office will share relevant needs data, with all 12 local agencies, including socioeconomic and demographic data by census tract on a quarterly basis.

Evaluation: Local WIC sites were able to request reports to assist in needs assessment and strategic planning. Reviewed caseload, average clients seen in a period of time, barriers to access and breastfeeding rates to each agency. This helped with strategic planning and started the process of open access, better meeting clients needs and working to address the underserved in each community.

Plan: Create reports in RI WEBS to better help evaluate each agency

Objective 3: The State Agency will monitor outreach activities done at the Local Agency on a quarterly basis. Increase first trimester enrollment of pregnant women to 25% statewide.

Evaluation: Local Agencies submitted an outreach log on a quarterly basis, which was reviewed by SA staff.

Plan: The SA will continue to monitor outreach activities provided by LA staff. In conjunction with LA Coordinators, the SA will develop a plan to attract pregnant women into early enrollment into WIC.

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

Evaluation: The state WIC office in collaboration with R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training was not able to identify any migrate workers in RI in 2006. As a result no outreach brochures were distributed.

Plan: Continue to monitor the existence of migrant jobs with the R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training

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

Evaluation: WIC services were publicized through all of these methods described above. Continue outreach connection with Kidsnet per WIC objective 1. Client surveys ask how the participant heard about WIC, 90% of clients hears about WIC through other family members or friends.

Plan: Continue outreach efforts as above. In the new RI WEBS system, there will be a better tracking of how clients were referred to or heard about WIC.

Objective 7: Continue with annual outreach to RI Providers regarding WIC Eligibles.

Evaluation: The Provider Relations Team focused on outreach visits to OB /GYN offices. Twenty two (22) OB/GYN offices were contacted by Provider Relations in FY '06. The team also updated outreach material to pediatric providers throughout the state. WIC medical referral forms are now available online to Kidsnet providers.

Plan: Continue target WIC outreach to health care providers, with particular emphasis on health care providers not associated with community health centers.

Objective 8: Monitor LA distribution of outreach materials, annually, to shelters and organizations serving the homeless, including program availability and eligibility information.

Evaluation: Local WIC agencies documented an established relationship with homeless shelters and organizations through their referral list provide annually in their Nut Ed plan. The state WIC office reviewed the current listing of homeless / safety shelters and, provided updated information to local agencies and hotline staff. Confirmed and documented status of Homeless shelters and organizations as WIC eligible facilities.

Plan: Continue to encourage and support local agency outreach to shelters and organizations serving the homeless.

Objective 9: Contact DCYF once/year to provide outreach information regarding WIC services as a referral for children in foster care.

Evaluation: Client Services Unit continued to act as liaison for foster parents/foster services and local WIC sites. Provided technical assistance to local agencies re: foster services to ensure continuity of service. Provided WIC information to DCYF so they can instruct workers on WIC and that information can be given to foster parents.

Plan: Continue to review and respond to any barriers to service for children in foster care or protective services. WIC Parent consultant will provide one annual in-service to caseworkers at DCYF on the WIC Program

Coordination

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

Healthy People 2010 Objectives

Objective 1: Reduce the prevalence of blood lead levels exceeding 10ug/dL to 0 in children aged 1-5.

Evaluation: Assisted in screening and/or referring to health care providers for blood lead levels, documented and forwarded abnormal blood screening results, including elevated lead levels to health care providers, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screening. Evaluated the pilot project with Kids net re: assessment of child's lead screening status, with appropriate education, referrals and WIC services.

Plan: Continue with these efforts, investigate inclusion of WIC referral information on lead screening test slips sent to health care providers, and evaluate WIC enrollment of children with lead poisoning. Continue the Kids net / WIC lead initiative to assess lead status statewide.

Health People 2010 Objectives 16-19

Objective 2: Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old, and to 25% at 1 year.

Evaluation and Plan: Refer to Section IV, Breastfeeding Promotion

Healthy People 2010 Objective 16 - 17

Objective 3: Participate in 90% of planning meetings for Healthy Mothers/Healthy Babies Coalition, R.I. Breastfeeding Coalition, KidsNet and other MCH/DOH advisory committees.

Evaluation: State breastfeeding coordinator attended all Healthy Mothers, Healthy Babies meetings and ran the RI breastfeeding coalition meetings, and the State WIC Nutrition staff attended the KidsNet, Food Stamp advisory committee meetings, and other applicable MCH/DOH advisory committees.

Plan: Continue with efforts.

Objective 4: Ensure referral of all appropriate hospital and health center patients to WIC clinics and ensure that WIC nutrition services are included in team-managed care for participants.

Evaluation: Continued collaboration with Family Resource Counselors who perform some pre-screening for WIC and Medicaid outreach in health centers. Provided in-services to local health centers on the WIC program as requested by the health centers. Monitored referral systems during local agency Management Evaluations.

Plan: Continue with efforts.

Objective 5: Ensure health care referrals or continuation for all participants whether within the agency or with private providers.

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

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

Objective 6: Update, annually, eligibility requirements of Family Independence Program, Food Stamps and Medicaid and disseminate information to local agency staff.

Evaluation: Information was updated in the Procedure Manual, and new income guidelines were effective April 1, 2006.

Plan: Continue efforts

HP 2010 Objective 21

Objective 7: Achieve immunization coverage of at least 90% among children 19 – 35 months of age.

Evaluation: Trained WIC staff on the Kidsnet system to review immunization status of WIC participants. 95% of RI WIC participants have health insurance.

Plan: Continue collaboration with the immunization program and evaluate the agencies following of procedure and review any issues that may arise.

JP 2010 Objective 19 – 18 Food Security

Objective 1: Increase food security among US households to 94%, and in so doing reduce Hunger.

Evaluation: The RI Food Security Monitoring Project (RIFSMP) estimated that 24.4% of households residing in poverty census tracts in RI were food insecure in 1999. The WIC Participant Survey results from '96 – '00 indicated that about 75% of WIC participants' surveyed worry they will run out of money to buy food and only 50% indicated they could "often" eat properly.

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

STATEMENT ON SPECIAL POPULATIONS

American Indians

The 2000 Rhode Island census indicates that 5,121 people chose one race as Native American or Alaska Native (NAAN). 10,725 chose two or more races, with one of them as NAAN. Based on socioeconomic data, 37% of all NAAN were below the poverty level. Of NAAN children under age 5, 44% were below the poverty level. This compares to 19.3% of all children under age 5 live in poverty in RI.

2004 WIC data indicated that of the 130 NAAN's served by WIC 45 resided in the Providence area and 45 resided in South County. The remainder were scattered across the state. This ties into recent census data that shows NAAN live across the state and that a significant number live in Providence. Discussions with Native American representatives suggest that Native Americans served by WIC may be under counted or be applying at lower rates than other population groups. The state WIC office continues to work with Native Americans to consider options for better serving this population, including WIC access at the new Narragansett Indian Health Center.

Migrant Farm workers

Migrant Farm workers who come to Rhode Island during the spring and summer number

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

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

SECTION VI

Financial Management

**Refer to WIC Procedures Manual Section 600
WIC Operations Manual Section 6**

VI

FINANCIAL MANAGEMENT SYSTEM
(Procedures - 600, Operations - 6)

Goal:

Cost Containment

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

Evaluation - Per participant food costs increased slightly in FY 2006. RI WIC made revisions in the WIC Approved Food List in FY '06 by restricting deli cheese to least expensive American style, adding private label cereals, moving to liquid concentrate juices, and selecting a new contract standard infant formula. These changes will be implemented in FY 2007.

Plan: With the implementation of the new Vendor Management software module, food cost analysis will be expanded and include peer group comparisons. Continue efforts.

Limiting High Cost Food Items

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

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

Evaluation: In FY'02 WIC eligible foods were reviewed for inclusion on the RI WIC Allowed foods list. In FY '05 a new WIC allowed food list was drafted based with participant input. Additional private label cereals, restrictions on deli cheese, a shift to concentrated juices were adopted. The development of a new WIC allowed food list / ID folder was completed to enhance cost containment while using the new list as a marketing tool to retain current WIC participants and promote the value of the WIC food benefit package among applicants.

Plan: The deployment of the new WIC Allowed Food list / ID Folder is scheduled for Winter 2006.

Food Price Reduction Initiatives

Infant Formula Rebate Process

Objective 1: Infant formula manufacturers have reduced the cost of infant formula to WIC programs significantly by paying rebates on a portion of the sales price to the WIC Program. Under current federal law, such rebates can be used not only to provide food benefits for additional participants but also to purchase breast pumps. In Rhode Island, choice of infant formula for over 96% of WIC infants has been limited to the rebate contract products of one manufacturer, to achieve the greatest cost savings. This has allowed RI WIC to serve almost 6,000 additional people.

Plan: As a member of the NEATO Consortium, went out to bid for contract formulas in FY 2006.

Plan: Using the new WEBS system, re-calculate the monthly infant formula "partial redemption" analysis for those earlier months when the new WEBS was not yet available. Re-bid Mead Johnson for the difference in the "estimate" rebate invoices for those months, vs. the actual calculations.

Evaluation: Analyze the outcome as related to impact on food costs, and rebate income.

Objective 2: Review of RI WIC Allowed Food List

Plan: Implement the draft WIC Allowed Foods List.

Evaluation: Once implemented, track the impact of the changes on food costs, participation rates and retention rates.

Conversion of Funds to Administrative and Program Services Funds.

Once FNS has approved this State Plan the state agency may begin converting funds for each participant served on a monthly basis over the FNS projected average monthly anticipated level established by the Administrative Funding Formula. The proportion of money to be converted to Administrative and Program Services Funds shall be in accordance with federal regulations and directives.

Local Agency Allocation.

At such time as appropriate the state agency shall notify local agencies of authorized caseload expansion based on rebate income. Such authorizations may be either a fixed authorized number or permission to expand on a "subject to further notice" basis.

Administrative and Program Services reimbursement will be based on the number of the authorized additional persons actually enrolled.

Program Income

State law has established fines for violation of program rules by vendors, participants or other parties. Procedures will be put in place for restitution by participants of program funds obtained through fraud or misinformation.

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

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

Administrative Funding Formula

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

Utilization of State of Rhode Island Appropriation

For state FY 2007, no State appropriated funds are expected.

Since 1995, state funds were made available for food and administrative costs of the Farmers' Market Nutrition Program. In the event that other than Federal funds are again made available to supplement the Program, such funds will be received, allocated, expended and accounted for in accordance with the legislation or executive directive making the funds available, or the conditions of any non-government grant. In addition, such funds will be managed in accordance with applicable federal and state laws and rules. In particular, such funds will be utilized in conformance with the provisions of this State Plan of Operation and Administration.

State appropriated funds may be used either for WIC or Farmers' Market services.

Internal Controls And Reporting

Goal: To incorporate the new financial operating system into daily operations to aid in the reporting of monthly food and administrative expenditures as well as generating the formula rebate billing.

Objective 1: Develop reports through a faster and more interactive system that will allow

Goals 2007

Section VI Financial Management

staff to devote more time to other duties.

Plan: Continue cross-training of managers in the new operating system, which should result in increased knowledge of reporting procedures and more reliable back-up staffing of financial/reporting functions.

Evaluation: The new operating system has been deployed and used in generating rebate billing and generation of the 798.

Objective 2: Develop electronic filing mechanism for local agency reporting of WIC Monthly Expenditure Reports - Nutrition Services and Administration

Evaluation: Covansys financial management module has been developed.

Plan: Investigate the use of web technology to allow entry of billing data from local agencies to the state agency. Not projected to be initiated before FY 2007.

AUDITS
(Procedures-622, Operations-6)

The Regional Inspector General for Audit, Department of Health and Human Services, has been designated as the Cognizant Audit Agency for the State of Rhode Island with respect to the major compliance programs.

In Rhode Island, the State Office of the Auditor General is responsible for annual audits of the WIC Program in conjunction with audits of other significant federal programs. Either the Auditor General or the Bureau of Audits may actually conduct the audits.

Objective 1 - Collaborate with the OAG re: required single audit requirement.

Evaluation: Prepared for the FY '05 audit. A draft copy has been received and the WIC Program is awaiting the final report.

Plan: Prepare for FY '06 audit cycle.

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

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

Evaluation: A review of the FY '05 findings of an independent audit for each local agency will be performed upon receipt of the report.

Objective 3 - Monitor compliance with new A-133 guidelines for local agency audits.

Plan: Notify local agencies of the change in guidelines and monitor their implementation.

General Administration

Local Agency financial staff have expressed an interest in state-provided training the area of WIC Program funding and expenditure policies and procedures.

Objective 1: To plan and hold a WIC financial management seminar for local agency finance administrators and/or finance staff to review financial management issues relating to WIC Program reimbursement. This meeting will be one-half day in length and will be education and training oriented.

SECTION VII

Monitoring

**Refer to WIC Procedure Manual Section 700
WIC Operations Manual Section 7**

VII
MONITORINGLocal Agency Reviews

Objective 1: A biannual local agency review will be conducted for each local agency, including a site visit. Monitoring shall include, but not be limited to, evaluation of management, certification, nutrition education, civil rights, compliance, accountability, financial management systems and food delivery systems.

Evaluation: All required financial and management evaluations were conducted for FY '06. Management evaluation findings were transmitted to executive directors and WIC Coordinators. Corrective plans were developed, reviewed and approved by the State agency.

Plan: Schedule and complete monitoring visits as required. Focus will be placed on the appropriate risk assessment, client centered counseling techniques, use of new client surveys, evaluation of use of new computer software and physical presence regulations. Findings from previous evaluations will be used in assessing training needs of local agency staff.

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

Evaluation: Interim site visits were made to provide technical assistance in areas related to programmatic deficiencies noted during evaluations as needed. Follow up on changes in procedures due to new computer software has been ongoing .

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

Objective 3: Provide technical assistance to local agency Coordinators in how to self-assess quality and write useful corrective action plans.

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

Objective4: Review management evaluations to determine further training needs.

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

SECTION VII

Monitoring

**Refer to WIC Procedure Manual Section 700
WIC Operations Manual Section 7**

SECTION VIII

Civil Rights and Appeal

**Refer to WIC Procedure Manual Section 800
WIC Operations Manual Section 8**

VIII

CIVIL RIGHTS AND APPEAL

Civil Rights Compliance

Goal

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

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

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

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

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

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

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

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

Evaluation: Incorporated into the Management Evaluation Process, is a review of nondiscrimination requirements.

Plan: Continue to review nondiscrimination requirements during the integrated Management Evaluation process.

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

Evaluation:

The software training of staff in May '06 included training on civil rights and cultural competence. It was attended by 100% of local agency WIC staff.

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

Objective 6: Assure public notification of nondiscrimination.

Evaluation: The nondiscrimination statement has been placed on all appropriate public information documents produced by the State Agency.

Plan: Continue to include the nondiscrimination statement on information notices, outreach materials and educational materials.

Objective 7: Develop and provide an expanded report of racial, ethnic and language-spoken participation by clinic.

Evaluation; A monthly report is generated and reviewed at the State WIC office which provides information on participant demographic characteristics. This is shared with the local WIC sites on a yearly basis and upon request.

Plan: Continue with process outlined above.

FAIR HEARINGS
(Procedures 820, Operations - 8)

Objective: Assure all participants/caretakers are advised of the right to a Fair Hearing

Evaluation: Local agencies currently provide such information via standardized practices and forms.

Plan: Review the translation of fair hearing information to ensure accuracy. Continue to provide appropriate information to appellants of fair hearings such as:

- What to expect at the hearing.
- Planning needed by the appellant.
- Appellant's responsibility to present his/her case.
- What documents appellants are entitled to see.
- How to request such documents.

IX

Public Input / Notification

See WIC Operations Manual Section 9

**PUBLIC INPUT
(Operations - 9)**

In conjunction with the Division of Family Health, WIC and other Family Health units have taken a proactive approach to seek out input from consumers, providers and the public. The Division conducted a statewide series of community forums to receive comment on operations, services, future directions and unmet needs related to its programs, including WIC, and maternal, child and adolescent health. WIC managers and parent consultants played key roles; to assure the project met WIC's need for input. Several parents and community service organizations commented about WIC.

These comments have been considered, and have affected the development of this Plan, as well as changes in operational policies.

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

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

Following this comment period, proposed policy and procedure changes, as well as any modifications of these Goals, will be submitted as State Plan Amendments to Food and Nutrition Services.

**PUBLIC HEARING NOTIFICATION
(Operations - 9)**

A Public Hearing will be scheduled regarding the State Plan of Operation and Administration of the Special Supplemental Nutrition Program (WIC and Farmers Market Services) for fiscal year 2006, at the Rhode Island Department of Health in accordance with the conduct, attendance, comment, and recording procedures described in Section 9 of the State Operations Manual. Notices will be published in newspapers having aggregate statewide distribution.

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

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

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

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

RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

WIC and Farmers Market Services

STATE PLAN OF OPERATION AND ADMINISTRATION

VOLUME 2

REVISIONS TO THE PROCEDURE MANUAL YEAR 2007

Proposal
Submitted to FNS / USDA
November 16, 2006

CHECK CASHING PROCEDURE

1. Ask the shopper for the WIC ID folder.
2. Check that the Participant ID Number on the WIC check matches the ID folder.
3. Do not accept the check if the check or the folder is altered or if the check has already been signed.
4. Verify the dates on the WIC check. Do not accept checks before the "First Day to Use" or after the "Last Day to Use" listed on the WIC check.
5. Make sure the shopper has selected only WIC approved foods.
6. Make sure the amount of food does not exceed the amount listed on the check.
7. Ask the shopper for coupons or courtesy card.
8. Process the order. Ring in or scan in all items.
9. Enter the total amount of the sale on the WIC check. Please print clearly with a pen.
10. Ask the shopper to sign the WIC check with a pen.
11. Verify that the signature on the check matches the signature on the ID folder.
12. Give the receipt to the shopper.

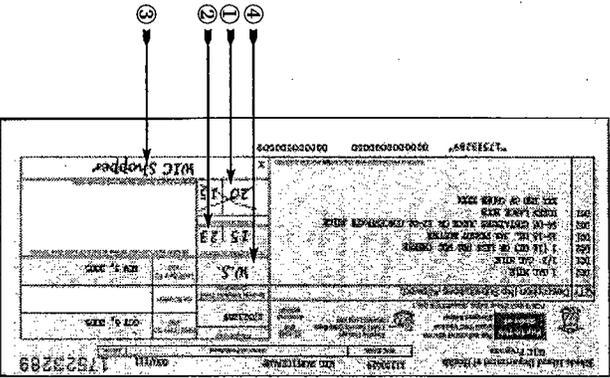
IMPORTANT POINTS TO REMEMBER

- WIC shoppers must be allowed to buy all of the foods in the amounts listed on the check.
- WIC shoppers can use manufacturer and store coupons. Deduct the value of the coupon(s) before entering the total amount of the sale on the WIC check.
- WIC shoppers are entitled to promotions (for example, buy one, get one free) offered to other shoppers. Print clearly and carefully.
- For more detailed information, ask the manager or refer to the WIC Manager's Guide.

CORRECTING A PRICING ERROR

A pricing error is an incorrect price, an unclear number, or a number that has been altered or traced over:

1. Cross out the original price.
 2. Write the correct price above, in the "Approved Price Correction" box.
 3. Ask the shopper to sign the check in the signature box at the bottom of the WIC check.
 4. Ask the shopper to initial the check again in the price correction box.
- WIC checks with corrections and/or alterations that do not follow this procedure will not be paid by the bank.



CASHER GUIDE
Rhode Island
WIC Approved
Food Guide



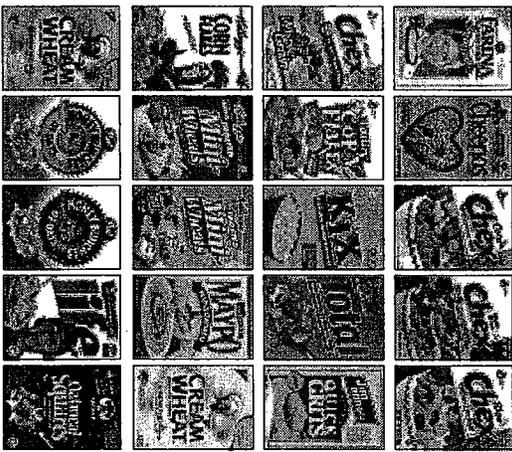
Rhode Island Department of Health
 Division of Family Health
 Office of Women, Infants and Children Program
 Three Capitol Hill, Room 302, Providence, RI 02903
 Vendor Unit 401-222-6921



CEREALS (12 ounce box or larger)

Brand/Type	Accepted Brands	Accepted Brands	Accepted Brands
Preserved Unsweetened Wheat	Best Yet ICA Mail O Meal Nuts Raisins Shaws Shurline Stop & Shop	Best Yet ICA Mail O Meal Nuts Raisins Shaws Shurline Stop & Shop	Best Yet ICA Mail O Meal Nuts Raisins Shaws Shurline Stop & Shop
Treated Oats	Best Yet Great Value ICA Kendall Mail O Meal Raisins Rollin' Oats Shaws Shurline Stop & Shop	Best Yet Great Value ICA Kendall Mail O Meal Raisins Rollin' Oats Shaws Shurline Stop & Shop	Best Yet Great Value ICA Kendall Mail O Meal Raisins Rollin' Oats Shaws Shurline Stop & Shop
Flakes	Shaws Shurline Stop & Shop	Shaws Shurline Stop & Shop	Shaws Shurline Stop & Shop
Quic & Mors (All Flavors)	Great Value ICA Shurline Stop & Shop	Great Value ICA Shurline Stop & Shop	Great Value ICA Shurline Stop & Shop

WIC also accepts the following cereals:

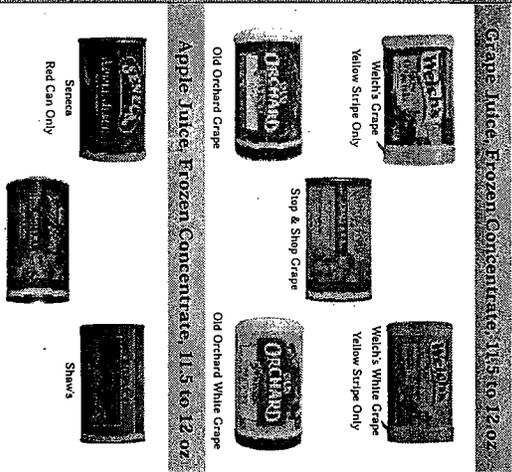


Brand	Weight	Brand	Weight	Brand	Weight	Brand	Weight
Cornell	18 oz	Cornell	18 oz	Cornell	20 oz	Cornell	16 oz
Cornell	24 oz	Cornell	12 oz	Cornell	12 oz	Cornell	12 oz
Cornell	36 oz	Cornell	12 oz	Cornell	12 oz	Cornell	12 oz
Cornell	36 oz	Cornell	12 oz	Cornell	12 oz	Cornell	12 oz

JUICES (All juices must be 100% juices)

Brand/Type	Accepted Brands	Accepted Brands
100% Orange or Grapefruit Juice	Any Brand - 46 oz Fluid Can 11.5 to 12 oz Frozen Concentrate	Any Brand - 46 oz Fluid Can 11.5 to 12 oz Frozen Concentrate
100% Pineapple Juice	Any Brand - 46 oz Fluid Can 11.5 to 12 oz Frozen Concentrate	Any Brand - 46 oz Fluid Can 11.5 to 12 oz Frozen Concentrate
Vitamin C Fortified	Any Brand - 46 oz Fluid Can 11.5 to 12 oz Frozen Concentrate	Any Brand - 46 oz Fluid Can 11.5 to 12 oz Frozen Concentrate

WIC also accepts the following cereals:

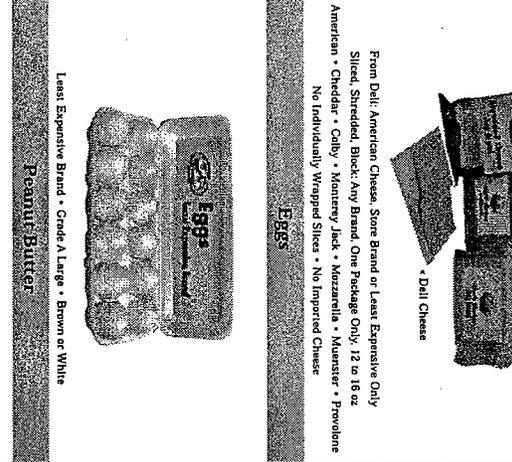


Brand	Weight	Brand	Weight	Brand	Weight	Brand	Weight
Liquor	46 oz	Liquor	46 oz	Liquor	12 oz	Liquor	12 oz
Liquor	46 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz
Liquor	12 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz
Liquor	12 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz

DAIRY & PEANUT BUTTER

Brand/Type	Accepted Brands
Milk: Whole, 2% Reduced Fat, 1% Lowfat, or Fat Free	Any Brand - 46 oz Fluid Can 11.5 to 12 oz Frozen Concentrate
Cheese	From Dill, American Cheese, Store Brand or Least Expensive Only Sliced, Shredded, Block, Any Brand, One Package Only, 12 to 16 oz American • Cheddar • Colby • Monterey Jack • Mozzarella • Muenster • Pevolone No Individually Wrapped Slices • No Imported Cheese
Eggs	Least Expensive Brand • Grade A Large • Brown or White
Peanut Butter	Any Brand • Smooth or Chunky No Added Honey or Jelly • 16 to 18 oz Jar

WIC also accepts the following cereals:

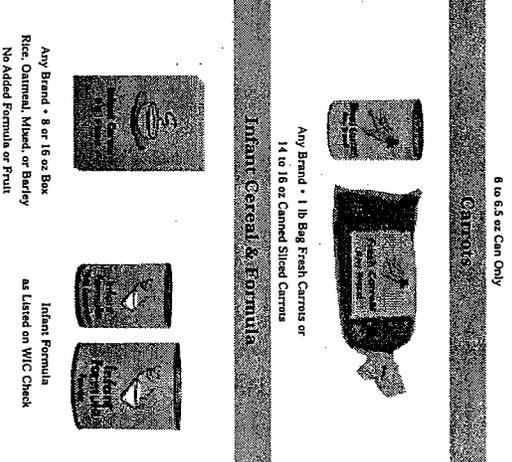


Brand	Weight	Brand	Weight	Brand	Weight	Brand	Weight
Liquor	46 oz	Liquor	46 oz	Liquor	12 oz	Liquor	12 oz
Liquor	46 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz
Liquor	12 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz
Liquor	12 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz

BEANS, TUNA, VEGGS, BABY

Brand/Type	Accepted Brands
Dried Beans, Peas, or Lentils	Any Brand - One lb Bag • No Flavorings • No Mixed Beans
Tuna	Least Expensive Brand • Chunk Light Tuna 8 to 6.5 oz Can Only
Chickpeas	Any Brand • 1 lb Bag Fresh Canned or 14 to 16 oz Canned Sliced Canned
Infant Cereal & Formula	Any Brand • 8 or 16 oz Box Rice, Oatmeal, Malted, or Barley No Added Formula or Fruit

WIC also accepts the following cereals:



Brand	Weight	Brand	Weight	Brand	Weight	Brand	Weight
Liquor	46 oz	Liquor	46 oz	Liquor	12 oz	Liquor	12 oz
Liquor	46 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz
Liquor	12 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz
Liquor	12 oz	Liquor	12 oz	Liquor	46 oz	Liquor	12 oz

No gourmet, specialty, or organic foods allowed.

Revised 12/97 calcium fortified orange juice

420 - Supplemental Foods

Participant Education In Obtaining Supplemental Foods

- A. Explain to the participant or the caretaker of the participant the selected food package, procedure for using WIC checks and procedure for obtaining WIC checks throughout the certification period.
- B. Provide the participant or caretaker with an appointment to return for WIC checks and other appropriate activities (i.e. nutrition education, immunizations, health care visit, etc.).
- C. WIC Information and Rules are on the WIC ID folder and Eligibility Form (WIC-5) at each cert./recert. Ensure that the participant understands the rules for how to use the checks at the store and the penalties for violating the rules. Topics to be reviewed include:
 - 1. Shop only in a store authorized to accept WIC checks. The local agency will provide you with this information. Such stores must be only a retail grocer or food store, or registered pharmacy, located in Rhode Island. Checks may not be redeemed through a home delivery retailer.
 - 2. Children cannot use WIC checks; only the authorized persons on the I.D. folder may.
 - 3. At the store choose the allowed foods listed on the WIC check. Use your WIC Allowed Foods list to pick the correct products.
 - 4. At the checkout counter separate WIC foods from the rest of your grocery items and tell the cashier you have WIC checks.
 - 5. Present your WIC Identification Folder to the cashier before signing the check(s). (The alternate shopper must present the Identification Folder if he/she purchases the WIC foods.)
 - 6. After the cashier has totaled the cost of the WIC foods and entered the cost in ink on the WIC check(s), sign the check. Participants must not sign checks without the cost entered in ink.
 - 7. Date check was used must be written on the check at checkout.
 - 8. There is no refund if all foods listed on the WIC check(s) are not purchased.

9. WIC checks or unused WIC foods may not be sold or exchanged for cash, or credit. WIC foods may only be exchanged for equivalent WIC allowed items (ex: cereal for cereal). Report any unused WIC foods to the WIC nutritionist. Such sale or exchange is an abuse of the Program and may result in a suspension from the Program.
 10. Use checks within the dates printed on the checks.
 11. Return any checks not used to your local agency at your next check pickup time.
 12. Serious or repeated violation of the rules is grounds for termination from the Program.
- D. Because of the large amount of information given to participants at certification, Program complexity, and other factors, this information should be periodically reinforced at later appointments (nutrition, check pick up) and through other means.

Food Package Tailoring Guide

INTRODUCTION

The goal of this Rhode Island Department of Health WIC Program Food Package Tailoring Guide is to ensure that all participants receive the WIC food package which best meets their nutritional needs. An additional feature is that the Tailoring Guide will enable Local Agency nutritionists to prescribe food packages that directly correspond to the nutrition counseling given. It will now be possible to talk in exact terms when describing participants' individual needs, in relation to the food package they will receive.

Table of Contents

Sections

General Guidelines

Maximum Quantities Authorized Per Month

Issuance of Formulas

Level 1 Standard Contract Formulas

Level 2 Non-Standard Contract Formulas

Level 3 Non-Contract Formulas

Level 4 Special Non-Contract Formulas

Level 5 Special Non-Contract Formulas requiring Prior Approval by State Nutritionist

Infant Formula Intolerance Screening

Guidelines for Preparing Formula

General Guidelines

The following food package tailoring guidelines have been developed in conjunction with Section 246.10 of the WIC Federal Regulations which specify that:

246.10(b)(2)iii "...a competent professional authority to prescribe types of supplemental foods in quantities appropriate for each participant, taking into consideration the participant's age and dietary needs,... not to exceed the maximum quantities specified (in the regulations).."

246.10(b)(2)i "... this does not mean that a local agency must provide each participant with a food from each food group."

These guidelines shall be applied uniformly statewide. Local Agencies will be periodically monitored to ensure compliance with the following standards:

1. Food packages prescribed shall meet the individual nutrient needs of each participant.
2. Food packages are to be prescribed and changed only by the competent professional authority responsible for the participant's nutritional care. (No changes may be made without the nutritionist's or nurse's prescription.)
3. Reasons for all special (any nonstandard) food package changes or tailoring must be amply documented in the participant's record. Special tailoring can be done by using the appropriate lists of code options and the maximum allowable packages.
4. In the event that a person's special dietary needs cannot be met by the food packages listed, contact the State WIC Nutritionist for guidance.
5. Prescription of, and changes in, food packages shall reflect changing individual nutrient needs and food consumption patterns. Foods not needed may be tailored out of the package or quantities can be reduced to reflect need. Food packages may not be tailored for cost reasons.
6. Ready-to-feed formula may be used only if the competent professional authority determines and documents that one of the following conditions exists:
 - a. Little or no cold storage exists (in this case, powdered formula, prepared a bottle at a time, may be the package prescription of choice).
 - b. The mother, or guardian, cannot understand how to properly mix the formula and may dilute it improperly.
 - c. Contaminated or restricted water supply. Requires documentation.
7. When tailoring the milk portion of the food package, please use the following guidelines in conjunction with maximum allowable quantities as stipulated on pages 6-8 of this guide:

- a. Milk and formula may not be mixed in the same package.
- b. Cheese may be substituted at a rate of one pound per three quarts fluid milk. Four pounds is the maximum amount which may be substituted.
- c. Evaporated milk may be substituted at a rate of one can (12 oz.) per one quart fluid milk.
- d. Non-fat dry milk may be substituted at a rate of one pound per five quarts fluid milk.

Example: A child 3 years of age may have a food package that contains a maximum of 24 quarts milk, or equivalent, and wants 2 pounds cheese, so the package would contain

18 quarts milk		18 qts
and		
2 lbs. cheese x 3 qts./# =	<u>6 qts</u>	
		24 qts equivalent

Revised 12 / 97

- 8. *Calcium fortified juice is available for use with women who do not consume milk and/or cheese. Custom food packages specifying "calcium fortified orange juice" should only be issued to women who receive no WIC cheese or milk. Calcium fortified juice is not available for infants or children.*
- 9. Tailoring of the food package should occur at the following times:
 - a. At certification and recertification for all participants.
 - b. For infants, changes that should be made at 5 months of age will be generated by the computer. Changes occurring at 11 months of age will need to be done at the local agency in the thirty days prior to the infant's birthday.
 - c. For children, changes should be made at the certification appointment closest to their second and third birthday. Changes may be processed three months before or after the child's birthday.
 - d. When a woman is recertified as a nonbreastfeeding postpartum woman (changes include decreasing milk and juice allowances and the exclusion of dried beans or peas and peanut butter), or when a breastfeeding woman discontinues breastfeeding but is less than six months postpartum.
 - e. At any time that a physician documents need for a change.
 - f. At the request of a participant.
 - g. At the nutritionist's discretion.
- 10. The number of checks (amounts of foods) given should generally reflect the period of use and be appropriate for each participant. If a participant is late in picking up checks, the local agency should evaluate the reason for the lateness and use discretion in determining when to prorate checks. In deciding the appropriateness of prorating, the agency should take into account such factors as the

SECTION 420

following:

- a. The participant's age and dietary needs;
 - b. That there is evidence of abuse or misuse of checks or supplemental foods, related to late pickup;
 - c. That late pickup is habitual;
 - d. That there is not good cause for the lateness;
 - e. That the participant cannot reasonably utilize the full amount of WIC foods;
 - f. Whether prorating would create a hardship for the participant.
11. A participant who picks up late should be counseled about the importance of receiving WIC checks at the appointed time and warned that if late pickup of checks continues, a partial package will be issued. Counseling and warnings should be documented in the participant record.

The local agency shall establish guidelines and procedures for warning and counseling and for referral of a participant to a Competent Professional Authority when there is a high risk that late pickup may be associated with abuse, misuse or misdirection of supplemental foods. The CPA shall evaluate the circumstances and only authorize the issuance of such checks as can be reasonably utilized by the participant. The CPA may, after notice to the participant, stipulate a prorating plan to take effect under specified condition(s) at a future recurrence, without again seeing the participant.

The WIC RI Webs computer (system will automatically prorate unless overridden by the system administrator.)???

12. The recommended food package options for children 1-2 years of age, and 2-3 years of age are based on average nutrient needs at these ages. Care should be taken to adjust these amounts accordingly with the individual growth needs of each child, while not exceeding the Maximum Quantities Authorized for Children (see next section).
13. Packages for Women and Children with Special Dietary Need (see Section VII) may only contain formula, juice, and cereal. No other foods may be tailored into these food packages.

24 oz. Infant cereal
92 oz. Fluid juice

III. Children: 1 - 5 years of age

24 qts. Milk, or its equivalent (See # 7 in Tailoring Guide)
2 1/2 doz. Eggs
276 fl oz. Juice
36 oz. Cereal
1 lb. Dried beans or peas or 1-18 oz. jar peanut butter

IV. Pregnant and Breastfeeding Women

28 qts. Fluid milk or its equivalent
2 1/2 doz. Eggs
276 fl. oz. Juice
36 oz. Cereal
1 lb. Dried beans or peas or 1-18 oz. jar peanut butter

Note: Women who are exclusively breastfeeding (no WIC formula provided to infant) may receive an additional 46 oz. of juice, 18 oz. of peanut butter, 1 lb. of cheese, 26 oz. of light tuna and 2 lbs. carrots.

V. Postpartum Women

24 qts. Fluid milk or its equivalent
2 1/2 doz. Eggs
184 fl. oz. Juice
36 oz. Cereal

Note: Dried beans or peas and peanut butter are not permitted to be tailored into the food package for postpartum women. Also, the milk and juice amounts have been decreased to reflect changing nutrient needs.

VI. Infants with Special Needs

8 lbs. low-iron infant formula or
8 lbs. Powdered special formula-specified or
25 cans (32 oz.) low-iron infant formula R-T-F

plus, if need is indicated, a maximum of

92 oz. Juice

24 oz. Infant cereal

VII. Women and Children with Special Needs

31 cans	Iron fortified infant formula concentrate or
8 lbs.	Powdered special formula (specified) or
25 cans (32 oz.)	Iron fortified infant formula R-T-F

plus, if need is indicated, a maximum of

138 oz. Juice
36 oz. Cereal

Note: Additional formula may be issued on an individual basis provided the need is demonstrated and documented in the individual participant's file by the Competent Professional Authority.

Note: A WIC Prescription Formula Form documenting need for formula is necessary to prescribe this package, and should be present in the participant's chart.

Note: The Rhode Island WIC Program follows the American Academy of Pediatrics June 1988 recommendation that iron-fortified formula should be provided to non-breastfed infants in the WIC Program through the first year of life.

Issuance of Formulas (revised 10/06)

Contract Formulas

1. *Standard Contract Formulas*
Nestle GOOD START Supreme DHA & ARA
Nestle GOOD START Supreme Soy DHA & ARA

2

Non-Contract Formulas

2. *Special Non-Contract Formulas*

Nutramigen, Alimentum, Pregestimil, Ensure, Pediasure
Other special metabolic formulas

CONTRACT FORMULAS

GOOD START Supreme DHA & ARA and GOOD START Supreme Soy DHA & ARA the contract formulas issued by WIC in Rhode Island. This is because the WIC Program has a contract with Nestle to receive a rebate for each can of GOOD START or GOOD START Soy. Formula-fed participants will be issued a contract milk-based or soy-based infant formula (GOOD START or GOOD START Soy). The WIC Program receives a rebate for all forms of GOOD START and GOOD START Soy powder, concentrate, ready-to-feed); therefore, all forms of GOOD START and GOOD START Soy are considered contract brands.

GOOD START Supreme DHA & ARA and GOOD START Supreme Soy DHA & ARA in 13 oz. concentrate cans are considered the standard contract formulas. Ready-to-feed cans are considered non-standard contract formulas since documentation is needed to justify the issuance of ready-to-feed formula even if it is the contract brand.

Procedures:

Level 1 Standard Contract Formulas

Formula fed participants shall be issued WIC checks for GOOD START Supreme DHA & ARA or

GOOD START Supreme Soy DHA & ARA in 13 oz. concentrate cans unless a documented reason exists for a non-standard contract formula or a formula not covered by the Nestle contract.

Level 2 Non-Standard Contract Formulas

A. Ready-to-feed GOOD START or GOOD START Soy may be issued only if the competent professional authority (CPA) determines and documents that one of the following conditions exist:

1. Little or no cold storage exists (in this case, powdered formula prepared a bottle at a time may be the prescription of choice).
2. Contaminated or restricted water supply.
3. The mother or guardian cannot understand how to properly mix the formula and may dilute it improperly.

When authorizing ready-to-feed formula for any woman, infant, or child use the WIC Prescription Form. The WIC Prescription Form can be completed by the local agency CPA for ready-to-feed formula. One copy of the WIC Prescription Form should be kept in the participant's chart. One copy of the WIC Prescription Form should be sent to the State WIC Office.

B.

C. GOOD START or GOOD START Soy issued to Women or children is also considered non-standard since physician documentation is needed prior to issuance. As with other non-standard contract formulas, the participant's physician must complete a WIC Prescription Form prior to issuance. One copy of the Prescription Form should be kept in the participant's file and one copy should be sent to the Sate WIC Office.

NON-CONTRACT FORMULAS

Non-contract milk-based or soy-based brands of formula will not be authorized after January 1, 2007.

Any infants receiving a non-contract brand of formula will reduce the total amount of rebate funds, thereby reducing the number of additional WIC participants which can be served. All major brands of commercially-produced milk-based or soy-based formulas are nutritionally equivalent and because of the Infant Formula Act there are minimal differences among the brands. True intolerance to milk based or soy-based formulas are actually quite rare. Infants may have symptoms that are related to food intake but other factors such as improper formula preparation, storage

techniques, and feeding techniques must be considered.

- B. If a parent or guardian reports that the infant is intolerant to both the contract milk-based and soy-based formula, determine whether the symptoms are due to a true intolerance or other factors:
1. Use the factors outlined in the Infant Formula Intolerance Section of this Food Package Tailoring Guide to evaluate the formula intolerance. The Intolerance to Formula Screening Form can guide you in your discussion with the infant's parent and provide you with a means to document the screening.
 2. If symptoms are mild and a result of improper formula preparation or feeding techniques or other factors discovered during your screening for intolerance, provide appropriate counseling and continue to issue GOOD START or GOOD START Soy. Remember that both milk-based (GOOD START) and soy-based formula (GOOD START Soy) are available as contract brands. Document the results of your evaluation, your counseling, and referral in a progress note or on the Intolerance to Formula Screening Form. Continue to issue checks for the contract brand of formula.
 3. If the infant is not gaining weight, if the symptoms are severe, or if the symptoms appear to be a true intolerance to the contracted formulas refer the parent or guardian to the infant's physician for a medical evaluation and for further guidance on issuing formula. Document the results of the formula intolerance evaluation and your referral in the participant's progress note or on the Intolerance to Formula Screening Form.
- C. If the parent refuses the contract formula (GOOD START or GOOD START Soy) and there is no documented medical reason to prescribe a special prescription formula explain as diplomatically as possible that GOOD START and GOOD START Soy are the standard formulas that WIC supplies. Point out how necessary it is to stretch WIC monies to serve as many WIC participants as possible.
- If the parent wants another brand, s/he will have to purchase it on her own. Offer the parent the complete set of checks and encourage trying the standard contract brand. If WIC formulas are still refused, issue checks for juice and cereal only (if appropriate for age) and tell the parent that WIC will be happy to provide GOOD START or GOOD START Soy at any time that the parent changes her/his mind. Keep a log of those who refuse to use the contract brand of formula. Continue to provide nutrition education and support. Refusal to accept this food item should be treated just like refusal to accept any other food item. It does not affect other Program benefits.

Revised 12 / 97

Level 4 and 5 Special Non-Contract Formulas

Special formulas are formulas designed to meet the special nutritional needs of infants, children, and women. Special formulas require a written physician's prescription prior to issuance.

Special non-contract formulas include specialized nutritional formulations such as Nutramigen, Pediasure, Pregestimil, Ensure.

Procedures:

A.

The name of the particular Level 4 formula prescribed will be printed on the participant's checks. A WIC Prescription Form must be completed by the patient's physician prior to issuance of the prescription formula. One copy of the WIC Prescription Form should be kept in the patient's chart.

B. Level 5 Special non-contract formulas or other speciality formulas require prior approval of the State WIC Nutrition Coordinator and will require the use of a WIC Prescription Form. (See information on WIC Prescription above.) Some Level 5 formulas are direct purchased from the manufacturer / distributor by the State WIC Office. A WIC Prescription Form must be completed by the patient's physician prior to issuance of the prescription formula. One copy of the WIC Prescription Form should be kept in the patient's chart and one copy should be to the State WIC Office. The Nutritionist should then call the State WIC Nutrition Coordinator for an access code to issue the formula.

Need for Prescription Formula Safeguards

It is important that those participants on prescription formulas receive the correct formula. The following procedures should be followed to ensure that each participant receives checks coded for the correct formula:

- A. Each local agency should maintain an ongoing record (Prescription Formula Log) of all prescription formulas prescribed by the local agency competent professional authority based on physician documentation of need.
- B. Prior to issuing checks, the Prescription Formula Log should be compared to the participants' checks.
- C. The date(s) of verification should then be recorded on the Prescription Formula Log.
- D. If the formula or food package codes are incorrect, change the food package accordingly.
- E. Changes of formula or special food package codes should be noted on the log.

Infant Formula Intolerance Screening

The symptoms of formula intolerance are similar to symptoms caused by improper formula dilution, preparation, and storage or poor infant feeding techniques. Therefore, make sure the parents are following the guidelines discussed below before switching to another infant formula. Use the guidelines below to screen for formula intolerance. Documentation of the results of the screening, counseling, and referrals must be documented. This may be documented in the participant's progress notes or on the Intolerance to Formula Screening Form (WIC-69, Appendix 400).

1. If the infant has been sick or had a fever during the past week or longer, ask the parent/caretaker if the infant had the intolerance symptoms before becoming ill.
2. If the infant has been taking medication during the past week or longer, ask if the infant was experiencing the symptoms before he/she started taking the medication.

Some medicines will make the infant experience symptoms similar to formula intolerance, but the symptoms will subside once the medication is discontinued.

3. Make sure the baby is not being overfed.

Review the signs of a full baby with the parent/caretaker. These include the following:

- the baby will close his/her mouth.
- the baby will stop sucking the bottle or breast.
- the baby will want to play instead of eat.

Stress the importance of not overfeeding the infant. Explain that this could cause symptoms similar to formula intolerance, and may also make the baby fat. Review appropriate amounts of formula to feed baby.

4. Make sure that the hole in the nipple is not too large.

If the parent/caretaker has enlarged the nipple, then the formula may be flowing too readily and may cause the infant to spit up or choke. Also make sure that the nipple is appropriate for the age of the infant and for the liquid that is being fed. Different nipples are available for water, formula and juice.

5. Make sure the infant is being burped properly and at the correct intervals.

SECTION 420

Newborns (birth to 6 weeks) need to be burped after every ounce of formula. Infants older than six weeks old need to be burped after every 2 ounces of formula. The infant can be burped by holding him on the parents shoulder, on the lap, or across the lap while gently patting his back. The baby should be well supported.

6. Make sure the infant is held during the feeding so his head is a little higher than the rest of his body.

This makes the feeding easier and more comfortable for the baby, and he is less likely to spit up the formula later. Infants should not be fed in infant seats or swings and bottles should never be propped up. Propping the bottle could cause choking, earache, or nursing bottle mouth (tooth decay).

7. Make sure the formula is diluted properly.

If not, counsel parent/caretaker about the correct method of mixing formula.

Guidelines for Preparing Formula

Ready To Use Formula - No mixing is required. Feed to baby as is.

Concentrate Formula - Mix equal amounts of formula and clean water.

Powdered Formula - Mix 1 level scoop of powder for every 2 ounces of clean water used to make the bottle. If you are making an 8 ounce bottle, you would mix 4 level scoops of formula with 8 ounces of water.

8. Make sure the formula is kept at the correct temperature.

Recommend that the refrigerator temperature be checked to make sure it is between 35 and 40 degrees Fahrenheit. Caution against allowing the formula to remain unrefrigerated for more than 30 minutes before feeding to the infant. When away from refrigeration for a long period of time, recommend using powdered formula or keeping the formula on ice.

9. Make sure the formula is prepared in a sanitary manner as directed by physician or clinic staff.

Review the following steps for preparing formula with the parent/caretaker.

Aseptic Method

- a. Wash bottles, nipples, disc seals and caps with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
- b. Place bottles, nipples, disc seals, caps and tongs in a large pan. Add approximately five inches of water and boil 5-10 minutes with the lid on. Remove bottle supplies from sterilizer with tongs and place on clean cloth or paper towel.
- c. Boil the water to be used in mixing the powdered or concentrated formulas for 5 minutes. Cool.
- d. Mix formula with the boiled and cooled water according to the label on the can.
- e. Using tongs, place nipples (upside down) disc seals and caps on the filled bottles.

Terminal Method

- a. Wash bottles, nipples, disc seals and caps with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
- b. Mix the concentrated or powdered formula with water according to the label on the can.
- c. Put nipples in bottle, upside down, with disc seals covering top. Screw top on

- loosely.
- d. Put bottles in a rack or on a towel in a big pot. Add 2-3 inches of water.
- e. Boil 25 minutes with top on the pot.

Single Bottle Method (recommended if bottle supply is limited)

- a. Wash a one-quart jar or container with lid in hot, soapy water. Rinse well with boiling water.
 - b. Boil the water to be used in mixing powdered or concentrated formula for 5 minutes (boil enough to make a day's supply of formula). Cool.
 - c. In the clean container, mix the formula with the boiled and cooled water according to the label on the can.
 - d. For each feeding, wash bottle, nipple, cap and tongs with hot, soapy water and a bottle brush. Be sure water is able to get through the nipple hole. Rinse well.
 - e. Place bottles, nipple, cap and tongs in large pan. Add five inches of water and boil 5-10 minutes with the lid on. Remove the bottle supplies with the tongs and place on a clean cloth or paper towel.
 - f. Fill the bottle for one feeding from the mixed formula stored in the refrigerator.
10. The sterilization of water and bottles should be continued until the infant is 4-6 months of age. After that time, preparation using safe tap water and proper washing techniques should be adequate.
11. Formula should be stored in the refrigerator and used within 24 hours. Formula that is left after 24 hours should be thrown away.
12. Caution the parent/caretaker to always throw away formula left in the infant's bottle after a feeding. It should not be used later. Formula that has come in contact with baby's mouth should not be resterilized.
13. Make sure the parent/caretaker is following these guidelines when introducing new foods into the infant's diet.
- Introduce one new food at a time.
 - Try each new food for 5-7 days before trying another food.
 - Check for reactions such as diarrhea, skin rashes, wheezing, and colic (some of the same symptoms are caused by milk intolerance).
 - If the infant dislikes a food, try it again a few weeks later.
14. If there is a family history of cow's milk allergy, refer to physician for evaluation of need for a soy-based formula. If the baby develops intolerance symptoms with the soy-based formula, a referral to physician for medical evaluation should be made.

15. If there has been recent emotional upset in the family, explain to the parent/caretaker that this might cause symptoms similar to cow's milk intolerance.

430 - Nutrition Education

A. Nutrition education shall be considered a benefit of the Program and shall be provided at no cost to the participant. Nutrition education shall be designed to be easily understood by individual participants, and it shall bear a practical relationship to their nutrition needs, household situations, and cultural preferences, including information on how to select food for themselves and their families. At the time of certification, the participant shall be encouraged to participate in nutrition education activities and the positive, long-term benefits of nutrition education shall be stressed.

B. Nutrition Education Goals:

revised 11/98

1. *Emphasize the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants and children under five years of age and raise awareness about the dangers of HIV infection and AIDS and using harmful substances such as tobacco, alcohol, some over the counter and prescription medications and illegal drugs, during pregnancy and while breastfeeding.*
2. Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status.

C. Local Agency Responsibilities:

1. To provide nutrition education at no cost to each participant or guardian.
2. To integrate nutrition education thoroughly into participant health care plans, the delivery of supplemental foods, and other Program operations.
3. To develop and implement an annual Nutrition Education Plan that is consistent with the nutrition education portion of the State Plan, federal regulations, and FNS and state guidelines.

D. Frequency of Nutrition Education Contacts:

For Participants Certified for 6 Months or During Pregnancy

1. To offer participants or caretakers two separate nutrition contacts, preferably at three month intervals, not to be provided on the same day, during each six month certification period.

Revised 10/06

(a) *First nutrition education visit:*

This visit should be made available through individual consultation.

This visit should include an explanation of at least one or more of the following topics if the participant has no other outstanding personal/nutrition-related issues that need assistance/resolution):

Reasons why participant qualifies for WIC Program.

Ways to correct or decrease nutritional risk if applicable/appropriate for the participant's current counseling needs.

WIC foods to be consumed by participant only.

Supplemental nature of program.

Nutritional value of WIC foods.

Importance of health care.

Importance of women knowing HIV status

Encouragement to breastfeed for pregnant woman unless contraindicated for health reasons.

Ways to meet infant's and child's dietary needs in ways appropriate to infant or child development.

Substances harmful especially in pregnancy (tobacco, alcohol, prescriptions drugs, illegal drugs, over the counter medications).

Referral to local resources for smoking cessation, HIV counseling and testing, drug and other harmful substance abuse counseling, treatment and education, if appropriate.

Revised 2/97 SNECs Provided by trained WIC Support Staff

(b) Second nutrition education contact (SNEC):

(1) *Routine nutrition education contact:*

This visit is to be made available through client-centered individual or group contacts which are appropriate to the individual's or group's nutritional needs. Topic should be chosen at the discretion of the local agency nutritionist and ideally should reflect back on the plan of the last nutrition counseling session, or should address the participant's current nutritional/personal needs.

OR

(2) High risk nutrition education contact:

All participants designated as high risk according to local agency criteria will receive a high risk care plan outlined in the SOAP notes section of RI Webs. IT will include a plan for follow-up designed by the local agency nutritionist. Each high risk participant will receive a minimum of one follow-up visit.

An individualized care plan will be provided to any non-high risk participant at his/her request.

For Infants Certified for "Extended Certification"

1. Provide nutrition education contacts quarterly for infants with "Extended Certification" periods. Base the number of nutrition education contacts on the length of the certification period. Give all infants one nutrition education contact at the time of their initial certification and follow-up contacts as follows:

Age at Enrollment	Lgth of Cert Period	#F/U Contacts
≤ 2 months	10-12 months	3
3 to 5 months	7-9 months	2
6 months or older	6 months	1

This is the minimum number of nutrition education contacts you must provide, although you may provide more if you wish.

For infants on extended certifications, at least one follow-up contact must be an individual appointment which includes a length/weight measurement, dietary assessment and blood work (as indicated).

Refer to Section 213-Nutritional Assessment for guidance on hematological screening requirements during Extended Certification.

Added 11/98

D. HIV and AIDS Information and Referral

1. *WIC local agency staff will routinely discuss the advantages of breastfeeding with women participants during all possible opportunities including certification, nutrition education sessions, etc.*
2. *During the first nutrition education contact, advise all women participants of the risk of HIV transmission to their infants during pregnancy and breastfeeding if they are themselves infected. Advise all women participants to know their HIV status.*
3. *Encourage voluntary HIV counseling and testing as early as possible prior to or during pregnancy. Refer participants requesting assistance to local HIV counseling and testing sites.*
4. *Women known to WIC to be HIV infected must be counseled against breastfeeding and referred to appropriate health care and supportive services (if needed).*
5. *Local agencies must have:*
 - a) *HIV educational brochures for participants and,*
 - b) *reference information for WIC staff.*

E. General Points

1. *Individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. Documentation of*

nutrition education contacts must be included in a participant's record, indicating receipt or refusal of the nutrition education.

2. The type and content of the nutrition education visit shall be documented in each participant's record and signed by the person making the entry.
3. Time spent on nutrition education provided by local agency staff will be documented according to procedures in Section 610, Reports.
4. Contacts shall be designed to meet different cultural and language needs of Program participants.
5. *If Farmer's Market Checks are distributed to a WIC participant, nutrition education regarding fresh produce shall be provided.*

Added 12/04

**RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM**

WIC and Farmers Market Services

STATE PLAN OF OPERATION AND ADMINISTRATION

VOLUME 3

REVISIONS TO THE OPERATIONS MANUAL YEAR 2007

**Proposal
Submitted to FNS / USDA
November 16, 2006**

Rhode Island WIC Program
Retail Vendor Policies



Revisions are italicized

Policy V-1: APPLICANT VENDOR SELECTION AND AUTHORIZATION

(Revised 12/05)

GOAL

To ensure that only vendors which will be a benefit to the RI WIC Program are accepted and maintain their authorization.

PROCEDURE

Revised 2-06

- A. *Retail grocers, food stores (know as grocers), and registered pharmacies (known as pharmacies) located in the State of Rhode Island may request initial participation as authorized vendors in the WIC Program throughout the year. An application will only be issued to a grocery or pharmacy owner, partner or corporate officer acceptable to WIC. Mobile stores and home food delivery companies are not eligible to be WIC vendors. Persons or entities may also apply up to thirty days before commencing operations of a grocery or pharmacy.*
- B. A Vendor Application Package, consisting of
- a. Letter of Introduction,
 - b. Vendor Application Form (WIC-31),
 - c. WIC Price List,
 - d. Redemption Procedures,
 - e. Sample WIC check,
 - f. WIC-Approved Foods list,
 - g. Vendor Minimum Inventory, and
 - h. WIC's Guide to Retailers
- is sent to the vendor, only.

The applicant vendor returns the:

- a. Vendor Application,
- b. Price List,
- c. Proof of ownership, and
- d. Copy of a recent driver's license or other positive photo identification,

to WIC for review after completion by the vendor.

The establishment owner, partner or a corporate official (provided they have the authority to sign on behalf of the company) must sign the Vendor Application and WIC Price List. The applicant must provide evidence of ownership and/or control, satisfactory to the HEALTH WIC Program, of the operations of the grocery or pharmacy at the location for which the application is being submitted.

- C. For the purposes of the HEALTH WIC Program the terms vendor, applicant or applicant vendor, except as described above, shall refer to the business and any person, firm, corporation, officer, owner or manager or any entity who/which has or has had a controlling or partnership interest in, or managerial control of the business with respect to the business' WIC vendor application or re-application for participation in the Program and in compliance with any Food And Nutrition Service (FNS) Program's rules, regulations or procedures.

- D. If the vendor has withheld, misrepresented or falsified any information required by the application process, the application will be denied and/or any subsequent Vendor Agreement relating thereto will be immediately rendered null and void, upon discovery.

If the vendor has participated in any actions which are violations of Program rules or accepted WIC checks prior to authorization, (in accordance with Vendor Compliance, V-4) the application will be denied and/or any subsequent Vendor Agreement relating thereto will be immediately rendered null and void, upon discovery.

The vendor may not be accepted if it has been debarred or suspended from participating in any transactions involving federal funds or other assistance with grantees and sub grantees of federal funds under the terms of 7 CFR Part 3017.

- E. A vendor will not be accepted if it shows potential for risk (see Policy V-2).

- F. FNS and WIC Compliance (Applies to Programs' Compliance in RI or in other states)

1. Unless needed to serve an area (Section S, below), a grocery vendor will not be approved unless the vendor is authorized by the Food Stamp Program under the current ownership. If the Vendor is disqualified from the Food Stamp Program as a result of disqualification from the WIC Program, the Vendor may not reapply until FSP authorization is reinstated
2. (a) A vendor will not be approved if a vendor as a vendor owner, officer, partner, manager or individual:
 - (i) Has not paid in full any fiscal claim, penalty, or fine owed to any USDA or other Federal or State Program or if the Vendor has not corrected any previous violation.
 - (ii) Has committed or been convicted of any violation of or been found in violation of any of the laws and/or regulations, or rules of any USDA or other Federal or State Program, or the terms of any previous Vendor Participation Agreement.

The vendor will not be accepted for from one to six years from the time of the last violation committed, or from the time it was determined the violation had been committed, or prior to the end of any disqualification, sentence, or sanction imposed with respect to that violation; whichever last occurs.

If the sanction was a civil money penalty, or fine or other monetary settlement imposed in lieu of a disqualification or agreed to as part of resolution of a charge of violation of USDA rules, the vendor may not be accepted during the period of time the monetary penalty or settlement is in lieu of, beginning with the date the sanction was imposed.

Re-applicant(s) must serve this time under the WIC Program before they can be re-approved as a WIC Vendor or such term as consistent with the nature of the act and penalties for a similar act as set forth in Policy V - 4.

Section 3 Appendix - 3

The HEALTH WIC PROGRAM may accept such a vendor if it deems vendor would be a special benefit to the Program and acceptance to be in the best interests of the Program, and impose an alternative penalty and/or special conditions of participation in lieu of denial of participation.

- (iii) Is owned, in whole or in part, or is managed by any person who has committed or been convicted of any violation of or found in violation of the laws, regulations, or rules, of any above USDA Program in accordance with the above.
 - (iv) Employs any person who has committed or been convicted of any violation of, or found in violation of, any of the laws, regulations, or rules of any USDA Program in accordance with the above, whether such violations occurred in relation to that applicant store while the store was under previous ownership, or any other store where such person committed such violations unless such person is under on-site supervision of a superior during all hours of WIC related activity and is not allowed to take part in any WIC check transactions.
 - (v) Has committed any violation of the laws, rules, or regulations of any USDA Program while under disqualification or other sanction by any USDA Program, or when not participating in such Program; in accordance with Policy V-4, Vendor Compliance.
 - (vi) Where there is evidence of an attempt to circumvent, or assist in a circumvention of, a period of disqualification from any USDA Program or a civil money penalty imposed for violations of the rules or regulations of any USDA Program in accordance with Policy V-4 or Program vendor selection and authorization rules and requirements.
 - (vii) Where there is a likelihood that a former owner, who would not him/herself qualify, still retains direct or indirect ownership in, control over or interest in the business or its operations.
- (b) Re-application/Re- approval of Vendor Agreement - When reliable evidence or likelihood exists of violations of the regulations, rules, or procedures of any USDA Program in accordance with (a), above or Policies V-2 or V-4, such evidence shall be grounds for denial of the WIC Vendor Agreement. The Rhode Island Department of HEALTH WIC Program may deny vendor participation in the Program for a period in accordance with (a), above, or until such time as the vendor is no longer subject to, or under judicial, administrative penalties, sanctions and/or sanction reviews, or other punishment, whichever last occurs. Any of the conditions of (a) above, shall constitute a violation for purposes of re-approval of a vendor even when it has been served under any USDA Program but not under the WIC Program. Applicant(s) or re-applicant(s) must serve this time under the WIC Program before he/she can be re-approved as a WIC Vendor.

Section 3 Appendix - 4

3. The HEALTH WIC PROGRAM may, at its option, enter into a conditional Vendor Participation Agreement when a vendor is pending judicial or administrative finding, decision, or applicant sanction for an alleged violation, or being readmitted following an allegation of violation, or for special authorization needs as provided for in O, below.
4. Each applicant vendor, including re-applications, will be reviewed for compliance with any current or previous WIC Agreement for the past three years from the date of application or from the termination of the most recent Agreement.

A vendor will not be accepted or renewed if it meets any of the following criteria:

- (a) Is currently suspended or disqualified from any USDA Program for non-compliance, or is under threat of disqualification related to pending charges. This shall not be subject to administrative or judicial review under the WIC Program.
- (b) Committed three violations of WIC Program rules such as would be grounds for a 90 day or less disqualification under the provisions of Policy V-4: Vendor Compliance.
- (c) Committed two violations, and/or was issued two notices of violation, of a type described in Policy V-4: Vendor Compliance, as Violations and Sanction Types A, B, C, D, E, F; or committed serious, deliberate, or widespread violations described under I or J of that policy.
- (d) Received two suspensions or disqualifications during the preceding three years. Such vendors shall not be renewed or approved for participation for from one to three years from the date of termination of their current or most recent Agreement, in accordance with Policy V-4.
- (e) Has been determined to be charging excessive prices, in accordance with Policy V-10.
- (f) If federal regulations for the WIC Program are adopted which change the maximum disqualification or suspension term or standards for vendor authorization the HEALTH WIC Program may modify the terms of disqualification or non-approval for participation in accordance with the standards set forth in the new federal regulations.
- (g) If the WIC Program has reason to believe a change of ownership or control may have occurred and the vendor fails to furnish sufficient proof that a change has not occurred.

G *Added Revised 4/06*

If the Vendor is determined to be an "Above 50% Vendor", they will not be authorized by WIC.

The "Above-50% Vendor" (A50%V) sub-category will be assigned to applicants who have the potential for total WIC sales to comprise more than 50% of their total food sales.

The “Below 50% Vendor” (B50%V) sub-category will be applied to those applicants whose total WIC sales would comprise 50% or less of their total food sales.

The redemption histories of all new WIC authorized grocery (ie non-pharmacy, non-farmers market) vendors will be reviewed during the application process. To identify a potential Above 50% Vendor (A50%V) the following information will be considered:

- (a) It the applicant is a new business with no redemption history*
- (b) Recent Food Stamp Program redemption data for the applicant*
- (c) Self reported total gross food sales for the prior year*
- (d) Recent State of RI Monthly Sales & Use Tax Return (Form T-204M)*
- (e) Recent State of RI Quarterly Reconciling for Monthly Filers Form (Form T-204M-R)*
- (f) Projected WIC food sales, based on WIC’s analysis of peer group food redemption profiles.*

Based on this analysis, applicants will be categorized as:

The “Above-50% Vendor” (A50%V) sub-category will be assigned to applicants who have the potential for total WIC sales to comprise more than 50% of their total food sales.

The “Below 50% Vendor” (B50%V) sub-category will be applied to those applicants whose total WIC sales would comprise 50% or less of their total food sales.

For example, a small independent store with no food sales history or Food Stamp Program sales history will be considered a potential A50%V for the first 6 months of WIC authorization. A new branch of a national chain grocery store will not be considered as a potential A50%V, and would categorized as a B50%V.

During this 6- month period of time, the potential A50%V’s redemptions will be monitored to ensure their reimbursements are no greater than the maximum allowed price statewide average, or the maximum allowed price for their category (whichever is the lower amount).

Revised 9-11-06

If individual food package redemptions are identified at a higher cost than the statewide average, A50%V stores will be required to lower their prices if they want to maintain their WIC authorization. Concurrently, WIC will review its competitive and its maximum allowed price and make adjustments as needed.

In addition, newly authorized stores identified as potential A50%V, will be given a 6- month probationary period. During this time, monthly redemption data will be reviewed to identify if, in fact, the probationary WIC vendor is an A50%V. If this is confirmed, they will be terminated from the WIC Program.

H. Vendors must be in good standing with all other HEALTH units, such as Food Protection and Sanitation and Board of Medical Licensure & Discipline, as applicable.

I. *Added 11/05*

Applicants must document and provide proof upon request that infant formula available in their store has been purchased from the RI WIC Authorized List of Infant Formula Providers. In addition, they must agree to only purchase infant formula from sources on this WIC authorized list.

- J. Prior to a site visit, the following items will be reviewed for completeness and acceptability in conformance with applicant selection standards and criteria:
1. Application form WIC-31 completed, WIC Price Sheet, proof of ownership, photo identification
 2. USDA active authorization (required for grocery applicants)
 3. No debarment or suspension
 3. Prior USDA and prior WIC compliance
 4. Food Protection/Board of Medical Licensure & Discipline status
 5. Acceptable prices
 6. No potential for risk
- K. If the vendor is acceptable according to the above criteria and if openings exist in accordance with Q, below, an on site visit is conducted at the location of the applicant store using the Vendor Application Site Visit Form (WIC-32) including WIC food availability, check handling and redemption, willingness to cooperate in vendor monitoring, willingness to fulfill obligations of the Vendor Participation Agreement and prices.
- L. The Vendor applicant must demonstrate that inclusion of the store or pharmacy would prove to be a benefit to the program. The vendor must demonstrate cooperation with Program staff, participants and procedures as well as comprehension and acceptance of Program goals and objectives. A Vendor deemed to be a potential for risk (in accordance with Policy V-2) is not considered to be a benefit to the Program.

Revised 2-05

- M. The grocer applicant must stock a *variety of staple foods for sale including fresh, frozen and/or canned fruits and vegetables, fresh, frozen and/or canned meats, dairy products, and grain products such as bread, rice and pasta.* and a minimum inventory and supply of WIC-Approved Foods at competitive prices.
1. A minimum inventory shall be defined as the WIC Vendor Minimum Inventory Requirements in effect at the time:
 - (a) For a grocery or food store, the WIC-Approved Food Groups are milk, cereal, cheese, juice, eggs, infant formula, beans, peanut butter, and infant cereal. For the categories of milk, eggs, and infant cereal, two types are preferred but not required.

Stores authorized to accept checks for Special Infant Formula must maintain the minimum inventory for such products.

Revised 2-06

- (b) *For a registered pharmacy, the WIC-Approved Food groups are exempt formulas and medical foods. The pharmacy is not allowed to accept WIC checks for standard infant formulas, nor food items.*

- (c) *The registered pharmacy shall obtain and make available within two working days any exempt formula or medical foods requested by a WIC shopper and specified on a WIC check in the amount, form, size and type specified on at least two WIC checks, as presented, provided the product is available to retail pharmacies, at less than or equal to the maximum allowed price for the product.*

The WIC Office, will make every effort to match checks to packing, but where this is not possible Vendor must break package/case to complete the amount specified on the check.

2. An applicant will not be approved if its shelf price(s) for any WIC-Approved food(s) is excessive as defined in policy V-10. An exception to this policy may be made when a clinic area has fewer than four full line WIC-Approved food vendors, or a city or town less than two, or if the vendor is, or would be, the lowest WIC price store in the area. A clinic area is defined as those census tracts in which a clinic has at least 25% of the participants or in which 10% of its participants reside.

Revised 2-06

3. *Acceptance or denial of grocers will be predicated on a full consideration of the variety of staple foods, minimum inventory of foods, overall needs of the Program, FNS and WIC compliance, prices of WIC foods, need for additional vendors, application data, site visit, benefit to the Program, business integrity, other applicant vendor criteria and the impact of that store's acceptance on the Program's ability to effectively monitor or assess all applicant or authorized vendors.*

Acceptance or denial of pharmacies will be predicated on a full consideration of the minimum inventory of foods, overall needs of the Program, FNS and WIC compliance, prices of WIC foods, need for additional vendors, application data, site visit, benefit to the Program, business integrity, other applicant vendor criteria and the impact of that store's acceptance on the Program's ability to effectively monitor or assess all applicant or authorized vendors

A vendor cannot be accepted or renewed if its potential or likelihood to violate the Program's rules would require special, burdensome or disproportionate monitoring efforts by the Program.

O. Combined Grocery/Liquor Establishments

A grocer vendor will not be accepted if the vendor also sells alcoholic beverages at the same location. In order to be considered as a separate location, any alcoholic beverages must be displayed and sold in a separate physical unit, with no direct in building access between the grocery and liquor sales units. Said units must have separate entrances, no shared entrance, a physical barrier between which prevents access, and registers for each unit and within each unit.

- P. The WIC Program will review applicant vendors on a regular basis. Vendor monitors will plan part of each month, up to 20% of each month's total visits, to schedule applicant vendor site visits so that any applicant can expect an answer within a reasonable period of time.

Applicant site visits may be curtailed *from August to October* at the discretion of the Program Chief to concentrate resources on the Agreement re-application process.

- Q. The WIC Program will review the records of existing vendors each year prior to Agreement re-application. The review will be based upon criteria used for applicant vendors, and information submitted by vendor on re-application forms or otherwise required by HEALTH WIC Program, other information received or acquired by HEALTH WIC Program and other re-application criteria, including all criteria mentioned above. Only vendors who meet all criteria will be re-approved.

1. Re-applications will also be denied if a vendor:

Revised 2-06

- a. *Redeems fewer than 25 WIC checks in any one-month period on two or more occasions during the consecutive 12-month period preceding the re-application review.*
 - b. *If the vendor's prices are or have been in excess of the maximum price standard (Policy V-10) twice during the consecutive 15-month period preceding the re-application review.*
 - c. If the vendor's completed application and its requirements are not received within the allowed time period and/or due date.
2. Neither the FSP decision to impose a Civil Money Penalty (CMP) nor the HEALTH WIC Program's participant access determination shall be subject to administrative review under the WIC Program.
3. At the sole discretion of HEALTH WIC PROGRAM, approximately one half (1/2) of vendors not designated as potential for risk may have their Agreements extended for the Federal Fiscal Year. The other half of those not designated as potential for risk may be granted a two year Agreement.
4. Vendors classified as potential for risk and Vendors whose current authorization has been in effect for less than twenty-four (24) consecutive months prior to July 1, in a given year, will be granted only up to a one year contract. At HEALTH WIC Program's sole discretion, new Vendors may upon review have their contracts extended for an additional year.

- R. Applicant Training

1. Prior to approval/re-approval, all applicant vendors must undergo Vendor Training under the auspices of HEALTH WIC PROGRAM WIC Staff. Such training shall consist of at least an orientation to the purposes and goals of the WIC Program, its capped funding and impact on the number of people served, WIC-Approved Foods, Minimum Inventory requirements, WIC Check redemption procedures, excessive price policies, and other Program vendor policies and procedures as are normally a part of formal vendor training sessions. HEALTH WIC PROGRAM may add such other topics it deems necessary.

2. In general, these training sessions will take place at the HEALTH WIC PROGRAM, although HEALTH WIC PROGRAM has the prerogative to designate other locations where it deems training would be more efficient or effective
- S. Maximum Number of Authorized Vendors
1. As a rule, the number of authorized retail grocer vendors may not exceed **200** and of pharmacies may not exceed 40. Pharmacy counters in WIC approved stores shall be counted as a pharmacy for the purpose of determining the maximum number of authorized vendors and pharmacy vendors, and whether an opening exists for an applicant.
 2. When it is in the interests of the effective and efficient administration of the Program, an exception may be allowed for a temporary period of time at the discretion of the HEALTH WIC PROGRAM. Such circumstances may include such conditions as the following:
 - a. The vendor would be the only grocer or pharmacy in a clinic area, or a city or town.
 - b. The vendor's prices are significantly below the state average for WIC-Approved foods and the vendor carries at least 75% of the allowed types or brands and usually has in stock sufficient quantities of foods to redeem more than two infant and two non-infant maximum food packages, in addition to the minimum inventory requirements.
 - c. In the case of pharmacies, the HEALTH WIC Program shall consider the following priority system, which is based on the relative price, ability to meet minimum inventory requirements, and participant shopping convenience in authorizing a pharmacy in excess of the maximum number:
 - (i) No store is authorized in an area and the store's prices are more than 10% below the statewide WIC average for special formulas and other WIC foods, the store meets the minimum inventory for all WIC food categories and types and the store stocks four or more special formulas.
 - (ii) No store such as in (i) is authorized in an area and the pharmacy carries four or more special formulas and its prices for special formulas and contract brand infant formulas are more than 10% below the statewide averages.
 3. As needed, the applicant vendors will be reviewed to bring the number authorized up to the maximum allowed level.
 - a. Except as provided for in 2, above, and b, below, and vendors being considered for contract re-approval or extension, the appropriate number of applicants will then be selected for authorization in order of lowest composite food prices for WIC foods, provided fully and correctly completed application and related items have been received by the state WIC office. Price information may be updated as needed, such as more recent redemption reports and vendor price lists.

4. The WIC Program reserves the right to further limit vendor participation, application and/or application review in order to ensure that effective vendor monitoring and education is maintained.
- T. A decision is then sent to the applicant vendor in writing. If acceptance is denied, the decision notice shall contain the causes for denial and an opportunity to appeal the action by requesting an appeal within 15 days of the date of the notice. Vendors who are denied may be reconsidered according to the following criteria:
1. Vendors denied solely on the basis of sufficient vendors in the state or the local area shall be reconsidered when openings become available.
 2. Vendors denied on the basis of violations, sentence, or other sanctions imposed or pending may reapply after the stipulated period.
 3. Vendors denied on the basis of previous disqualification or other noncompliance with rules of any FNS Program, or WIC vendor agreement may reapply when the noncompliance sanction period is completed.
 4. A Vendor served notice that it does not meet criteria will be considered as a withdrawn application if it does not contact the State WIC office within 15 days of the date of the notice to claim conformance with the criterion. Such a vendor may not reapply for at least 90 days.
 5. A Vendor given a final decision of denial on its application may not reapply for at least six months from the date of the decision letter, or for such longer period of time commensurate with sanctions as set forth in policy V-4.
- U. Special Authorization
1. The HEALTH WIC Program may solicit vendors to provide such services as are needed and review those who express an interest in authorization and may make a selection based upon the vendors' ability to provide needed services, lowest price, largest selection of foods, and such other indicators of benefit to the Program as are appropriate.
 2. Such selections may be made to provide service in a defined area where there is no authorized WIC grocer and/or pharmacy, where particular WIC foods are unavailable, and for other needs.
 3. If the number of participants in need of service in an area is twenty or less, the HEALTH WIC Program may limit the number of vendors selected to provide such service in such area to one. This selection may be reviewed at the time of re-application of the vendor agreement and revised selection(s) made, as benefit to the Program indicates.
 4. To meet special participant needs vendors may be authorized to provide all services or foods or only certain services or foods, as appropriate, when the need for special services is determined.

5. For foods which are unavailable through retail vendors or which have an average retail price more than 15% above the average price for the food type (e.g., formula), the Program may make such arrangements for the participant to obtain such foods through specialized providers (e.g., low priced retailers, hospital clinics or pharmacies, HEALTH WIC Program center clinics, HEALTH WIC PROGRAM, manufacturers, wholesalers/resellers etc.), based on price and accessibility.
6. The HEALTH WIC Program may offer temporary provisional authorization to prevent disruption of service to participants when an applicant is replacing a store which has recently been a high WIC volume vendor, the ownership and/or management is/are authorized at other locations and the agency determines that the vendor is likely to be and remain in conformance with the preponderance of vendor selection and performance criteria and that the vendor's prices for WIC foods are less than 95% of the statewide average according to HEALTH WIC PROGRAM analysis.
7. The HEALTH WIC PROGRAM may authorize a retail grocer to redeem checks for a special formula product designated by the HEALTH WIC PROGRAM. If a WIC authorized store has a pharmacy counter (owned by the same company), it may be authorized to offer any approved WIC special formula and be issued a separate stamp for tracking purposes (If so designated, the pharmacy counter must meet all requirements for WIC pharmacy vendors.). The decision to authorize shall include consideration of whether the store's price for the product is less than that charged by other vendors, using the statewide average or other price measures selected by the HEALTH WIC PROGRAM.
8. The HEALTH WIC PROGRAM may authorize such arrangements for the participant or go out to bid so that the Program may make available such foods through specialized providers (e.g., low priced retailers, hospital clinics or pharmacies, HEALTH WIC Program center clinics, HEALTH WIC PROGRAM, manufacturers etc.), based on price and accessibility. The foods would include, but not be limited to, specialty low volume formula.

Policy V-2: IDENTIFICATION OF POTENTIAL FOR RISK VENDORS

Goal

To focus vendor monitoring efforts on those vendors with the greater potential or likelihood to abuse or err in complying with WIC Program requirements

I. Indicators

Revised 11/06

Potential for risk vendors are those applicants or participating vendors who demonstrate or indicate the potential or likelihood to violate the Program's regulations, policies, or the terms of the vendor agreement in any manner. The Program will employ such procedures as may be helpful in identifying potential for risk vendors.

A. Indicators of potential for risk or likelihood may include, but are not limited to, the following identifiable quantitative criteria:

- high or disproportionate volume of WIC transactions or value of transactions,*
- questionable pricing patterns,*
 - low variation of prices among similar food instruments*
- high cost of redeemed food instruments,*
- complaints,*
- sanction points assigned to vendor for violations of WIC rules(Refer to Vendor Policy V-4 for violations and associated sanction points).*

These indicators are tracked in the WIC WEBS Vendor Module and are merged into a high –risk report that can be generated upon demand. This report will be run on a quarterly basis and reviewed by the WIC Chief and Vendor Manager.

Five percent of the total number of WIC vendors active as of October 1st will be calculated. This is the minimum number of high- risk stores that will be monitored in that fiscal year.

The High-Risk Vendor Report will be reviewed. Any of those vendors currently under investigation will be set aside. Five percent of those vendors remaining on the report, in order of ranking, will be selected for compliance investigations. The vendors selected will be highlighted on the High-Risk Report and this documentation maintained for audit purposes.

Additional indicators may include:

- B. A history of errors, violations, warnings, notices or sanctions related to any USDA Program, including imposition of a Food Stamp Program Civil Money Penalty or bond requirement for approval to accept Food Stamp Benefits. Vendor, court and administrative records of the WIC Program and the Food and Nutrition Service (FNS) will be reviewed to determine this potential.
- C. Violations of any state, federal or local business or food delivery or government ethics law, or regulation; or violation of any law where the unlawful conduct of the vendor relates to:

- i. the business, the operation thereof or the use of the business premises (including violations of laws or rules pertaining to food, HEALTH WIC Program and sanitation requirements, weights and measures, pricing, packaging, consumer protection, lottery and the like); or to
 - ii. criminal behavior related to violence, weapons or illicit drugs or to threat of or committing physical violence; or
 - iii. violation of government business conduct rules, or attempts to induce agents of state, local or federal agencies to violate ethics rules or to improperly influence the actions of such an agent; or
 - iv. where evidence exists of a likelihood of such behavior, actions or violations.
 - D. Vendor withdrawal from participation, or of an application, following written notification of violation, regardless of any settlement language between the vendor and HEALTH WIC PROGRAM, unless all HEALTH WIC PROGRAM charges are adjudicated as unjustified, unsubstantiated, unwarranted or improper.
 - E. Failure to report involvement of any owner or management personnel of a store, or their immediate relatives, in the operating of any other WIC vendor.
 - F. Failure to respond to the re-application offer by the designated due date for filing of all information.
 - G. Non- return of a previously issued WIC Vendor Stamp.
 - H. Such other relevant factors as may reasonably indicate the likelihood of vendor violations.
- II. Review of Potential for Risk Vendors

When a vendor is identified as a potential for risk, priority is given to use of program resources for case review, monitoring, site visits, review of food instruments redeemed, investigation and other methods.

- A. If review of redeemed food instruments (as defined in Policy V-4,IA1a) reveals actual or suspected errors, overcharges, or other pricing violations or patterns associated with potential violations then appropriate investigative, sanction, claim or penalty procedures will be followed.
- B. Additional site visits may focus not only on all vendor procedures but also on specific actual or potential violation(s).
- C. Additional information may be sought from local agency staff, participants, or others and FNS may be contacted regarding any Food Stamp Program concerns.
- D. Review of vendor records related to inventory, redemption and fiscal operations with regard to the WIC Program.
- E. Available resources for special investigative activities including compliance purchases may be utilized (see items following this Policy).

III. Follow-up Activities

The Potential for Risk vendor will be intensively monitored until such time as compliance with all program regulations and procedures is assured and/or sanctions are implemented. Steps to assure compliance or take sanctions may include but are not limited to the following:

- A. Special education and training at the HEALTH WIC Program, the vendor's location or any other location, given by vendor monitoring or program administrative staff, or other appropriate parties.
- B. Appropriate letters of notice describing the vendor's responsibilities and the penalties for noncompliance.
- C. A written compliance agreement may be required from the vendor for the purpose of the vendor's giving written assurance of future compliance, understanding of his responsibilities and understanding of the penalties for future violations.
- D. Sanction procedures may be instituted as set forth in the Vendor Compliance Policy V-4.

Policy V-3: VENDOR EDUCATION AND TRAINING

Goal

To delineate education and training, both initial and ongoing, of vendors.

Procedure

- A. When a store applies for the WIC Program, a copy of the Allowed Foods List, Redemption Terms, Applicant Minimum Inventory and the "WIC's Guide to Retailers" pamphlet is distributed. This provides basic orientation to the rules and operations of the Program.
- B. Before a vendor is accepted, the vendor owner, or management official acceptable to HEALTH WIC Program, shall attend a vendor training at a time and place designated by HEALTH WIC Program. Such training shall usually be at the HEALTH WIC Program, although another location may be designated.
- C. A vendor monitoring staff person will also visit the store to further explain the Program. This includes check redemption procedures, allowed foods, provisions of the Vendor Participation Agreement, and minimum inventory requirements.
- D. As the allowed foods list changes, or any other vendor related aspect of the Program changes, vendors shall be advised both in writing and during vendor monitoring visits.
- E. As determined by HEALTH WIC Program, vendors shall be required to attend training sessions at the HEALTH WIC Program Department. A vendor may request to be rescheduled up to two times for a particular session. Such request must be received during normal working hours on at least the day preceding a session. The Office of Supplemental Nutrition has the sole prerogative to grant or deny the request.
- F. Failure to attend a complete training session is grounds for termination, disqualification and/or other sanctions in accordance with the Vendor Agreement and Policy V-4.
- G. In their regular contacts with vendors, the monitors will provide additional training.
- H. While investigating complaints or inquiries, or potential for risk, the monitors will educate vendors on an as needed basis.
- I. Written notices to vendors will be distributed as needed. These may include information about Program changes, procedural reminders, vendor sanctions, and education about WIC foods, nutrition, and HEALTH WIC Program. Vendors are required to maintain a file, book, or other readily accessible compilation of such notices.

Policy V-4: VENDOR COMPLIANCE, VIOLATIONS AND SANCTIONS*Rev. 2/21/06*

GOAL

To ensure vendor compliance through a policy which provides the HEALTH WIC Program with administrative actions for dealing with WIC vendors (including applicants) or other persons or entities found to be in violation of contract requirements or Program regulations, rules, or procedures.

PROCEDURE

I. GENERAL CONDITIONS

Potential high-risk vendors will be identified according to Policy 3. Based on that Policy's outlined criteria, authorized high-risk vendors will be ranked. Based on this prioritization, those ranked at highest risk will be investigated prior to those with a lower risk ranking. At a minimum, Compliance Investigations will be conducted at 5% of WIC authorized vendors on an annual basis, based on this prioritization.

When during the course of a single investigation, the HEALTH WIC Program determines that the vendor has committed multiple violations (which may include violations subject to HEALTH WIC Program sanctions), the HEALTH WIC Program shall disqualify the vendor for the period corresponding to the *most serious violation or the total acquired sanction points*. However, the HEALTH WIC Program shall include all violations in the notice of sanction. If a mandatory Federal sanction is not upheld on appeal, then the HEALTH WIC Program may impose a HEALTH WIC Program -established sanction.

The HEALTH WIC Program shall not accept voluntary withdrawal or use non re-approval of the vendor contract instead of disqualification, but shall enter the disqualification on the record.

Prior to imposing a disqualification, the HEALTH WIC Program shall determine, in its sole discretion, and document in the vendor file, whether the disqualification would result in inadequate participant access for all mandatory sanctions (except for conviction for trafficking / illegal sales). This determination will be based on the unavailability of other authorized vendors in the same area as the vendor under review and any geographic barriers to using such other vendors.

If the HEALTH WIC Program determines that a disqualification would result in inadequate participant access, then the HEALTH WIC Program shall impose a civil money penalty in lieu of disqualification, except for the third or subsequent violation [and conviction for trafficking / illegal sales]. The amount of a civil money penalty shall equal the average monthly WIC redemptions for the [six] month period [Explanation - The number of months must be at least six months, but may be more than six months] ending with the month immediately preceding the month during which the notice of sanction is dated, multiplied times 10 percent (.10), and then multiplied times the number of months for which the vendor would have been disqualified, provided that the civil money penalty shall not exceed \$10,000 for each violation, and provided further that the civil money penalty in lieu of permanent disqualification shall be \$10,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed \$40,000.

If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty within 30 days of the notice of sanction or for the periods provided in an installment plan, subject to revision for good cause, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty was assessed (for a period corresponding to the most serious violation in cases where a mandatory sanction included the imposition of multiple civil money penalties as a result of a single investigation).

When a vendor, who had previously been assessed a mandatory sanction [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the second violation. Civil money penalties may only be doubled up to the previously noted \$10,000 / \$40,000 limits.

Revised 2/21/06

The State will notify vendors of initial violation, for violations that require a pattern of occurrences in order to impose a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation

Revised 11/05

II. Violations and Sanctions

A point system to record vendor abuses has been developed. Each instance of a violation of Program rules has a set point value and a specific time period during which the points will remain on a vendor's record.

A one (1) year disqualification will be imposed if a vendor accumulates a total of twenty (20) points in a period of twenty-four (24) months or less. Should a Pattern (more than one occurrence) of any offense be determined to exist HEALTH shall impose sanctions and disqualification for a period of time not less than one (1) year and up to permanent disqualification. (See Tables 3A-1, 3A-2, 3A-3 below for Sanction Descriptions and Point Values)

A. USDA Mandatory Sanctions (WIC/ FSP Vendor Disqualification Rule 7 CFR 246.12)

Mandatory Sanctions are those sanctions imposed due to non-compliance with federally mandated policies and procedures regarding the WIC Program, as designated by the USDA. Should a vendor be found in non-compliance of any of these policies the vendor shall be immediately disqualified from the WIC Program.

"Incidence" refers to one "positive" compliance buy, or, in some instances below, to any single occurrence of a violation.

"Pattern" is defined as a minimum of two (2) violations occurring within a six (6) month period.

*1. **Class 1 Violations - Permanent Disqualification (Federal, Mandatory)***

a) Conviction for Trafficking / Illegal Sales

*A vendor convicted in court for the crime of trafficking in food instruments or for selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act, 21 U.S.C. 802) in exchange for WIC checks will be **permanently disqualified**, effective on the date of receipt of the notice of disqualification.*

2. Class 2 Violations - Six (6) Year Disqualification (Federal, Mandatory)

a) Buying or Selling Food Instruments for Cash (Trafficking) and Illegal Sales

The State Agency will disqualify a vendor for six years for one incidence of trafficking or one incidence of selling firearms, ammunition, explosives, or controlled substances (as defined in section 102 of the Controlled Substances Act, 21 U.S.C. 802) in exchange for WIC checks.

3. Class 3 Violations - Three (3) Year Disqualification (Federal, Mandatory)

a) Sales of Alcohol or Tobacco in Exchange for Food Instruments

The State Agency will disqualify a vendor for three years for one incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for WIC checks.

b) Sales Exceeding Documented Inventory

The State Agency will disqualify a vendor for three years for a pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item that exceeds the store's documented inventory of that supplemental food item for a specific period of time.

c) Charging WIC Participants More Than Other Customer or Shelf / Contract Price (Overcharging)

The State Agency will disqualify the vendor for three years for a pattern of charging WIC customers more for supplemental food than non-WIC customers or charging WIC customers more than the current shelf or contract price.

d) Unauthorized Channels

The State Agency will disqualify the vendor for three years for a pattern of receiving, transacting, and/or redeeming WIC checks outside of authorized channels, including the use of an unauthorized vendor and/or an unauthorized person.

e) Food Not Received

The State Agency will disqualify the vendor for three years for a pattern of charging for supplemental food not received by the WIC customer.

f) Credit and Certain Non-Food Items Exchanged for Food Instruments

The State Agency will disqualify the vendor for three years for a pattern of providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition,

explosives, or controlled substances as defined by section 102 of the Controlled Substances Act (21U.S.C. 802), in exchange for WIC checks.

4. Class 4 Violation - One (1) Year Disqualification (Federal, Mandatory)

a) Unauthorized Food

The State Agency will disqualify the vendor for one year for a pattern of providing unauthorized food items in exchange for WIC checks, including charging for food provided in excess of items listed on the check.

5. Class 5 Violation - Variable Length Disqualification (Federal, Mandatory)

a) Disqualification from the Food Stamp Program

The State Agency will disqualify a vendor, which has been disqualified from the Food Stamp Program (FSP). The WIC disqualification will be for the same length of time as the FSP disqualification and the WIC disqualification may begin at a later date than the FSP disqualification.

The State Agency will disqualify a vendor who has been assessed a civil money penalty for hardship in FSP under 7 CFR 278.6. The length of disqualification will correspond to the period for which the vendor would otherwise have been disqualified in FSP. Such disqualification may not be imposed unless the State Agency has first determined that the disqualification would not result in inadequate participant access. If the State Agency determines that inadequate participant access would result, then neither a disqualification nor a civil money penalty in lieu of disqualification may be imposed.

Revised 9/30/2006

The State will notify vendors of initial violations requiring a pattern of occurrences in order to improve a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation.

B. Class 6 Violations - State Agency Vendor Sanctions

The State Agency will impose sanctions, including disqualification, civil money penalties, and fines for violations in addition to those listed under USDA Mandatory Sanctions.

A point system to record vendor abuses has been developed so that each instance of a violation of Program rules has a set point value and a specific time period during which the points will remain on a vendor's record.

The State Agency will impose a civil money penalty (CMP) in lieu of disqualification if, in the determination of the State Agency, inadequate participant access would result if the vendor were disqualified.

1. Sanction Terms and Point Value Tables

- i. 3-Year Disqualification – 20 Sanction Points accumulated within a twenty-four (24) month period based on a pattern (more than once) of violations.
- ii. 1-Year Disqualification - 20 Sanction Points accumulated within a twenty-four (24) month period with no pattern (more than once) of violations.
- iii. Mandatory Re-Training – 10 Sanction Points accumulated within a twelve (12) month period.

*Table 3A-1**Monitoring or Simulated Shopper Visit*

<u><i>VIOLATION ID</i></u>	<u><i>SANCTION POINTS</i></u>	<u><i>DESCRIPTION</i></u>	<u><i>Points Retained For</i></u>
1	1	<i>WIC Sign posted</i>	<i>6 months</i>
2	1	<i>Prices posted on shelf or foods (per item)</i>	<i>6 months</i>
3	7	<i>Minimum stock not available</i>	<i>1 year</i>
4	1	<i>Expired dates on WIC Authorized items (per item)</i>	<i>1 year</i>
5	10	<i>Evidence of discrimination</i>	<i>3 years</i>
6	2	<i>Poor sanitary conditions in store</i>	<i>6 months</i>
7			
8	2	<i>ID not checked at register</i>	<i>6 months</i>
9	2	<i>Unauthorized brands purchased</i>	<i>6 months</i>
10	5	<i>Unauthorized amounts purchased</i>	<i>1 year</i>
11	5	<i>Check not signed</i>	<i>1 year</i>
12	5	<i>Check signed before amount is entered</i>	<i>1 Year</i>
13	2	<i>Signatures not compared</i>	<i>6 months</i>
14	2	<i>Cash register receipt not retained</i>	<i>6 months</i>
15	2	<i>No Vendor ID Stamp</i>	<i>1 year</i>
16	1	<i>Food list not at register</i>	<i>6 months</i>
17	20	<i>No Current Food Stamp Authorization</i>	<i>DQ</i>
18	5	<i>Violation of Sanitary Code</i>	<i>1 year</i>
19	20	<i>Check Redemptions from other locations</i>	<i>DQ</i>
20	20	<i>Fiscal Term</i>	<i>DQ</i>
21	20	<i>Violation of Civil Rights</i>	<i>DQ</i>
22	10	<i>Failed to purchase infant formula from authorized source (9/30/06)</i>	<i>18 months</i>

Table 3A-2

COMPLIANCE VISIT VIOLATIONS

<u>VIOLATION ID</u>	<u>SANCTION POINTS</u>	<u>DESCRIPTION</u>	<u>Points Retained For</u>
1	1	WIC Food Prices not posted (per item)	6 months
2	1	WIC Sign is not posted	6 months
3	1	Material, training manual, food lists not at register	6 months
4	2	Discourteous to participants	1 year
5	2	Demands identification other than WIC ID	1 year
6	7	Loses or does not return vendor stamp	2 years
7	2	Refuses to honor valid food instrument	18 months
8	2	Attempts to limit number of food instruments redeemed	18 months
9	4	Submits Price List that is incomplete, incorrect or late	6 months
10	2	Refuses to accept manufacturer coupons for WIC foods	1 year
11	2	Fails to train store personnel in WIC procedures	1 year
12	2	Does not follow proper check cashing procedures	6 months
13	5	Redeems invalid food instrument	1 year
14	5	Fails to attend state Vendor training	1 year
15	4	Fails to submit a Price List when requested	1 year
16	5	Redeems food instrument for non-authorized food brands, quantities, or types within WIC food categories	18 months
17	5	Labels non-authorized brands as WIC approved	18 months
18	5	Does not maintain competitive prices on WIC authorized items	18 months
19	1	Expired dates on WIC Authorized items (per item)	1 years
20	5	Misbranding WIC items	18 months
21	5	Does not maintain a clean and sanitary store	1 year
22	5	Fails to maintain store business hours as specified on application	6 months
23	7	Fails to maintain minimum stock. (Pharmacies fail to provide special formula within 48 hours)	1 year
24	10	Seeks restitution from participants for checks not paid by the State agency or subject to non payment by the State agency	1 year
25	5	Submits false information on Commodity Price List	18 months
26	10	Provides rain checks for food instruments	2 years
27	10	Fails to provide evidence of proof of purchase (invoices) of WIC foods	2 years

Table 3A-3

COMPLIANCE VISIT VIOLATIONS (Continued)

<u>VIOLATION ID</u>	<u>SANCTION POINTS</u>	<u>DESCRIPTION</u>	<u>Points Retained For</u>
28	5	<i>Fails to remit payment for overcharges or provide justification for the overcharges, including scanner vs. shelf price discrepancies</i>	2 years
29	10	<i>Discriminates against WIC participants (protected classes)</i>	2 years
30	5	<i>Submits false information on application</i>	1 year
31	10	<i>Counterfeit Stamp</i>	2 years
32	10	<i>Redeems food instruments for foods which are not in WIC food categories</i>	2 years
33	10	<i>Redeems specific contract formula check for other formula</i>	2 years
34	20	<i>Terminates the Agreement without (required) advance notice to the agency as alternative to disqualification</i>	DQ
35	10	<i>Uses stamp on checks redeemed at another store</i>	2 years
36	10	<i>Charges the WIC program for foods not received by the participant</i>	2 years
37	20	<i>Overcharging (Charges the WIC program more than the actual cash value of the items purchased)</i>	DQ
38	20	<i>Fails to pay civil money penalty as scheduled</i>	DQ
39	10	<i>Exchanges food instruments for money credit and/or non food items</i>	2 years
40	20	<i>Circumvents disqualification or civil money penalty through a purported transfer of ownership</i>	DQ
41	20	<i>Food and Nutrition Service Sanction (Food Stamps)</i>	DQ
42	0	<i>Civil Money Penalty (FSP or WIC)</i>	Variable
43	5	<i>Accepted future dated checks</i>	1 year
44	5	<i>Accepted expired checks</i>	1 year
45	5	<i>Accepted previously signed checks</i>	1 year
46	2	<i>Failed to ask/check ID</i>	6 months
47	2	<i>Failed to compare signatures</i>	6 months
48	10	<i>Sold extra amount of food not specified on check</i>	2 years
49	20	<i>Price fixing (Charges WIC customers more than non-WIC customers)</i>	3 years
50	10	<i>Asked shopper to sign before price posted on check</i>	18 months
51	5	<i>Sold non authorized food items</i>	1 year
52	20	<i>Sold non food items</i>	DQ
53	10	<i>Provided Disallowed Incentive Item to WIC customer</i>	1 year

a) Other Disqualifications

An additional item that can lead to or extend a disqualification period is:

- (1) *The State Agency may disqualify a vendor that has been assessed a civil money penalty in lieu of disqualification by the Food Stamps Program for a mandatory vendor sanction.*

C. Fiscal Claims Against Vendors

1. The HEALTH WIC Program may assess such claim as is appropriate related to any improper redemption in the provision of supplemental foods, in the price charged to the Program on any food instrument(s) (as defined in Policy V-4, IA1a) or for other burden on Program resources. Payment of such claim shall be in addition to any appropriate disqualification, denial or non-re-approval in accordance with this Policy and/or Policy V-1.

Claim may be made for amount paid on any food instrument(s) improperly redeemed or charged and banking, data processing, investigation and reasonable administrative costs incurred by the Department in the course of discovering, calculating, developing, collecting and so forth such claim.

Updated 4/2006

2. *Claims - A reimbursement or payment credit will be initiated if a WIC check is submitted for payment above the current Maximum Allowed Price for that check based on the vendor's peer group. On day 1 the state's banking contractor will reject the check over the maximum allowed price (MAP); on day 2 the check will be reprocessed. During the reprocessing, the vendor will receive an ACH credit for the MAP (minus any associated bank fees assigned to the state WIC office). The vendor agrees to accept this adjusted ACH credit and the payment of any related fees if the price on the WIC check(s) submitted for payment exceeds the current MAP for the vendor's peer group/ subcategory.*

a) Bank fees

If the WIC contract bank rejects a check because a vendor deposited it in violation of WIC redemption rules (other than those outlined in the above section "Claims"), the bank may debit the vendor's account for the amount of the "Returned Check" fee called for in the contract between the bank and the HEALTH WIC Program (note: the fee in 1/99 is \$.85/check). Each month, the bank will total the returned checks by vendor and initiate an ACH debit for the appropriate amount. When vendor receives notice of returned items, vendor may contact the HEALTH WIC Program to show cause why the debit should not be imposed or be reversed.

If the claimed costs exceed the amount improperly charged by the vendor plus the currently \$5.00 service charge, the state shall provide vendor with an explanation of how the amount of the claim was determined.

b) Vendor Dispute

If vendor disagrees with the claim, or the amount of the claim, vendor may request a review within twenty days of the postmark date of the claim. The vendor is entitled to submit any evidence to show why any or all of the claim should not be due, and to meet with the Program's manager of the HEALTH WIC Program 's vendor unit to seek cancellation or adjustment of the amount of the claim.

If vendor disagrees with the claim after the above review, vendor may request an Administrative Hearing, within thirty days of postmark date of the HEALTH WIC Program's final decision on the review.

c) Payment of Claim

Subject to any review or appeal as above, failure to pay any portion or all of the money claim according to the schedule determined by HEALTH WIC PROGRAM shall be grounds for disqualification, denial or non re-approval for a period of up to one year for a non-mandatory sanction, or a time which best reflects double the maximum penalty for the related violation or abuse as set forth above unless the vendor pays the full remaining amount due within thirty days of being notified of such a failure. The total period may not exceed one year. The HEALTH WIC PROGRAM may recover the amount of the claim via an ACH debit on the vendor's bank account made by the WIC contract bank.

3. Fines

Fines shall be imposed under Section 23-13-14 of the General Laws of the State, subject to the requirements in N below, in addition to the appropriate administrative sanction in accordance with this Policy and/or Policy V-1.

D. Probation

A previously sanctioned vendor if subsequently authorized as a vendor shall serve a period of probationary authorization for a period equal to the most recent period of sanction, or one year, whichever is greater, and shall be subject to such special conditions imposed by HEALTH WIC PROGRAM such as termination for any offense with a 15 day warning or opportunity to correct, termination prior to hearing, additional monitoring, reporting and training requirements, price or volume restrictions, etc. This provision is subject to appeal.

E. Concurrent violations

Should a site visit, a complaint, investigation and/or an analysis determine two or more concurrent Class 1, 2, 3, 4 or 5 violations of WIC Program rules, the prescribed penalties as delineated above shall be to assess the most severe violation. Class 5 (state violations) shall be determined by the accumulation of sanction points.

F. For all Mandatory sanctions, the HEALTH WIC Program shall not accept voluntary withdrawal or use non re-approval of the vendor contract instead of disqualification, but shall enter the disqualification on the record.

III. GENERAL STATE CONDITIONS

1. The HEALTH WIC Program shall impose sanctions, including disqualifications, civil money penalties, and fines for violations for which there are not any mandatory sanctions.
2. A disqualification period *shall not be less than one year (1/05)* for all of the violations investigated as part of a single investigation.

3. A civil money penalty or fine shall not exceed \$10,000 for each violation, and shall not exceed \$40,000 for all of the violations investigated as part of a single investigation.
4. The HEALTH WIC Program shall determine the amount of a civil money penalty or fine “in the same manner as for mandatory sanctions; see item 3 under the General Conditions for Mandatory Sanctions”. Fines and civil money penalties shall become due for payment with “the same timing as for mandatory sanctions; see item 4 under the General Conditions for Mandatory Sanctions”, and, if such payment is not made, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty or fine was assessed.
5. The HEALTH WIC Program shall not impose a civil money penalty based on an FSP civil money penalty.

IV. ADMINISTRATIVE ACTION

A. Evaluating the Violation and Sanction Term

When a vendor has committed more than one Class 1 through 5 violations for which this Policy stipulates different penalties the vendor shall be disqualified for whichever term is longest, in relation to the terms specified for the violation(s) committed.

Penalties based on Class 6 violations are determined by the total number of sanction points accumulated.

With respect to any sanction for which a specified term is set forth, the program administrator may make a determination other than the stipulated maximum term called for. In making this determination the administrator may consider factors that include, but are not limited to:

1. Whether the violation was an error committed or omitted in the performance of required procedural activities (ex: "misreading" an issue date although the date was looked at).
4. Previous sanctions - If state sanctions have once or twice before been imposed, a third sanction, for any violation(s), non-mandatory sanctions, additive up to one year
3. The extent of prior warning and opportunity for corrections of non-mandatory sanctions.
4. The extent of vendor education.
5. The extent of potential risk the practice holds for compromising the HEALTH WIC Program/nutritional effectiveness of the Program and/or its fiscal integrity.
6. Except for Class 1 through 5 violations that carry mandatory sanctions, the number and severity of the violation(s) under review, including a pattern of violations, based on the current violations and/or a history of previous violations.

7. Vendor cooperation in the monitoring, education, investigation, sanction, or correction process; in responding to requests for action or information; both in the current instance as well as in the past; or willingness to comply in the future.
8. Hardship to participants if the vendor is disqualified (See C, below).
9. Any other factors relevant to the efficient and effective administration of the Program.
10. If the vendor continues to violate Program rules following notice of disqualification, the disqualification period shall be extended by the period of the time the vendor remains in violation or continues to violate Program rules, in addition to the sanction period stipulated in Violations and Sanction Types, above, for the additional violations.

B. Sanction Steps

1. *Initial discovery takes place and if there is a problem, a notice of violation will be issued, sanction points will be assessed and a warning letter issued. The warning letter will include a time frame in which compliance is expected. An effort is made to provide educational assistance to the vendor to correct the problem.*
5. *The vendor shall develop a plan of correction acceptable to HEALTH WIC PROGRAM at this time. The vendor is made aware that a subsequent review will be made to see if the problem has been resolved.*

Revised 11/05

6. *The State will notify vendors of initial violations requiring a pattern of occurrences in order to impose a sanction, prior to documenting another violation. However, this notice may be waived if it is determined it would compromise an investigation*
7. Sufficient or insufficient compliance by the vendor is determined at the end of the time period stated in the final warning.
8. If the subsequent review reveals that a problem still exists, *sanction points will again be assessed. Based on the number of sanction points accumulated the appropriate sanction will be applied*
9. *Based on the number of sanction points, the vendor may be disqualified from participation as a vendor.*
10. The disqualification is implemented by notice to the vendor, by demanding return of the store's WIC vendor stamp, and/or by notifying the bank not to honor WIC checks deposited by the disqualified vendor.

A minimum of 15 days advance notice of the effective date of the action shall be provided to the vendor. Notice shall be in writing and contain notice of the action and the causes for and the effective date of the action, and notice of the opportunity to appeal the actions (if applicable) and the time period for requesting an appeal.

Exempt from the above notification requirement are permanent disqualifications based on convictions for trafficking and/or illegal sales; in those two instances, the disqualification is effective upon the vendor's receipt of the disqualification notice.

11. Disqualification of 1 year or less - At the end of the disqualification period, the vendor must notify the HEALTH WIC Program that the vendor is in compliance with all requirements. Upon verification of vendor compliance by the HEALTH WIC Program, the vendor may be restored to participating status if the time period is within the same fiscal year. If this does not occur until the following fiscal year, the agreement will terminate and vendor will be required to re-apply.

If the vendor fails to demonstrate compliance at the end of the disqualification period, disqualification shall be extended by the period of time set forth under Violations and Sanction Types, above, up to a period not exceeding one year.

12. Disqualification of more than 1 year - The vendor's Participation Agreement shall be terminated, and the Food Stamp Program (FSP) Field Office notified of such. The vendor shall not be reinstated until after he reapplies and is found by the HEALTH WIC PROGRAM to meet all applicant vendor criteria. Depending on the nature of the violation (particularly a mandatory disqualification), WIC Program disqualification may result in a FSP disqualification up to the same period and not subject to FSP administrative and judicial review (Section 278.6(e)(8) of FSP Regulations).
13. The vendor may be required to immediately refund or pay any related claim (see K., 2, above), separate and apart from any other warning or sanction activities. Failure to immediately pay the claim shall be grounds for disqualification of up to one year, in the absence of review and/or appeal, or following a review and/or appeal deciding in favor of a claim.

C. Inadequate Participant Access

Prior to disqualifying the vendor, the HEALTH WIC Program shall determine, in its sole discretion, and document in the vendor file, whether the disqualification would result in inadequate participant access for all mandatory sanctions (EXCEPT IN THE CASE OF A THIRD VIOLATION OF A MANDATORY SANCTION OR ITEMS LISTED IN IA, PERMANENT DISQUALIFICATION, ABOVE,). This determination will be based on the unavailability of other authorized vendors in the same area as the vendor under review and any geographic barriers to using such other vendors. Any determination of participant access shall consider the following and such additional factors as may be relevant:

1. Whether there are other vendors in the area who can provide the WIC-Approved foods as described in Policy V-1 Vendor Applicant Selection.
2. Whether the access is no less than the access or inconvenience the affected participants experience in securing any other essentials or non-essentials of life.
3. Since it is likely that vendors who violate the Program are not providing participants with the appropriate nutritional benefits of the Program, or are diverting funds from other needy

persons, the period of disqualification set forth in this policy is the preferred sanction, unless the conclusive weight of evidence is to the contrary.

4. That violators divert legitimate WIC related business from those vendors who adhere to Program regulations.
5. That when the violation is such that it also involves participation by participants/payees, the HEALTH WIC Program and nutritional benefits and the integrity of the Program itself are severely compromised.

If the HEALTH WIC Program determines that a disqualification would result in inadequate participant access, then the HEALTH WIC Program shall impose a civil money penalty in lieu of disqualification, except for the third or subsequent violation [and conviction for trafficking / illegal sales]. The amount of a civil money penalty shall equal the average monthly WIC redemptions for the [six] month period [Explanation - The number of months must be at least six months, but may be more than six months] ending with the month immediately preceding the month during which the notice of sanction is dated, multiplied times 10 percent (.10), and then multiplied times the number of months for which the vendor would have been disqualified, provided that the civil money penalty shall not exceed \$10,000 for each violation, and provided further that the civil money penalty in lieu of permanent disqualification shall be \$10,000. If multiple violations are revealed by a single investigation, the total civil money penalty shall not exceed \$40,000.

- a. If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty within 30 days of the notice of sanction][the periods provided in an installment plan, subject to revision for good cause, the HEALTH WIC Program shall disqualify the vendor for the length of the disqualification corresponding to the violation for which the civil money penalty was assessed (for a period corresponding to the most serious violation in cases where a mandatory sanction included the imposition of multiple civil money penalties as a result of a single investigation).
- b. When during the course of a single investigation, the HEALTH WIC Program determines that the vendor has committed multiple violations (which may include violations subject to HEALTH WIC Program sanctions), the HEALTH WIC Program shall disqualify the vendor for the period corresponding to the most serious mandatory violation. However, the HEALTH WIC Program shall include all violations in the notice of sanction. If a mandatory sanction is not upheld on appeal, then the HEALTH WIC Program may impose a HEALTH WIC Program-established sanction.
- c. When a vendor, who had previously been assessed a mandatory sanction [except for a conviction for trafficking / illegal sales], receives another mandatory sanction for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the second violation. Civil money penalties may only be doubled up to the previously noted \$10,000 / \$40,000 limits.
- d. When a vendor, who had previously been assessed two mandatory sanctions [except for a conviction for trafficking / illegal sales], receives another mandatory sanction

for the same or other mandatory violations, the HEALTH WIC Program shall double the sanction for the third violation. The HEALTH WIC Program shall not impose a civil money penalty in lieu of disqualification for the third mandatory violation. A fourth or subsequent violation shall be treated in the same manner as the third; the sanction for the fourth or subsequent violation shall be doubled and civil money penalties shall not be substituted for disqualification.

- e. The HEALTH WIC Program shall not provide prior warning that violations were occurring before imposing mandatory sanctions.

D. Prosecution

A vendor who commits fraud or abuse of the Program is subject to prosecution under applicable federal, state, or local laws.

E. Delegation

The HEALTH WIC Program may delegate, refer, or assign activities related to prosecution, collection of claims, monitoring, or investigation of vendors to any other party qualified and or/empowered to perform such activities.

F. Appeal of Sanctions

Federal Appeal Conditions

1. The vendor may appeal the denial of an application for authorization or if, during the course of a contract, the vendor is disqualified or any other adverse action is taken, except that expiration of the contract and the HEALTH WIC Program's participant access determination for a mandatory or HEALTH WIC Program violation shall not be subject to administrative appeal.
2. Disqualification of a vendor from FSP may result in disqualification from WIC. Such disqualification from WIC shall not be subject to administrative or judicial appeal under the WIC Program. A WIC disqualification based on an FSP civil money penalty is subject to appeal, although not with respect to the participant access decision; also, the appeal of the reciprocal WIC disqualification may not challenge the FSP decision to impose the civil money penalty.
3. Disqualification from the WIC Program may result in disqualification as a retailer in the Food Stamp Program. Such disqualification may not be subject to administrative or judicial review under the Food Stamp Program
4. Except for disqualifications based on convictions for trafficking / illegal sales, which shall be effective on the date of receipt of the notice, the HEALTH WIC Program may take adverse action against the vendor 15 days after the HEALTH WIC Program provides the vendor with written notice.

When a food vendor's participation is adversely affected by any other HEALTH WIC Program action it may appeal the action under the provisions of policy A-2 Administrative Appeal to HEALTH WIC Program Decisions.

As noted above, except for disqualifications based on convictions for trafficking or illegal sales, which shall be effective on the date of receipt of the notice, the HEALTH WIC Program may implement the sanction or other adverse action following the fifteen day notification period, and not postpone the action until a hearing decision is reached. The state may consider such factors as participant inconvenience, potential for continuing harm to the program, vendor history of violations, previous decisions in similar cases, information provided by vendor and other factors the state considers relevant to the case.

The HEALTH WIC Program may at its option offer the opportunity for a vendor so affected to meet with the HEALTH WIC Program in informal conference, separate and apart from any appeal procedure. At such a conference a vendor may have the opportunity to present any information that the decision was in error, that there were extenuating circumstances, or that there are additional factors to be taken into consideration in determining or reversing the sanction. Such requests or convening of such informal conference shall not impede or delay any administrative appeal process unless such delay is determined to be in the interests of the Program by the HEALTH WIC Program.

- G. Once the sanction is upheld, the Regional Office and the Food Stamp Program shall be notified within 15 days.

Policy V-5: VENDOR MONITORING VISITS

Goal

To provide a regular pattern of visits to vendors to monitor their compliance with the laws, rules and procedures of the WIC Program.

Procedure

I. Regular Visits

- 8/99
- A. The vendor monitoring staff shall regularly schedule monitoring visits each week.
 - 1. Primary emphasis shall be on potential for potential for risk visits.
 - 2. A list of vendors needing monitoring visits will be drawn up based on V-2, Selection of Vendors for Monitoring, and other considerations and time since last visit.
 - B. All visits shall be recorded on a Vendor Site Visit Report (WIC-33)
 - C. If needed, review WIC-related inventory, pricing, redemption, deposit or other records to establish the facts about any possible violation.
 - D. At each visit, the availability of WIC allowed foods shall be recorded on a Vendor Inventory Review (WIC-34A).
 - E. Any problems noted shall be discussed with the vendor at the conclusion of the visit. The Vendor and the WIC representative shall develop a plan of correction. A time frame shall be stipulated for compliance.
 - F. In the event of improperly completed checks, immediate steps should be taken. Missing prices should be recorded. The vendor should record his minimum price, unless he can document otherwise. Contact a Program supervisor if in doubt. A "stop payment" can be placed if a check is not/cannot be corrected.
 - G. Any complaints about a particular vendor shall be discussed during any monitoring contact.
 - H. Any failure to comply shall be noted and brought to the attention of the Asst. HEALTH WIC Program Administrator.

- I. Each day, the Asst. HEALTH WIC Program Administrator shall review all vendor contact record forms and discuss necessary follow-up with Monitoring Staff.
- J. All forms shall be retained in the vendor's file.
- K. Site visits for applicants shall be regularly scheduled, up to 20% of each month's site visits. If feasible, visits should be made within two weeks of the receipt of a correctly completed application and recorded on a vendor Application Site Visit Form (WIC-32).

Applicant site visits may be curtailed during August, September and October at the discretion of the Program Chief to concentrate resources on the Agreement renewal/reapplication process.

- L. Documentation
 - 1. All visits shall be noted on the Vendor Monitoring Log (WIC-28) during the visit and signed by the vendor staff person and the person in charge of the store at the time. The following codes will define the type of visit:
 - S - Periodic site visit or education visit.
 - CB - Call back; to follow-up on questions arising from a site visit.
 - P - Problem; additional visits related to complaints, possible deficiencies or violations, or other problems.
 - A - Application visits related to the store's request to be a WIC authorized vendor.
 - O - Other; miscellaneous visits to deliver or pick up materials or items, answer minor questions (if no WIC-33 completed)).
 - 2. On the first working day of each month, total that month's visits on the WIC-28. The logs will be maintained by month.

II. Additional Investigations

Any probable violations should be followed up with, as appropriate, such activities as:

- 1. Review of checks redeemed.
- 2. Interviews or surveys of participants, local agency staff, other vendors, or other parties.

3. Follow-up on-site visits.
4. Compliance investigations.
5. Inventory audits.

Such activities may be conducted by state agency staff; independent consultants, investigators, or aides; or referred to other agencies of the HEALTH WIC PROGRAM or to other state agencies, as appropriate and available.

Policy V-6: PARTICIPANT OR LOCAL AGENCY COMPLAINTS REGARDING VENDORS

Goal

To provide a mechanism to transmit and respond to complaints about vendors.

Procedure

- A. Any complainant or complaint, except from another vendor, shall be referred to the HEALTH WIC Client Services Unit. Local agencies should complete and forward a Vendor Question/Complaint Form with full details, including how to contact the complainant. The local agency may call in addition to sending the form.

Obtain as much of the following as possible:

1. Date, what occurred, store staff involved.
 2. Checks involved, if any
 3. Signed statement by complainant (i.e., ask complainant to sign completed form.)
- B. The Client Services Unit shall forward the complaint form to the Vendor Unit Supervisor. The Supervisor shall assess the merits of the complaint and plan follow-up with vendor monitors.
- C. If a complaint is verified the vendor and vendor monitoring staff person will immediately develop a plan of correction. All occurrences shall be noted on a Vendor Contact Record form.
- D. Failure to comply with the plan of correction may result in a warning letter or a sanction.
- E. A pattern of complaints may also be considered by the state agency as grounds for a warning letter or sanction.

Policy V-7: VENDOR REPORTS ON PARTICIPANTS CHOOSING NON-WIC FOODS

Goal

To provide a mechanism for dealing with participants who attempt to buy non-WIC foods.

Procedure

- A. When a vendor notices that a participant has chosen non-allowable food items to purchase with WIC checks he should:
 - 1. Ask a participant to exchange non-allowable food items for foods listed on the WIC Allowed Foods list.
 - 2. Write down the participant's name, date of selecting wrong foods, WIC ID number and local agency, as well as the types of non-allowable food items she was trying to purchase.
 - 3. Call the Rhode Island Department of HEALTH WIC Program and relate the incident as it occurred.

- B. At this point the Rhode Island Department of HEALTH WIC Program WIC staff liaison person for the local agency in question will:
 - 1. Call the local agency and report the incident as told by the vendor, naming the participant and types of food that the participant had incorrectly chosen.
 - 2. File a report on the incident at the Rhode Island Department of HEALTH WIC Program

- C. The local agency will then:
 - 1. Flag the chart of the participant in question, with recount of the incident.
 - 2. At the next check pickup the participant will be referred to the nutritionist or nurse for an education session that covers the following information:
 - a. What occurred, and where, in a tone such that the participant is given the benefit of the doubt. (For instance: It was reported that you tried to purchase such and such with your WIC checks; since these are not allowable WIC foods, we feel that perhaps you did not get the appropriate education concerning the list-or, perhaps you lost your list ... here is another one...).

- b. Attempt to discover the reason for non-WIC food choice (ex, food intolerance, lack of knowledge?).
 - c. Go over the list category by category naming allowed items.
 - d. Then tell why each food was chosen and why it is important for the participant to purchase it.
 - e. Ask if the participant has any questions and answer them.
- D. The state liaison would then do a follow-up call with local to see what occurred, and so record on the same report originated earlier.
- E. A determination will be made of the participant's intention and the severity of any actual Program violation. The local agency will take appropriate additional measures (warning letter, suspension) if warranted.
- F. Other participant redemption violations will be handled in a similar manner.

Policy V-8: VENDOR MINIMUM INVENTORY REQUIREMENTS

Goal

To ensure that each authorized WIC vendor maintains a sufficient minimum inventory of WIC Allowed Foods.

Procedure

Revised 2-06

- A. *For each food group, the vendor shall maintain a minimum inventory according to the WIC Vendor Minimum Inventory Requirements in effect at the time. WIC grocery vendors need to maintain a minimum inventory based on the WIC-39G requirements, while WIC pharmacy vendors need to maintain a minimum inventory based on the WIC-39P requirements.*
- B. The minimum inventory must be comprised only of foods designated by the HEALTH WIC PROGRAM as WIC ALLOWED or Contract Brand.
- C. The HEALTH WIC PROGRAM reserves the right to exclude excessive priced, damaged, outdated, unsanitary or contaminated foods in calculating inventory levels.
- D. For purposes of determining compliance with this Policy, the HEALTH WIC PROGRAM representative shall consider only such inventory as displayed, shown in shopping areas or shown by on-site store staff during the time of a monitoring visit. The foods must be reasonably accessible and available for vendor monitoring review and for WIC customer purchase at the time of the monitoring visit.
- E. Failure to comply with the WIC Allowed Foods List and Minimum Inventory Requirements shall be noted as a deficiency when a store is surveyed.
- F. If the store is a pharmacy, they are only allowed to accept checks for specialty formulas.
- G. Grocery stores authorized to provide special formula products must maintain the minimum inventory quantities for said products.
- H. Vendor applicants shall be required to comply with the WIC Allowed Foods List and such minimum inventory as required by Vendor Applicant Selection Policy V-1.

Policy V-9: MONTHLY SUMMARY - VENDOR STATUS

Rev. 8/99

Goal

To record changes in vendor status and the accomplishment of each step in that process in order to insure vendor participation is in accord with related regulations and procedures.

Procedures

- A. When any change in vendor status is anticipated or accomplished, record the vendor name and the nature of the change under the correct heading on the WIC-29.
- B. Business Change - Record any changes in ownership, name, or location by listing the date. The "Comments" column should describe the nature of the change.
- C. There is a group of columns related to sanction/termination activities. Record the date and reason each activity takes place and note pertinent comments in that column.
- D. Four columns pertain to adding vendors to the Program. Record the date of each step in the appropriate column.

"Add" pertains to the date the Agreement is completed by both parties.
"Stamp" pertains to the date of stamp delivery.
- E. Record vendors being investigated by state or federal agency(s) with dates, notes, and comments.
- F. Maintain separate sheet(s) for each month.
- G. On the first working day of each month, total the activities for that month.

Policy V-10: PRICE STANDARDS AND PEER GROUP CLASSIFICATIONS*Revised 4/06*

Goal

To ensure that Program food funds are utilized for the maximum benefit to eligible persons, by preventing excessive charges by vendors.

Policy

Added 11/05

Excessive price standards for vendors are based upon comparative prices of each vendor in relation to prices charged to WIC by other WIC vendors in the same peer group. It is the responsibility of the vendor to set prices that are not unduly higher than prices charged to WIC by other vendors in the same peer group. An evaluation of prices shows that geography does not play a significant role in price variation across the state. RI WIC excludes prices from above-50%-vendors from the calculation of average/competitive, and maximum price calculations.

*Procedure**Revised 11/05*

- A. Peer Group Classification of stores - WIC vendors shall be classified according to the total value of yearly food sales for grocery vendors (WIC and non-WIC foods) and the number of stores in the chain (if a local vs. national chain). Stores will be grouped as follows:*

<i>1. Type of Business</i>	<i><u>*Total value of yearly food sales for grocery vendors (WIC and non-WIC)</u></i>
<i><u>Grocery Vendors</u></i>	
<i>Peer Group 1</i>	
<i>Small Grocers</i>	<i>Less than \$500,000*</i>
	<i>1-2 cash registers</i>
<i>Peer Group 2</i>	
<i>Medium Grocers</i>	<i>\$500,000 up to \$3,000,000*</i>
	<i>3-5 cash registers</i>
<i>Peer Group 3</i>	
<i>Small Local Chain or</i>	<i>\$3,000,001 to \$20,000,000*</i>
<i>Large Independent Store</i>	<i>6 + cash registers</i>
<i>Peer Group 4</i>	
<i>Large National Chain /</i>	<i>Over \$20,000,001*</i>
<i>Extra Large Independent Store</i>	

*Peer Group 5
Commissary (military)*

*Peer Group 6
Farmers Market*

*Peer Group 7
Independent Pharmacy*

*Peer Group 8
National Chain Pharmacy*

2. *Each Peer Group (excluding farmers market and pharmacy peer groups) will have 2 sub-categories:*

The “Above-50% Vendor” (A50%V) sub-category is restricted to those vendors in a peer group whose total WIC sales comprise more than 50% of their total food sales.

The “Below 50% Vendor” (B50%V) sub-category is restricted to those vendors in a peer group whose total WIC sales comprise 50% or less of their total food sales.

B. *Competitive Pricing of WIC Allowed Foods*

Prices reported, posted or charged for WIC foods shall not be excessive, as compared with those vendors within their peer group, or of other Rhode Island WIC vendors.

1. ***Competitive / Average Price (CAP)***
Revised 4/06

The Competitive / Average Price (CAP) is established for each WIC Approved food item for each vendor peer group and subcategory. The CAP is the average price that WIC will pay for any WIC food, food group, combination of foods, WIC food package(s) or check type(s), (regardless of type, brand, weight or volume provided).

Each peer group’s CAP (excluding the A50%V) is based on:

- i. *The average amount charged for that food item by authorized WIC vendors in the Vendor’s assigned peer group, and/or,*
- ii. *The average amount of accepted prices submitted on the vendor’s price surveys by authorized WIC vendors in the Vendor’s assigned peer group, and/or,*

- iii. *The manufacturer's 75 case wholesale price list for infant formula x 115%,*
- iv. *Or a combination of the three methods, to obtain the least expensive price.*

To ensure cost neutrality, and competitive pricing, the prices derived from the A50%V subcategory price surveys and redemptions will be excluded from the calculation of the CAP.

The CAP for vendors in the A50%V sub-category will be set at the statewide average for WIC allowed food items and WIC food instruments as determined by statewide redemption data and price survey data. To ensure cost neutrality and competitive pricing, the prices derived from the A50%V subcategory's price surveys and redemptions will not be included in the calculation of statewide averages.

Maximum Allowable Prices (MAP)

Revised 12/05

1. *A Maximum Allowable Price (MAP) is established for each WIC Approved food item for each peer group/subcategory. The MAP is based on each peer group/subcategory's CAP plus a factor to reflect fluctuations in the market place.*
 2. *Periodically, vendor's redemption patterns will be analyzed for the rate of redemptions near or at the MAP. Those vendors with a pattern of inflated food prices that is higher than other retailers / peers will be given an opportunity to reduce their prices. If they choose not to reduce their prices, the store will not be authorized by WIC, and rejected because of high prices.*
 3. For applicants, the determination of excessive pricing may be based upon their submitted WIC Price Sheet, vendor redemptions and / or other methods of estimating or projecting the applicant's charges for WIC foods if authorized.
3. *Incentives*
Added 11/05
- A. *WIC does not allow vendors to provide incentive items or other free merchandise (except food or merchandise of nominal value) to WIC shoppers unless the vendor can provide proof that the incentive items were obtained at no cost to the vendor.*
 - B. *Acceptable Incentive Items would be:*
 - a. *Merchandise obtained at no cost to the vendor and provided to participants without charge, or sold to participants at or above cost (subject to documentation),*
 - b. *Food or merchandise of nominal value (ie, having a per item cost of less than \$2)*
 - c. *Food sales and specials which:*

- i. Involve no cost, or only a nominal cost for the vendor*
 - ii. Do not result in a charge to a WIC food instrument for foods in excess of the foods listed on the food instrument.*
- C. This applies to for-profit vendors for which more than 50% of their annual food sales result from WIC sale (ie, "Above- 50%-Vendors.") or new vendor applicants likely to be "Above- 50%- Vendors.*

Policy V-11: VENDOR PAYMENT PROCESS

Goal

To provide a consistent procedure for reimbursing vendors for WIC checks accepted which cannot be processed; to ensure accountability through recording and documenting of such transactions; and to decrease the incidence of improper redemption procedures.

Procedure

Subject to the following procedures, the vendor shall have an opportunity to correct or justify an actual or alleged overcharge or error, or defend against a HEALTH WIC Program charge or claim for alleged overcharge or error. Only if the HEALTH WIC Program is satisfied with the correction or justification, then it may provide payment or adjust the payment to the vendor accordingly. The HEALTH WIC PROGRAM may deny any reimbursement if overcharge or errors are not sufficiently justified, corrective action not taken, or overcharges or errors are repeated.

General

Revised 11/05

- A. *No check will be considered for reimbursement unless the check, request for reimbursement and acceptable justification and explanation are received at the WIC Office, HEALTH WIC PROGRAM, not more than 30 days after the "Last Day to Use" printed on the check. If the bank has rejected the check, it must be submitted to the State WIC Office within 30 days of the date it was rejected by the WIC contract bank.*

If the check is paid, there is a \$5.00 handling fee deducted from any reimbursement if a check was improperly accepted or completed by vendor.

Only a limited number of checks will be reimbursed for any vendor. Repeated submissions will not be honored. The State WIC Office will use a cut off number related to the amount of vendor's volume. Once the cut off reached no more reimbursements to that vendor will be honored.

Vendors will be billed by WIC for the bank-handling fee of \$.85 per check.

Under no circumstances should a vendor request or accept cash payments from WIC participants for WIC foods, rejected WIC checks or un-deposited, improperly handled WIC checks.

RI WIC Program's Rejected Check Submissions Instructions

REJECT REASON	WHAT THE VENDOR SHOULD DO
<i>*No Vendor Stamp</i>	<i>Stamp and re-deposit in the vendor's bank</i>
<i>Illegible Vendor Stamp</i>	<i>Vendor should re-stamp the check so that it is legible and re-deposit it in the vendor's bank before the check expires. If the Vendor Stamp is worn out, contact the State WIC Office for a replacement stamp.</i>
<i>Invalid Vendor Stamp or Multiple Vendor Stamps</i>	<i>Vendor will not be paid</i>
<i>No Signature</i>	<i>Vendor will not be paid</i>
<i>Expired</i>	<i>Vendor will not be paid</i>
<i>Future Dated</i>	<i>Vendor will not be paid</i>
<i>Excessive Dollar Amount</i>	<i>If the State WIC office reimburses the vendor for a WIC check, it will be based on the MAP item prices for that vendor's peer group. The vendor may lose this money.</i>
<i>Improperly Altered Price Illegible Price</i>	<i>Will consider paying only if alteration occurred when vendor was attempting to correct a pricing error. If the State WIC office reimburses the vendor for a WIC check, it will be based on the MAP item prices for that vendor's peer group.</i>
<i>Price Missing</i>	<i>Vendor will not be paid</i>
<i>Altered Signature</i>	<i>Vendor will not be paid</i>
<i>Void/Stop payment</i>	<i>The vendor should submit to the State WIC Office; with receipt for any bank fee. May be reimbursed if not on Stop Payment Notice and vendor identifies who redeemed it. The vendor may lose this money.</i>
<i>Previously rejected Already Paid Other</i>	<i>Vendor will not be paid</i>

B. *Checks exceeding the Maximum Allowed Price (MAP)*

An ACH reimbursement or payment credit will be initiated if a WIC check is submitted for payment above the current Maximum Allowed Price for that check, based on the vendor's peer group and subcategory.

On day 1, the state's banking contractor will reject the check exceeding the MAP. On day 2 the bank will reprocess the check. As a result of this reprocessing, the vendor will receive an ACH credit for the MAP (minus any associated bank fees assigned to the state WIC office). The vendor agrees to accept this adjusted ACH credit and the payment of any related fees if the price on the WIC check(s) submitted for payment exceeds the current MAP for the vendor's peer group/ subcategory.

Policy V-12: CHANGE OF VENDOR OWNERSHIP

Rev.10-16-01

Goal

To evaluate each "change of ownership" to determine if there is a continuity of the business, management and personnel at the store.

I. Policy

A. The retail store shall notify the WIC Office in advance if there is a modification or change of ownership, change of operations and/or control to be the subject of a determination of a "continuity of the business" and shall provide to the HEALTH WIC Program all information requested by the HEALTH WIC Program necessary for the proper review of the transaction. All information provided by the retail store at the request of the HEALTH WIC Program will be kept confidential. Failure to notify in advance will result in immediate termination of the Vendor Participation Agreement and will jeopardize the new application. (Vendor Participation Agreement, IB5).

B. Continuity of the business, for purposes of this policy, is defined as:

1. Change of a single proprietorship to a partnership or corporation where the original sole proprietor remains a partner or shareholder with at least a 45% interest in the new partnership/corporation.
2. Change in a partnership by adding partners where the original partners still maintain at least a 45% interest in the new partnership.
3. Change in a partnership by loss of one or more partners. This would include conversion of a partnership to sole proprietorship through loss of one or more partners, where the one of the original partners still maintains at least a 45% interest in the business. In the case of a change to a sole proprietorship, one of the original partners must have 100% interest.
4. Incorporation of an existing partnership where the original partners still maintain at least a 66% interest in the corporation.
5. Corporate mergers or buy-outs where the original corporation is merged with another or becomes a subsidiary.
6. In reviewing B4 and B5, the HEALTH WIC Program may deny the retail store a determination of "continuity of the business" even though it meets all other criteria identified in this policy if the HEALTH WIC Program determines that the change in

the structure of the business was for an inappropriate reason. In reviewing the purpose for which the business structure was changed, the HEALTH WIC Program may review the following circumstances regarding the transaction to justify the denial:

- (a) Under capitalization;
 - (b) Failure to adhere to corporate formalities;
 - (c) Substantial intermingling of corporate and personal affairs;
 - (d) The use of the corporate form to perpetrate fraud; and
 - (e) Any other circumstances relevant to the determination of the appropriateness of the transaction.
7. Appointment by the Court of a Receiver to oversee the assets and operation of the Vendor.
 8. Appointment by the Court of an Executor to oversee the assets and operation of the Vendor.
- C. Continuity of management and personnel is defined as when a majority of the management and personnel in the store that deal with the WIC policy and procedure and WIC transactions will continue to be employed in the same position under the new ownership structure.
- D. Instances where there is no continuity of the business as defined in B will be considered a "modification/change of operations/ownership/ control, etc."; the WIC agreement is immediately considered null and void and the procedures described in Policy V-1 will be implemented or hardship procedures described in C., below will be followed if pre-notification of the change of ownership is received.
- E. Instances where there is a continuity of the business, management and personnel will be considered a "modification of ownership" rather than a "change of ownership" and will be processed as follows:
1. The "new" business entity will be permitted to continue to transact WIC food instruments (as defined in Policy V-4, IA1a) maintained.
 2. Additional review or training of the "new" proprietary person(s) will be required.
 3. The appropriate signatory authority of the "new" business entity will be required to sign a new agreement and a Certification of Prospective or Modification of Store Ownership form (WIC-56), a Certification of Prospective or Modification of Store Ownership - Court Appointed Receiver (WIC-56A), or a Certification of Prospective or Modification of Store Ownership - Probate Court Appointed Executor (WIC-56B), signifying their continued intent to conform with WIC Policy and Procedures.

4. The vendor number will change and the modification of the ownership will be transparent to WIC participants and clinic employees.
- F. Instances where there is a continuity of the business but no continuity of management and personnel will be considered a "modification of ownership" and will be processed as follows:
1. The "new" business entity will be required to undergo training before being able to continue transacting WIC food instruments (as defined in Policy V-4, IA1a).
 2. Arrangements will be made to forward participants to alternate stores until the "new" business entity receives training.
 3. The appropriate signature authority of the "new" business entity will be required to sign a new agreement signifying their continued intent to conform with WIC Policy and Procedures.
 4. The "new" business entity will be placed on probationary status for six months during which time the store will be reviewed to ensure continued compliance with WIC Policy and Procedures.
 5. The vendor number will not change, however, there will be service disruption until the appropriate training is held. In such instances training will be expedited to the extent feasible.
- II. Procedure
- A. The "old" and "new" business entities must notify the HEALTH WIC Program vendor unit of reported/identified change/modification of retail store operation and/or ownership, as soon as identified.
 - B. The HEALTH WIC Program will determine appropriate status of change/modification of operation/ownership based on this policy.
 - C. When the HEALTH WIC Program is informed that an authorized WIC retail store plans to change operation/ownership, as described in D, above, and the HEALTH WIC Program determines Inadequate Participant Access (not inconvenience) would occur, the HEALTH WIC Program may:
 1. Instruct the owner to schedule a store review and application pickup date.
 2. Conduct review or data scheduled and complete new store paperwork with written justification for Inadequate Participant Access. The HEALTH WIC Program will

review the prospective store's application package in an expedited manner. If the prospective store-owner's application package is approved by the HEALTH WIC Program, the store will be provided Probationary Authorization only. A follow-up unannounced probationary review will be required within 6 months of the change of ownership to insure that the new store ownership is continuing to adhere to all WIC Selection and Limitation Criteria.

- D. The HEATH WIC Program will complete follow-up action as required.

Policy V-13: RI WIC LICENSED / AUTHORIZED INFANT FORMULA SUPPLIERS

Added 11/05

Goal: To ensure that infant formula purchased by WIC shoppers in WIC authorized stores has been obtained from licensed / authorized sources.

- I. *An annually updated listing of licensed infant formula providers will be maintained by the State WIC Office. This listing will be comprised of:*
 - A. *A listing of the Primary Infant Formula Suppliers:*
 1. *This "Primary List " is generated from the WIC Vendor Application forms. Vendors are required to list the source(s) of their infant formulas. The source is compared to the retail and wholesale food vendors currently licensed in RI by the RI Department of Health. If the source is actively licensed in RI, they are considered a licensed / authorized infant formula supplier for WIC vendors and added to the Primary List.*
 - a) *The Primary List will be provided to each WIC vendor on an annual basis.*
 - B. *A current Comprehensive listing of the RI Department of Health licensed retail and wholesale food vendors.*
 1. *The "Comprehensive List" is composed of all retail sales and wholesale distributors currently licensed by the RI Department of Health, Division of Food Protection.*
 - a) *The Comprehensive listing will be available upon request.*
- II. *All WIC Vendor Applicants must demonstrate that the infant formula sold to WIC participants has been provided by an approved infant formula supplier on the above lists.*

Section 6

Financial Management

Section 6-1

FINANCIAL MANAGEMENT
(Procedures Sec. 600)

Description of Financial Management System

11/99

Letters of Credit

The Rhode Island Department of Health is notified of the amount of funds available by Letter of Credit. This figure usually represents one quarter (1/4) of the State's yearly allocation, plus or minus any amount of reallocation. This approved funding level can then be drawn upon to fund the WIC Program for the succeeding quarter. The Automated Standard Application for Payments (ASAP) system is used to initiate drawdown of funds.

Monies are requested on a projected need basis according to the daily collected balance report as reported to Financial Staff of the WIC Program by the contracted bank. This report is used to eliminate excess cash on hand by the State Agency. A direct wire transfer is performed to transmit monies from the Federal Reserve Bank to the contracted bank for deposit. Once completed, the drawdown request is receipted via computer with the General Treasurer. A corresponding adjustment is performed each month to offset the cumulative amount of state receipts of these funds transfers with their expenditure at the bank.

Local Agency Allocations

The Rhode Island Department of Health WIC Program provides each of its local agencies with a quarterly allocation based upon assigned caseload which represents the maximum quarterly reimbursable expenditure for each agency. Allocations may be adjusted in relation to caseload maintained, as directed by the RIDH.

Allocations are made in accordance with Goals I, and VI, other provisions of this Section, and the Local Agency Agreement.

The Rhode Island Department of Health WIC Program requires the local agencies to submit a monthly WIC Actual Expenditure Report, supported by two additional reports: 1) Staff Time for Nutrition Education and Nutrition Services and Administration; 2) Monthly Nutrition Education Expenditure Report, and Monthly Nutrition Services Administration Report (See Procedure Manual, Section 612 for description of use of reports). These reports are used by the RIDH as a monitoring tool to observe how WIC monies are spent. Reimbursement to local agencies will be made upon

Rhode Island WIC Program

Operations Manual Sec. 6

review and approval by the RIDH for allowable costs reported on a monthly basis, in relation to caseload actually maintained.

All local agencies have been instructed that documentation must be kept for NSA Costs being charged. Ongoing assistance and monitoring of reporting procedures is provided via telephone and/or site visit conferences between RIDH and local agency WIC staff.

All local agencies have been instructed by Health department staff on the purpose of Federal Management Circular FMS-74-4, "Cost principles applicable to grants and contracts with State and local governments." The intent of this circular is designed to provide the basis for a uniform approach to the problem of determining costs and to promote efficiency and better relationships between grantees and the Federal Government.

Disbursement Procedures

Local Agencies

Local Agencies are reimbursed to cover one month's operating costs. No monies are disbursed to local programs to cover food or food delivery computer system costs; both these costs are handled centrally by the State.

Reimbursement is made on a monthly basis by the state on an invoice voucher. The RIDH WIC Program prepares the invoice voucher after verification of the charges being requested has been done. This form is signed by the proper designated authority in the Health Department's Division of Management Services, logged into a computer billing system, and then processed through the state Division of Accounts and Control, which in turn processes the voucher to the General Treasury Department, where the check is completed and mailed out to the vendor.

* State Computer Costs

The computer services are rendered in-house on a DOS 80586 microcomputer with a backup PC. Access to state mainframe files (fiscal and RI Dept. of Human Services) is provided through the state Office of Information and Data Processing which is presently providing the WIC Program with access to the Johnston mainframe. Charges for these services are processed on State Form A-12T (Services Rendered) by IDP. No actual check or cash disbursements are being made within the State. Transfer of charges or expenditures are made directly to the established WIC account.

Bank Contract Costs

Method of reimbursement is described under "Food Delivery System."

Outstanding Obligations

Rhode Island WIC Program

Operations Manual Sec. 6

Federal requirements mandate the reporting of outstanding obligations. Funds are maintained to ensure that payment can be made when these obligations are redeemed. At the State level, administrative costs are reported on a modified accrual basis according to State Agency policy.

In addition, outstanding food obligations are available through the automated check reconciliation system and are reported on a monthly accrual basis to the Regional Office on Form FNS-498, WIC Monthly Financial and Program Status Report.

Management and Program Income

Administrative interest income earned on funds held by the WIC bank is deducted from the bank's monthly service charge for the system maintenance.

Food Rebate Funds See Goals VI,

Indirect Cost Rate

The WIC Program is required to pay indirect costs, on state office operating expenses in accordance with the federally approved indirect cost rate.

Nutrition Education Costs - State Agency

The RIDH has its Nutrition Education Program directed by a State WIC Nutrition Coordinator. In addition to salary, funds are set aside at the State level for printing of nutrition education materials, for purchase of films, texts, and equipment, for a portion of the state office administrative salaries for monitoring of nutrition education and for travel and other costs.

These total expenditures plus nutrition education expenditures at local agencies are budgeted to amount to at least one-sixth of total administrative funds. The state fiscal staff monitor expenditures on a monthly basis to ensure the one-sixth requirement is met.

Nutrition Education Costs - Local Agency

The RIDH has developed a format for documenting that one-sixth of administrative funds is spent on Nutrition Education activities as delineated in the Federal regulations. These regulations now require all staff funded through WIC to perform periodic time studies that illustrate time devoted to the major WIC activities. Technical assistance is available to local agencies to assist them in documenting nutrition education and other costs. These forms have been integrated into the reports submitted by local agencies (see Procedure Manual, Sections 613 & 614 for description of use of reports).

Breastfeeding Promotion Costs

The RIDH has earmarked funds at the state level for a Breastfeeding Promotion Program directed by the State WIC Nutrition Coordinator. Allowable breastfeeding costs include, breastfeeding aids, salaries and benefits for training, education and development, a portion of state office administrative salaries for the monitoring of breastfeeding promotion, travel and other costs.

Total state and local agency breastfeeding expenditures are a budgeted amount in addition to the 1/6th nutrition education expenditure requirement. RIDH's breastfeeding budget is determined based on the number of pregnant and breastfeeding women in the state, as a percentage of the number of pregnant and breastfeeding women in all states. The state fiscal staff monitors expenditures on a monthly basis to ensure breastfeeding funds are expended.

Breastfeeding Promotion Costs - Local Agency

The RIDH has developed a format for documenting local agency salaries for time spent on breastfeeding promotion and for other breastfeeding activities. The state fiscal staff tracks breastfeeding expenditures using the monthly and annual expenditure reports submitted by the local agencies.

Allocation Standards

Presently, WIC NSA funds are allocated to local agencies on the basis of assigned caseload but are adjusted in relation to an agency's maintenance of enrolled caseload as directed by RIDH. In the event of an agency's failure to maintain caseload as directed, payments may be reduced or withheld. The agency may be held liable for any over expenditures, in food or administrative costs, related to such failure. Future payments to the agency may be reduced to offset the amount of any claim.

If there is a danger that statewide caseload conversion earnings will be insufficient to support allocated levels allocations may be made at 90% assured and the balance allowed for caseload actually maintained between 90% and 100% of allocation.

Nutrition Services and Administration Funding Procedure

As part of the WIC State Plan development process each year, the RIDH establishes a State Plan Committee to provide an opportunity for WIC local agencies to participate in the development of the State Plan. The committee generally includes a representative sample of local agencies; large and small, rural and urban and of diverse organizational makeup. These locals also represent a range of racial/ethnic groups. This committee reviews the area of local agency administrative and program services funding as well as other aspects of Program functioning.

The state agency has also been guided by the considerations of previous state plans and public hearing comments on the method of administrative funding procedure. The criteria considered were:

Section 6-5

Type and ratio of staff needed to serve the estimated numbers of participants. The number of participants served by the Local Agency. Salary variations of personnel among Local Agencies.

The types of equipment needed to be purchased for certification.

Local agency costs incurred for providing bilingual services and material. Costs related to special population groups.

Costs related to demographic composition. Costs related to financial and inkind resources and other program funds available to local agencies. Costs related to caseload activity levels.

The advantage of a "negotiated" determination of administrative funding for local agencies has been extensively considered. Although a "negotiated" administrative funding theoretically can address on a very individualistic basis the needs and capacities of local agencies, the problem of applying a fair standard acceptable to all locals is a very prohibitive concern. It has been decided, therefore, to forego a negotiated determination, in favor of a more objective formulation.

After consideration of the above, the RIDH has determined that the allocation to each local agency will be predicated on the assigned caseload with total administrative funding allocated by the following formula:

$$\begin{array}{rcl}
 \text{Total Number} & \text{Admin. Cost} & \text{Quarterly} \\
 \text{Of Assigned Slots} & \text{Allocated per Enrollee} & \text{Admin. Allocation} \\
 \text{X} & = & \text{per Quarter}
 \end{array}$$

In addition to the assigned number of slots, and related administration allocation, the state may permit an agency (ies) to enroll additional persons and may reimburse the agency (ies) on the basis of persons enrolled. In order to ensure service to the number of persons permitted by available food funds, the state agency may make adjustments to a local agency quarterly caseload and/or administrative and program service allocations, and/or may limit reimbursement in relation to caseload actually maintained.

Recovery of Vendor Claims

The state agency shall retain funds collected by the recovery of claims assessed against food vendors or funds not paid to food vendors as a result of reviews of food instruments prior to payment. The State agency may use up to 50 percent of these funds for administrative and program services purposes, provided that the base amount from which the percentage may be taken is not established until after the vendor has had opportunity to correct or justify the error or apparent overcharge. The State agency shall not transfer any such funds from its food account to its administrative and program services account until after the vendor has exercised this right, if the vendor chooses to do so. After such funds have been transferred, the remainder shall be used to pay food costs. When these funds are used for administrative and program services purposes, the State agency shall report such expenditures to FNS through routine reporting procedures.

6/99 *Money received by the State as a result of civil money penalties or fines assessed a vendor and any interest charged in the collection of these penalties and fines shall be considered as program income.*

The state agency shall maintain documentation to support the level of funds retained under this paragraph by the State agency for administrative and program services purposes.

Backspending and Carry-Forward

Backspending

The state may, at its option, expend state or federal funds allocated to the state agency for food costs incurred in the preceding fiscal year.

Carry-Forward

The state agency may, at its option, carry-forward a portion of the state or federal funds allocated to the state agency for food costs and for administrative costs in any fiscal year, and to expend funds carried forward in the immediately following fiscal year.

Any backspending or carrying forward of funds under this policy shall be in conformance with federal and state law, regulation and administrative instruction.

Basis of Accounting

The State of Rhode Island uses a modified accrual basis of accounting. Monthly administrative outlays for the RIDH WIC Program are taken directly from the state's central accounting system, RISAIL and are listed by payee, account number, voucher number and payment amount.

A review of outstanding obligations is conducted on a monthly basis and reported on the WIC 798 report.

Proposed Budget

The proposed budget will be submitted no later than thirty days after the state's annual grant level, including any negotiated amount, is announced. The USDA budget format will be used.

Goal

To assure the financial integrity of WIC Program operations and to use audit reports as a basis for formulating guidance and directions issued to local agencies in the area of financial management.

Background

In order to comply with Federal WIC Regulations, Section 246.20 which mandates audits of State and local agencies every two years, the following audit procedures have been followed:

The Rhode Island Department of Health WIC Program, as well as three of the local agencies, were audited by the State Bureau of Audits during FY 78, and the Rhode Island Department of Health received approval on this audit. However, due to other personnel commitments, the State Bureau of Audit was unable to audit the remaining eleven local agencies. Therefore, M.D. Oppenheim & Co. performed the financial audit of these eleven agencies. Audit findings were received 8 June 1979. Audit findings were forwarded to the USDA Regional Office.

The findings of the audit were transmitted to the local agencies and corrective actions were taken as planned. The Rhode Island Department of Health performed followup visits to verify that corrective actions were taken and were adequate to prevent recurrence of the findings. This was accomplished during periodic program monitoring by the State Agency.

Peat, Marwick, Mitchell, and Co., an independent certified public accounting firm, performed an audit of the State Agency for FY 78. Corrective followup was implemented as appropriate.

The same accounting firm also audited the following local agencies: Women & Infants Hospital, Memorial Hospital, Blackstone Valley Community Action Program, Allen Berry Health Center (satellite of Providence Health Center), East Providence Community Health Center (satellite of Self-Help, Inc.) and Bristol Health center (satellite of Self-Help, Inc.). Corrective plans were implemented.

In fiscal year 1981, a financial and management audit was performed by the firm of Hague and Federico for Fiscal Year 1980 for the State Agency and the following eleven local agencies:

Chad Brown Health Center
Cranston Community Action Program, Inc.
Health Services, Inc.
New Visions for Newport County, Inc.
Providence Ambulatory Health Care Foundation, Inc.
St. Joseph Hospital
Tri-Town Family Health Center
Warwick Community Health Center

To assist and prepare each local agency for audit requirements, a copy of "Audit Guide 8270.13" was distributed to each agency prior to the audit process.

Results were forwarded to the appropriate agencies. Technical assistance was provided by State staff and corrective measures were implemented.

Site visits were made to all local agencies to assist fiscal personnel in the area of financial management. A copy of the Federal Management Circular FMC-74-4; "Cost principles applicable to grants and contracts with State and local governments", was given and reviewed with each local agency fiscal person. Guidance was also provided for preparation of the annual budget and monthly expenditure reports.

In fiscal year 1982, a financial and management audit was conducted for fiscal year 1981 for the State agency and the following local agencies:

Blackstone Valley Community Action Program , Inc.
The Memorial Hospital
Providence Ambulatory Health Care Foundation, Inc.
Self-Help Inc.
Tri-Town Family Health Center
Warwick Community Action Health Center
Washington County Health Center
Women & Infants Hospital of RI

Single Audit Act

Under this Act, WIC has been audited annually since FY83, on a rotating basis, by the State Office of the Auditor General and the Bureau of Audits. Findings have been addressed as necessary.

Annually, the state agency reviews the organization-wide audit report of each local agency for significant findings having a bearing on WIC and for compliance with the requirements of the local agency agreement and OMB Circulars A-110, A-122, A-128 and A-133 and regulations 7CFR3015, 3016, and 3017 Said circulars have been provided to local agencies for guidance.

Future Audits (See Goals, VI)

Financial Records

The State Agency works with each local WIC agency to establish uniform financial procedures to provide sufficient documentation for Program costs reported on their monthly expenditure reports and a clear audit trail for purposes of accountability.

Rhode Island WIC Program
Audit Exceptions

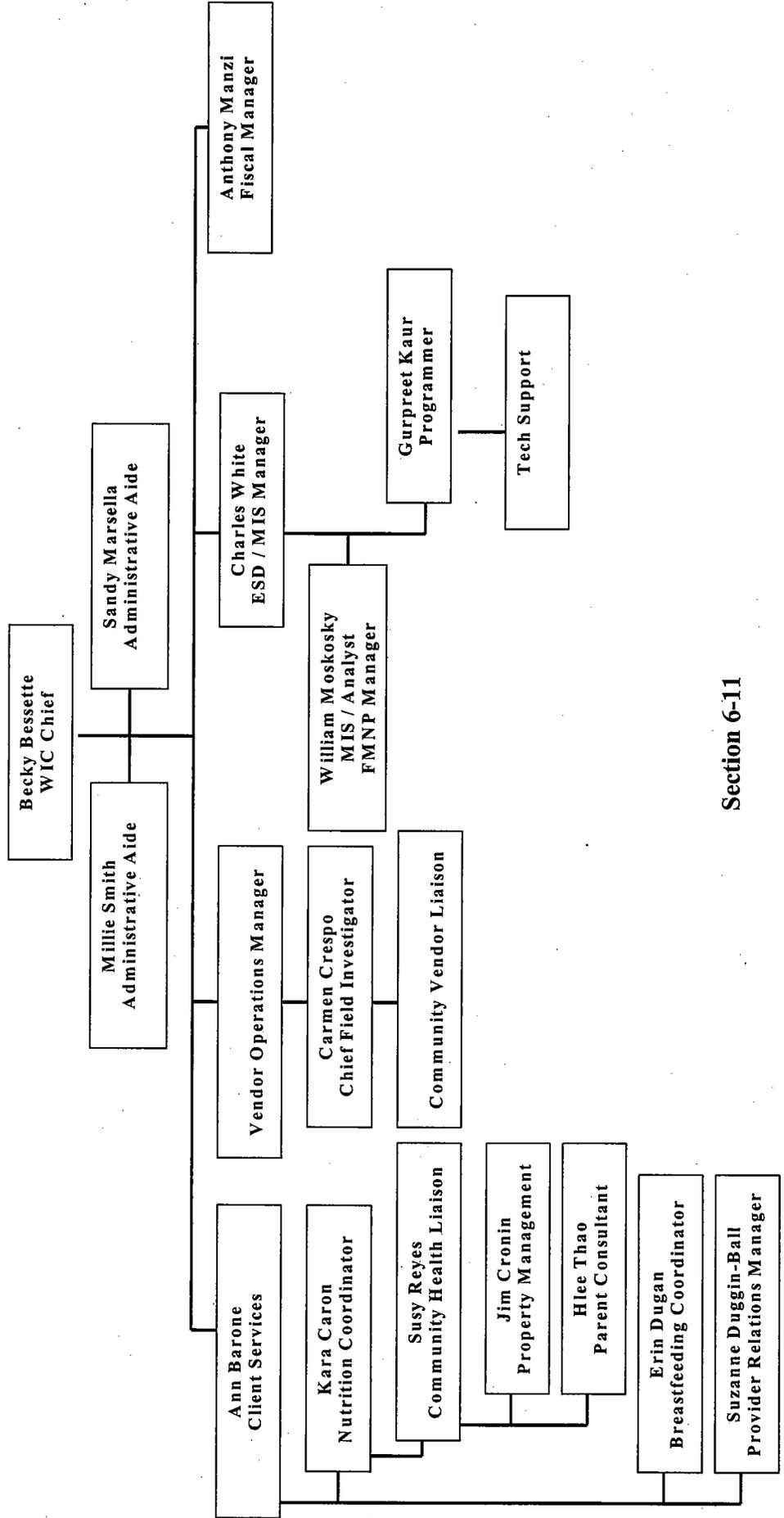
Operations Manual Sec. 6

In the event it becomes necessary to reclaim funds as a result of audit findings, several methods are employed as appropriate. The amount of the claim may be withheld from payments to the local agency. If this procedure cannot be used, the local agency is required to submit a check in the amount of the claim. If the local agency refuses to comply, the matter is turned over to the Office of the Attorney General to seek claims action against that agency.

All prior Federal Fiscal Year reclaim amounts will be returned to FNS. Payment will be made either directly from local agency to FNS (documented to SA) or by transfer through the State or by offset. Details would be worked out by between FNS and SA.

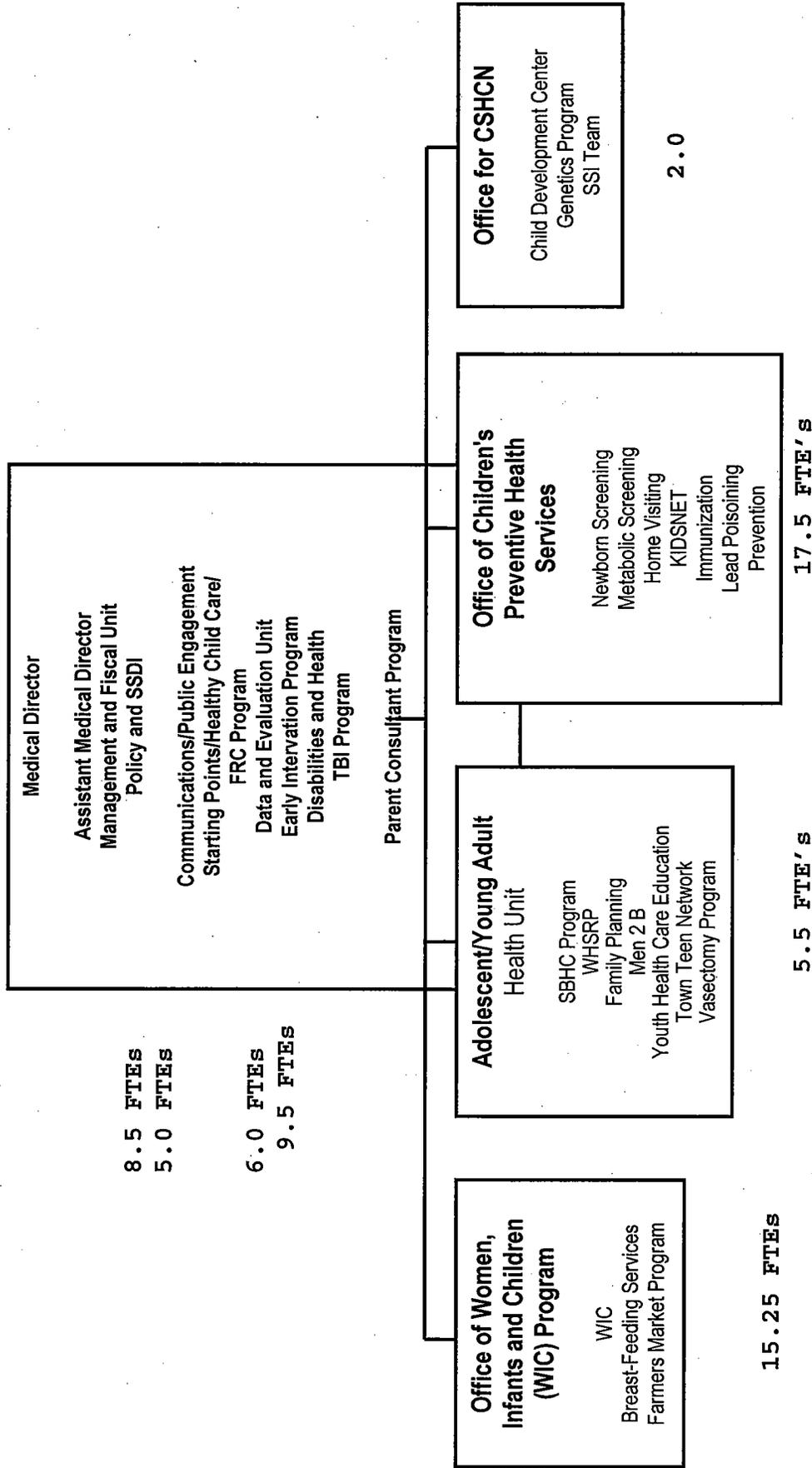
Division of Family Health

RI WIC PROGRAM ORGANIZATION CHART

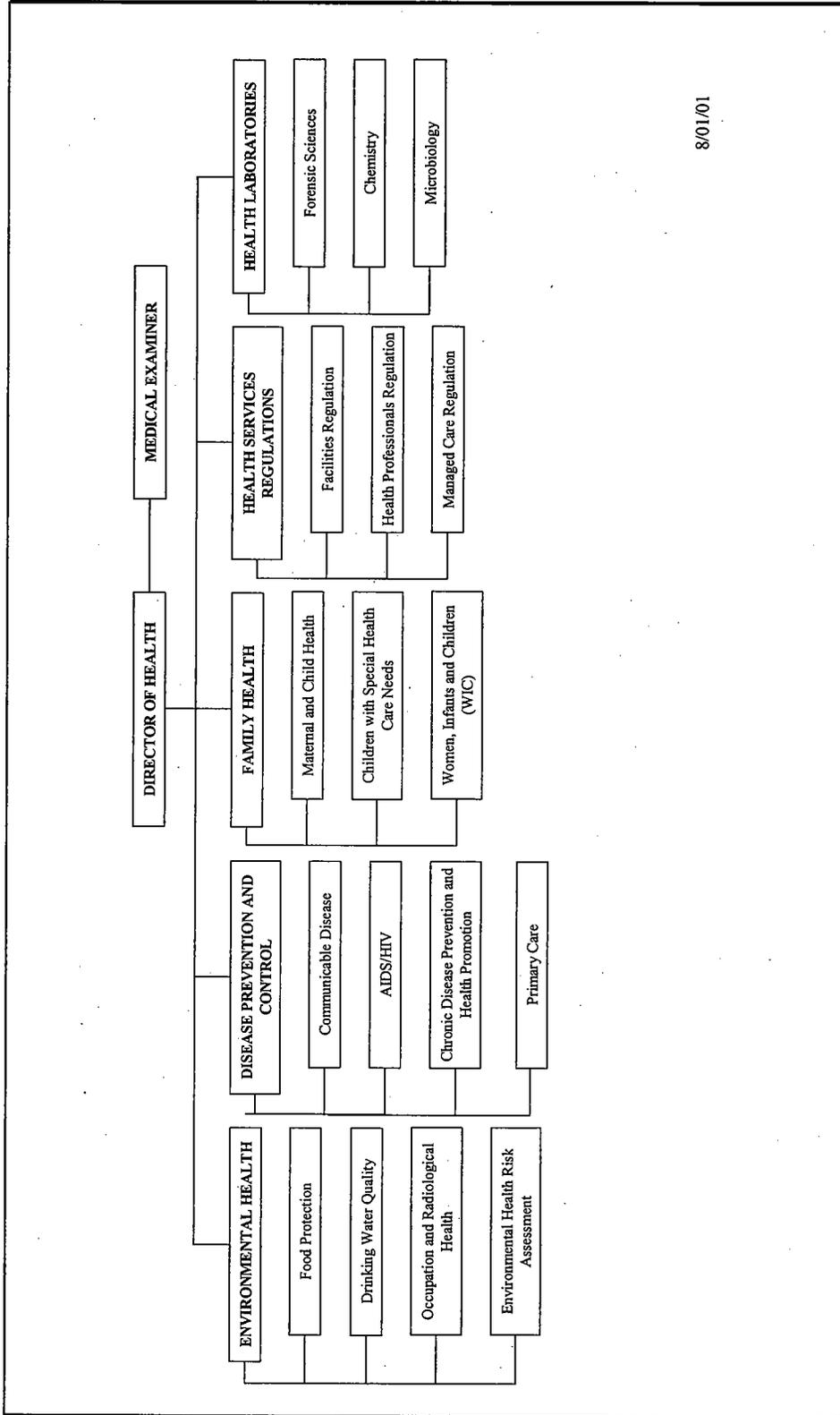


Rhode Island WIC Program

**Operations Manual Sec. 6
Office of the Medical Director**



Operations Manual Sec. 6
RHODE ISLAND DEPARTMENT OF HEALTH
ORGANIZATIONAL STRUCTURE - Fiscal Year 2004



8/01/01

State Staffing Resources

Position and Description of Duties

Chief - Responsible for the overall direction, implementation, and coordination of the WIC Program.

Health Policy Analyst (State WIC Nutrition Coordinator) - Responsible for relationships with local agencies and monitoring compliance with regulations; for supervision of community liaison, Parent Consultants and Program Nutritionist (see SPHPS); for outreach and coordination with health and human service agencies and for educational programs and materials and community relations; responsible for developing and evaluating the Nutrition Education Plan; for reviewing and ensuring development and implementation of local agency nutrition education plans and for providing consultation, training, and resource materials to local agencies in all aspects of WIC nutrition and nutrition education.

Sr. Public Health Promotion Specialist (.5 FTE) - Assists the State WIC Nutrition Coordinator, especially in areas of nutrition services monitoring, local staff training and education, developing client educational materials, and recruitment and retention; serves as the State WIC Breastfeeding Coordinator.

Community Health Liaison - Maintains regular and frequent contacts with local agencies to explain and review WIC procedures and to evaluate local agency program operations; conducts outreach activities and fosters relationships with allied professionals and organizations; interviews WIC participants to obtain feedback concerning program services and operations.

Contract Breastfeeding Consultant (.2 FTE) - Assists the Public Health Nutritionist in carrying out breastfeeding promotion and support activities.

Asst. Health Program Administrator (Food Delivery/MIS) - Responsible for fiscal, caseload, and program data and reporting; coordinates with state computer system; responsible for in-house computer system; organizes and oversees or supervises work of data processing and distribution staff.

Principal Systems Analyst - Assists the Asst. H. P. A./Data Operations and Planning; Performs system enhancements, hardware and software maintenance, support and troubleshooting to state and local WIC staff; programs new data reports and modifications; identifies problem areas in system operations; prepares instructions and guides for users and provides training to users.

Asst. Health Program Administrator - Responsible for vendor selection, authorization, monitoring and education: investigations and sanctions and supervises staff involved in conducting vendor related activities. Prepares food expenditure reports and forecasts; and manages the Farmers Market Nutrition Program.

Sr. Public Health Promotion Specialist - Responsible for financial management, operations and reporting state agency level fiscal operations; records, monitors and reconciles expenditures; prepares federal and state fiscal

Rhode Island WIC Program

Operations Manual Sec. 6

reports; manages procurement and Office equipment needs.

Management Services Chief - Special Projects (.5FTE) – Conducts local agency financial audits, assists in financial management activities; completes special projects in financial analysis, clinic productivity and procedures review.

Fiscal Clerk (.5FTE) - Prepares financial reports and reviews financial reports and records of local agencies; processes local agency reimbursement claims; provides technical assistance to local agencies in preparing fiscal reports; responsible for procurement and payment requisitions, invoices and vouchers; and perform filing activities and fill supplies.

Chief Field Investigator - Carries out vendor monitoring and education activities; evaluates vendor applicants; investigates complaints about vendors; monitors participating vendors and develops corrective measures as appropriate; identifies high risk vendors and organizes vendor investigations. Provides interpreting and interviewing services in the Spanish language; maintains relationships with Hispanic organizations, persons and community.

Community Vendor Liaison - Maintains regular and frequent contacts with vendors to explain and review WIC procedures and to monitor their WIC operations; investigates complaints, provides training, fosters relationships with vendor community

System Support Specialist III - Works directly with local clinic WIC staff in relation to operating the QWIC PC computer system; provides training, oversight and "Helpline assistance; accounts for WIC checks "voided" at local agencies; coordinates delivery of materials and checks to local agencies and generates computerized vendor reports; conducts computer/FI security portion of annual agency evaluations; responsible for inventory management.

Property Management and Control Officer - Responsible for location, whereabouts, condition and inventory of all property purchased with WIC or Department funds; arranges repair or replacement; fills clinic orders for forms, educational materials and supplies and assists with vendor field visits.

Administrative Aide (1.6) - Perform clerical and secretarial tasks including word processing and filling agency supply requests; support for vendor monitoring activities.

FISCAL PROCEDURES AND CONTROLS

COST MONITORING

SF-1: AVERAGE CHECK PRICE MONITORING

Goal

To monitor the average value of a WIC check on a daily basis.

Procedure

A. Financial Services Management Corporation (FSMC) reports daily and the following data are obtained.

- (1) Rhode Island WIC Program balance of funds on hand at bank.
- (2) Number of checks redeemed to date for the specific month.
- (3) Dollar amount of the number of checks redeemed to date for the specific month.

B. To derive the cost per check the following derivation is performed:

\$ amount of the # of checks redeemed

of checks redeemed to date
for the specific month

- C. Once the cost per check is derived, the amount is charted on a spreadsheet maintained by the Assistant Health Program Administrator.
- D. Any abnormal rise (except for the first eight days of the month) shall be reported to the Chief, WIC Program.
- E. A significant increase may require revision of food cost projections.

* SF-2: MONTHLY COMPUTER CHECK RECONCILIATION REPORT

Goal

Verification of the Monthly Computer Check Reconciliation Report with the monthly bank statement.

Procedure

A. Monthly Computer Check Reconciliation

1. Add next month's redemption total plus reporting month's redemption total plus one month's redemption total plus two month's prior redemption total. To this amount subtract the prior month's redemption charge to the reporting month.
2. This amount should equal the "Value of Checks Redeemed" total reported on the Monthly Computer Reconciliation Report.
3. To the "Value of Checks Redeemed:" total add the amount of dollars expended on the "Unmatched Check redemption report." This total should correspond with the amount reported on the fiche total of the monthly bank statement.
4. See attached forms A, B, C for example. Add figures from Form A redemptions: $a + b + c + d$ - Form C, line e = Form B, line f.

B. Monthly Bank Statement

1. Verify the return credits and credit memos listed on the bank statement.
2. Utilizing the bank statement total
 - Less: Return credits
 - Less: see Credit Memos
 - Less: see Debit Memos
 - Less: Credit Memo next statement
 - Plus: Debit memos next statementEqual: Fiche total

3. Fiche Total
Less: Unmatched Redemption Total
Equal: Total derived when Monthly Check Redemption Report was verified

4. See attached Form D:
Add: Line g
Minus: Lines h, i, j and k
Plus: Line l

Equal: Line n

Line m Fiche total
Minus: Form A, l line n

Equal: Form B, line f

*** SF-3: METHOD FOR ESTIMATING WEEKLY
FOOD EXPENDITURES**

Goal

To transmit an appropriate amount of funds to Financial Management Services Corporation (FSMC) to cover food check disbursements.

Procedure

1. This procedure utilizes the month-to-date expenditures at FSMC to determine the rate of Rhode Island WIC Program spending.
2. Daily, the month-to-date figure for the check redemption is received from FSMC via FAX transmission.
3. This total is then divided by the number of banking days to arrive at an average daily expenditure.
4. The amount is divided by 5 to derive an average weekly rate of spending.
5. A direct wire transfer is performed, if required, to transmit adequate funds to FSMC.

SF-4: METHOD FOR PROJECTION OF FISCAL YEAR
FOOD EXPENDITURES

GOAL

To accurately project utilization of food grant to provide direction for caseload management, policy, and strategy.

PROCEDURE

A. Determination of Monthly Projection

1. On the Rhode Island WIC Program microcomputer, the projection spreadsheet is called up by logging in as "peter" and then selecting item "2" on the menu.
2. The previous months final obligations are input at the middle of the month along with the value of the checks deobligated for that month. Also the prior month's average check price is entered. The current month's average check price to date is placed by the figures received from phone calls to the contracted bank. These are placed in the positions on the spreadsheet.
3. The closed out month's final redemptions are placed in the final expenditures locations.
4. Based upon these data, the program derives an estimated figure for the month's redemptions.
5. Each quarter, the last six months of closed out rate or redemptions and percentage change data are run on a linear regression to reflect any extraneous factors affecting the rate of redemption.
6. Each year the annual food budget award is placed in the cell under the first month on row 61 so that the monthly allotment and variance can be computed.

B. Projecting Balance of Fiscal Year Expenditures

1. On the Rhode Island WIC Program microcomputer, the projection spreadsheet is called up by logging in as "peter" and then selecting item "P" on the menu.
2. The closed out totals and the current estimates are then placed in the model for projecting for the rest of the fiscal year. In addition, the average caseload for each month and the participation must be entered. The model then extrapolates an expected balance based upon the inflation rate and caseload estimates that are entered.

SF-5: CHECK RECONCILIATION STATEMENT - MONTHLY REPORT

Goal

To reconcile each check to participant to tell if cashed, voided, or unclaimed and the date cashed or deobligated.

Procedure

- A. Staff will take the reconciliation performed by the computer.
- B. Staff will visually scale for checks redeemed at greater than sixty days from date of issue.
- C. Staff will compose letter to go to the FSMC, advising them of these checks which were not refused as described by the agreement of the State of Rhode Island and FSMC.

SF-7: WIC PROGRAM ANNUAL CLOSEOUT REPORT (FNS 227)

Goal

Beginning with the preparation of the FY94 WIC Annual Closeout, the RI State WIC Program will access the electronic FNS-227 spreadsheet, as informed by FNS.

Procedure

- A. Utilize requirements as established by FNS effective February 1994.
- B. Refer to fiscal year instructions and information papers for completing the WIC Program Annual Closeout Report.

SF 7A: MONTHLY FINANCIAL AND PROGRAM STATUS REPORT (FNS-798)

Goal:

Revised 11/03

Beginning August 1994, the WIC Monthly Financial and Program Status Report (FNS-498) was utilized by accessing the on-line State Cooperative Data Exchange (SCDEX) System. Beginning in FY 2001 the FNS-498 was replaced by the FNS-798 report, which is accessed in the same manner.

Procedure:

- A. As outlined by FNS, NESF-062-4
- B. Utilize the state agency user manual, which provides descriptions and detailed instructions for the Special Nutrition Programs Integrated Information System (SNPIIS).

CASELOAD MONITORING

SF-8: CHARTING - CASELOAD MONITORING

Goal

Revised 11/03

To maintain a daily count of local agency caseloads.

Procedure

- A. The MIS Unit runs the caseload report from WEBS. This determines a calculated caseload (number of Active participants beings served at an agency and/or specific clinic) by calculating the actual current caseload by adjusting the previous caseload figure (adding any new adds, reinstates, and subtracting terminations, transfers).*
- D. This calculated caseload is utilized for monitoring purposes.*
- E. If a local agency exceeds its caseload, the Client Services Manager will speak to the local agency coordinator to request prompt reduction of the excessive caseload and inform the Chief, WIC Program.*

SF-9: MONITORING OF NUMBER OF ADMISSIONS TO PROGRAM

Revised 11/03

Goal

To track the level of admissions to each local clinic.

Procedure

- A. On a daily basis, WEBS will generate a report, by local agency, which will calculate the number of admissions which were added to the Program during the particular time frame.*
- B. The total admissions to the Program are charted for each cycle by the MIS Manager.*
- C. Any abnormal patterns shall be reviewed by the MIS and Client Services Managers and the Chief, WIC Program.*

SF-10: COMPLETION OF FNS-798 Report –(MONTHLY PARTICIPATION CALCULATIONS)

Revised 11/03

Goal

Required Federal report.

Procedure

A. *Number of Participants*

This data is generated by WEBS by the MIS unit and automatically entered in to the 798 Report.

SF-11: (RESERVED)

SF-13: Allocation of State Office Salaries and Fringe Benefits

GOAL

To establish a reliable and accurate method of allocating personnel costs according to function and purpose.

Procedure

Semiannually, the supervisory staff of the Rhode Island WIC Program meet with the Chief of the WIC Program to determine the rates to be used to allocate state office salaries of the Program to three activities, namely, Administration, Food Delivery and Nutrition Education. This is done for each individual position and includes supervisory positions. These rates are then listed on the WIC-57, rates For Allocation of State Office Salaries (Appendix).

When these individual rates are determined they are applied to salaries for each of these positions. When this is completed for each of the positions, the amount of salaries assigned to each activity is totaled and a total rate is computed for Administration, Food Delivery and Nutrition Education, respectfully. Allocation of salaries is recorded on the WIC-58, Allocation of State Office Salaries.

The total nutrition education rate, is applied to monthly state office salaries and is used for the WIC Monthly Financial and Program Status Report (Form FNS-798). Along with this, the actual monthly fringe benefit rate is applied to this amount.

All rates are also used for other federal reports when allocation of state office salaries is required.

**SF-14: NONPROCUREMENT OF GOODS AND SERVICES
FROM ENTITIES DEBARRED OR SUSPENDED**

Goal

To ensure a system for nonprocurement of goods and services from entities debarred or suspended under 7CFR Part 3017.

Procedure

In compliance with the requirements of 7CFR Part 3017 the state agency will before entering into any contracts or agreements require that applicable entities certify that they and their principals have not been debarred or suspended. The state agency will also review the Nonprocurement List distributed by the General Services Administration and not enter into a contract or agreement with any entity on the list, for the appropriate period of time.

SF-15 Capital Equipment Acquisition and Inventory Control

Goal

To ensure appropriate management of procurement, logging and tracking of capital equipment.

Procedure

A. Procurement

1. The request is originated from a WIC staff person on a Departmental Requisition (MS-14).
2. The Administrative Aide routes the MS-14 to the Chief for approval, files the pink copy in the fiscal files under the appropriate budget object code and fiscal year (with the name of the originator in the upper right-hand corner), and forwards the other copies to Management Services.
3. Once the Purchase Order is awarded, the Administrative Aide gives a copy to the originator and files the original with the pink copy.
4. Once the equipment arrives, the originator checks the order for accuracy, completeness, and lack of damage.
5. The originator then initials the bill or gives a note to the Administrative Aide to process payment.
6. The Administrative Aide completes the Purchase Order and fills out a Report of Equipment Acquired and Traded In (A-59). The P.O. and A-59 are forwarded to Management Services, and a copy of the A-59 is given to the Senior Administrative Aide.

B. Inventory Control

1. The Senior Administrative Aide logs the equipment on the WIC Computerized Inventory System from the A-59. If the equipment is to be located outside of the office, the originator completes a WIC-17 for each item and gives it to the Senior Administrative Aide. The WIC-17, after entry is then filed in the agency's inventory folder.
2. The Senior Administrative Aide tags the equipment with the Rhode Island WIC Program inventory tags. These numbers are also logged on the computer.
3. When the state inventory tags are received, the Administrative Aide gives the Senior Administrative Aide the tags which are affixed on the equipment and logged in the computer.
4. When items are acquired by the Local Agency, the WIC-17 is filed in the agency's inventory folder and a copy given to the Senior Administrative Aide for entry on the system.

C. Transfer of Equipment

Rhode Island WIC Program

Operations Manual Sec. 6

1. When any equipment is relocated to an agency, returned from an agency, or relocated in the office, the Senior Administrative Aide must be notified with a copy of the WIC-17. As a courtesy, the originator should also be informed.
2. The Senior Administrative Aide logs the transfer on the computer and notes the changes on the file copy of the WIC-17.
3. If the equipment will no longer be at the original Local Agency, a copy of the original WIC-17 will be made and put in the folder of the new agency.

D. Retirement or Disposal

1. The agency will notify the Rhode Island WIC Program office prior to the disposal of equipment. If approved, the Senior Administrative Aide notes the retirement on the computer system.
2. If the equipment has a state tag, the Senior Administrative Aide asks the Administrative Aide to prepare an A-60. This is placed in the state or agency inventory folder with the other paperwork.

Added 11/2006

SF - 16

Tests and Provisions – Disposition of Food Instruments

Purpose

To ensure: The reconciliation of all food instruments (within 150 days) issued under the WIC Food Benefit Program (WIC) are in compliance with the Federal regulations governing the accountability of all issued Food Instruments.

Policy

Food Instruments which the local agency (LA) has in its possession which have been issued and are unusable, or which were issued to a participant and returned to the clinic unusable/unwanted shall be appropriately coded in the system as “voided”. Redeemed Food Instruments must be identified as one of the following: (1) Voided / Issued, (2) Lost/Stolen, (3) Expired, (4) Duplicate, (5) Unmatched. All redeemed Food Instruments will be reconciled to issued Food Instruments on a one- to-one basis.

Procedures

Reconciliation

The Rhode Island WIC Program, accessing WEBS and banking reports, will utilize a series of monthly reports that provide complete tracking for every check issued. These include:

Bank Transaction Listing: *Lists each check cleared by the bank during the processing month, date cleared, dollar amount and transaction code.*

Bank Exception Report: *Identifies checks that cannot be reconciled to the issue records either because the check number is not recognized as currently valid, or because the check was not identified as voided/issued, lost/stolen, expired, duplicate or unmatched. These checks are researched to determine their final disposition.*

Closeout Reconciliation Report: *Provides a one-to-one reconciliation report that shows, at a detailed check level, the disposition of each check that was created during the month being closed out.*

Checks Rejected by the Bank Report: *Lists detailed data of checks rejected by the bank during the screening and prepayment audit.*

In addition, the state WIC Office receives check image records of all checks processed during the month. This combination of reports and check images allows the WIC Program to track every check and determine its final disposition. (See attached reports).

added 11/2006

SF – 17

Management of Equipment Acquired with Federal Funds- Property Management

Purpose

To assume Compliance with Sub-part C of 7CRF Part 3016

Policy

The Local WIC Agencies will maintain complete accountability and security for all equipment purchased with WIC Program Funds, (computer, printers, etc.) placed in their care. The Local WIC Agencies will be held financially responsible for all equipment lost, damaged, or stolen.

Procedures

All equipment purchased by the State WIC Program will be inventoried on the WIC computer data base system.

- > Once a year a physical inventory will be conducted of equipment purchased with WIC Program Funds and placed in custody of the Local WIC Program.*
- > The inventory will be reconciled with the property records to verify the existence, current utilization, and continued need for the equipment. Any discrepancies between quantities determined by the physical inspection and those shown in the accounting records will be investigated to determine the causes of the differences.*
- > Any loss, damaged, or theft of equipment will be investigated by the Local WIC Site and fully documented.*
- > Stolen equipment will be reported to the State WIC Office as soon after it is discovered as missing as possible. Phone call reports should be followed up in writing including a copy of a police report.*

Equipment Inventory

- >> Documentation of expenditures more than \$5,000.00 will be sent to DOA Inventory Control. Inventory Control will assign an equipment number and add the item to the DOA Inventory Listing. An equipment number tag will be forwarded to the location of the equipment and permanently affixed to the item.*
- >> A computerized inventory listing is printed semi-annually for each equipment location showing all equipment numbers, equipment description, cost, date acquired, and the funding source which*

Rhode Island WIC Program
purchased the equipment.

Operations Manual Sec. 6

RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM

WIC and Farmers Market Services

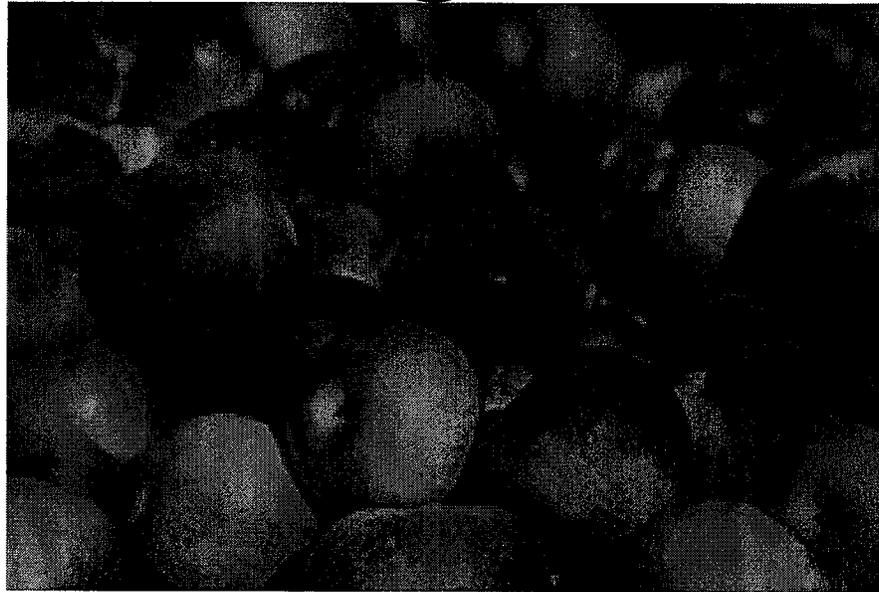
STATE PLAN OF OPERATION AND ADMINISTRATION

VOLUME 4

FARMERS MARKET NUTRITION PROGRAM STATE PLAN 2007

Proposal
Submitted to FNS / USDA
November 16, 2006

WIC Farmers' Market Nutrition Program



**FY 2007
State Plan Guidance**

**WIC Farmers' Market Nutrition Program
Fiscal Year 2007
State Plan Guidance
Table of Contents**

<u>General Information</u>	<u>Section page number(s)</u> FY 07 - 1 through 8
<u>Updated State Plan Information</u>	Update - 1
<u>Request for Expansion Funds</u>	Expansion - 1
<u>State Plan of Operations</u>	<u>Section page numbers</u>
Section I Goals.....	Goals - 1
Section II General Administration.....	Gen Adm 1 – 3
Section III Funding	Funding 1 – 3
Worksheets for Federal Funds Request and Matching.....	Funding – 3
I. FY 2007 FMNP Estimated Federal Budget Summary.....	Budget Summary-1
II. Administrative Budget Estimate	Budget Summary-1
III. Federal Funds Request and State/Indian Tribal Organization (ITO) Matching Funds Estimation	Estimation 1 - 2
IV. Federal Food Funds Request Based on a Uniform Benefit Level	Uniform-1
V. Federal Food Funds Request Based on Varying Benefit Levels	Varying - 1
Section IV Certification.....	Cert 1 – 2
Section V Coupon and Market Management	Coupon Mgt. 1 – 7
Section VI Management Evaluations and Reviews	MEs 1 – 2
Section VII Nutrition Education Requirements	NE 1 – 3
Section VIII Miscellaneous Requirements	Misc - 1
Appendices 	Appendix - 1

FY 2007



General Information

**WIC Farmers' Market Nutrition Program
Fiscal Year 2007
State Plan Guidance**

Due Date: November 15, 2006

GENERAL INFORMATION

The WIC Farmers' Market Nutrition Program (FMNP) was established in July 1992, as Public Law 102-314. The FMNP served over 2.6 million recipients in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) during the most recent market season. The mission of the FMNP is to provide fresh, unprepared, locally grown fruits, vegetables and herbs directly to WIC recipients, and to expand the awareness and use of local farmers' markets.

By November 15 of each year, or the next work day if the 15th falls on a weekend or national holiday, each applying or participating State agency shall submit to the appropriate Regional Office of the Food and Nutrition Service (FNS) for approval a State Plan for the following year as a prerequisite to receiving Federal funds for the FMNP. A State Plan means a plan of FMNP operation and administration that describes the manner in which the State agency intends to implement, operate and administer all aspects of the FMNP within its State or Indian Tribal Organization (ITO) jurisdiction; under the FMNP regulations, the definition of "State agency" includes ITOs. The designated State official responsible for ensuring the FMNP is operated in accordance with the State Plan shall then sign the State Plan. This guidance sets forth the minimum areas, which must be covered in the State Plan in order for it to be approved.

STATE PLAN REVIEW AND APPROVAL PROCESS

FNS Regional Office staff will review the State Plans and notify State agencies of any problems or areas in need of clarification. Notification of denial or approval of the State Plan will be provided within 30 days of receipt of the State Plan. For technical assistance, a list of FNS Regional Offices can be found on pages 12 - 13.

State Plans approved by the FNS Regional Office will then be forwarded to FNS Headquarters, Supplemental Food Programs Division in Alexandria, Virginia. As stipulated by law, approval of a State Plan does not constitute a funding commitment. New State agency grants will be announced no later than February 15, 2007.

FORMAT

Whenever possible, FNS has simplified this descriptive process so that yes/no answers are appropriate, or so that numbers can be inserted in the proper spaces. However, some of the mandatory provisions can only be adequately addressed through narrative description. Such narratives should be as succinct as possible, but in sufficient detail to fulfill the purpose of the State Plan. In some instances, the State agency may be able to include a form designed to meet

one or more of the stipulated provisions, e.g., program participation records, in lieu of a more involved narrative. While use of this format is not mandatory, its use is recommended to minimize the burden of application on State agencies. **Please be sure to identify any attachments or continuation pages clearly according to the headings to which they correspond.**

It is recommended that State agencies with prior year grants submit completely new plans at least once every three years, although the FNS Regional Office may relax this expectation when most of the plan has not changed for several years. However, the FNS Regional Office may require a complete copy of the plan from the State agency at any time whenever there is any doubt that the FNS Regional Office has a complete and up-to-date copy.

UPDATED STATE PLAN INFORMATION

This section of the State Plan Guidance may be completed in lieu of the entire State Plan by those current State agencies that are updating their existing State Plans. State agencies requesting Federal funds for FMNP for the first time cannot use the Updated State Plan section. It should be noted, however, that the following items must be completed by current State agencies in addition to any updated information pages:

- a. FY 2007 FMNP Estimated Federal Budget Summary;
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Other procedural changes or amendments to the plan that have occurred since the previous State Plan submission, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, and clinics, and a new map showing the new farmers' markets, roadside stands, and clinics.

UNIVERSAL IDENTIFIER

The Estimated Federal Budget Summary contains a field for the State agency to enter its Universal Identifier. The Office of Management and Budget (OMB) requires entities applying for Federal grants to provide government agencies with a Universal Identifier. This requirement is set forth in an OMB Policy Directive, Use of a Universal Identifier by Grant Applicants, which was published in the Federal Register on June 27, 2003, at 68 FR 38402. The initial and annual FMNP State Plan submissions are considered to be applications for a federal grant, and thus State agencies must comply with this requirement. Currently, the Universal Identifier system in use is the Data Universal Numbering System (DUNS) identification number. The Estimated Federal Budget Summary (page 28) contains the field for the Universal Identifier because this page must be submitted by State agencies requesting Federal funds for FMNP for the first time as well as State agencies with prior year grants. There is also space for the Universal Identifier on the Federal-State Agreement (FNS-339), to show that this Agreement pertains to the State Plan. For guidance on obtaining a DUNS number, see http://www.fns.usda.gov/FM/Documents/DUNS_general.htm.

FEDERAL-STATE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM AGREEMENT (FNS-339)

In addition to the basic FMNP State Plan requirements, the Federal-State Supplemental Food Program Agreement (FNS-339) must be signed and submitted annually to FNS before a State agency can receive Federal funds. It is routinely submitted along with the State Plan. The Federal-State Agreement contains the mandatory Department-wide provisions addressing drug-free workplace, civil rights provisions and lobbying restrictions, as well as the State agency's commitment to compliance with all pertinent Program requirements. A single Federal-State Agreement may be used to operate the FMNP and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), in which case the boxes for both programs should be checked under item 4 on the first page of the FNS-339.

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS

The Federal Government uses the nonprocurement debarment and suspension system to exclude organizations from Federal grants or contracts based on violations of a wide variety of statutes, executive orders, and regulations. As explained below, assurances must be obtained to ensure that Federal grants or contracts are not provided to debarred or suspended parties, with certain exceptions. The USDA debarment/suspension regulations are codified at 7 CFR 3017.

The FMNP State agency is not required to provide assurance that it is neither suspended nor debarred as a condition of receiving its FMNP grant. Departmental regulations at 7 CFR section 3017.215(h) exempt mandatory programs, such as the FMNP, from this requirement at the 'primary covered transaction' level (i.e., between the Federal awarding agency and the State agency). Also, this does not apply to farmers or farmers' markets.

The debarment/suspension requirements apply to sub-grants at the "lower tier covered transaction" level, i.e., sub-grants to local agencies, regardless of the amount of the sub-grant. Also, these requirements apply to procurement contractors of State or local agencies with contracts expected to meet or exceed \$25,000. The FMNP State agency is required to obtain assurance that each of its FMNP local agencies, and each of its FMNP procurement contractors with contracts expected to meet or exceed \$25,000, is neither debarred nor suspended.

The debarment/suspension requirements apply to all State agency sub-grants with local agencies, which are often referred to as "agreements" or "contracts;" the term "sub-grant" refers to programmatic activities such as reviewing WIC participant files to determine recipient eligibility for FMNP, distributing and accounting for FMNP coupons or checks, instructing participants on the proper use of the coupons or checks, and providing participants with nutrition education and other program information, because these programmatic activities are characteristic of program sub-grants. (However, this does not apply to a local office of the State agency which is part of the State agency but operates like a local agency, since such local offices are integral parts of the State agency and therefore share the State agency's exemption under 7 CFR sec. 3017.215(h)). The debarment/suspension requirements also apply to procurement

contracts expected to meet or exceed \$25,000; the term “procurement contract” refers to goods and services, such as contracts with businesses for providing information technology or office equipment.

As a result of recent changes in the debarment / suspension regulations, the federal certification forms on debarment/suspension have been abolished. Instead, the FMNP State agency now has three choices on how to obtain this assurance:

1. Check the Excluded Parties List System (EPLS) to determine whether a local agency or procurement contractor has been debarred or suspended; the EPLS may be accessed on the Internet at <http://epls.arnet.gov/>;
2. Obtain a certification from the local agency or procurement contractor, in a format established by the FMNP State agency, providing assurance that the local agency or procurement contractor has not been debarred or suspended; or,
3. State in the local agency contract or procurement contract that the local agency or procurement contractor must provide assurance that it has not been debarred or suspended, and will promptly notify the State agency if it is debarred or suspended in the future.

The debarment/suspension certifications for local agencies with respect to the WIC Program are sufficient for FMNP if these certifications cover the period of the FMNP sub-grants. Likewise, the WIC State agency – local agency WIC contract may also be used by the FMNP State agency if this contract covers the period of the FMNP sub-grant and contains the language noted in # 3 above. If there is any doubt about whether a WIC local agency certification or contract covers the period of the FMNP sub-grant, the State agency should use the EPLS instead of the WIC certification or contractual assurance to determine the debarment/suspension status of the local agency. A non-WIC FMNP State agency, such as a State Department of Agriculture, should obtain copies of the local agency certifications or contracts from the WIC State agency for all WIC local agencies involved with FMNP.

If the non-WIC FMNP State agency has entered into an agreement with the WIC State agency to obtain the services of WIC local agencies, the WIC State agency would be a sub-grantee of the FMNP State agency. Thus, the FMNP State agency would need to satisfy itself that the WIC State agency is neither suspended nor debarred via one of the methods outlined above. However, under such circumstances, the FMNP State agency would not need to obtain such satisfaction regarding the WIC local agencies because it does not have a direct relationship with them. Also, under such circumstances, if the WIC State agency has submitted a debarment certification for another program, then a copy of that debarment certification could be provided to the FMNP State agency, since the debarment certification concerns the State agency generally instead of a specific grant agreement.

FMNP State agencies are not required to submit copies of the local agency certifications or contracts or procurement contractor certifications or contracts to the FNS Regional Office as part of the annual FMNP State Plan submission. However, FMNP State agencies must be able to make these certifications or contracts available for review during management evaluations and

audits. Alternatively, the FMNP State agency may keep a record showing that it had consulted the EPLS, and present this record upon request during a management evaluation or audit.

DRUG-FREE WORKPLACE REQUIREMENTS

The form entitled "Certification Regarding Drug-Free Workplace Requirements" has been abolished. However, the State agency continues to be required to have procedures for implementing a drug-free workplace, per 7 CFR 3021, which must be documented in the State Plan. Also, this does not apply to farmers or farmers' markets.

CERTIFICATION REGARDING LOBBYING AND DISCLOSURE FORM TO REPORT LOBBYING

Pursuant to 7 CFR 3018.100, FMNP funds must not be used for lobbying Congress or Federal agencies regarding Federal grants and contracts. This prohibition applies to FMNP funds provided in grants, sub-grants, contracts, and sub-contracts, regardless of the amount of funds. However, the lobbying certification and disclosure requirements are based on monetary thresholds.

The Certification Regarding Lobbying is required for State agencies, local agencies and procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding \$100,000. The State and local agencies, which are grantees and sub-grantees respectively, as well as contractors and sub-contractors of State or local agencies, should use the Form FNS-732 to provide this certification. The grant or sub-grant includes food funds as well as administrative funds; food funds may not be excluded from the determination of whether a grant or sub-grant exceeds \$100,000. The State agency's certification should be appended to the Federal-State Agreement; the local agency should provide its certification to the State agency. If the State agency is using the same Federal-State Agreement for both WIC and FMNP, then only one lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program, since the lobbying certification pertains to a specific grant agreement instead of the State agency generally.

Also, this does not apply to farmers or farmers' markets.

The local agency's certification should be provided to the FMNP State agency; like the local agency debarment certifications, the State agency needs to keep the local agency lobbying certifications on file. (Likewise, the State agency needs to keep on file the lobbying certifications of its contractors.) Also, as above with the Federal-State Agreement, if the State agency – local agency contract covers both WIC and FMNP, then only one local agency lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program. Finally, the lobbying certification is not needed for a local office of the State agency which is part of the State agency but operates like a local agency; a local office of a State agency is covered by the State agency's certification provided to FNS with the Federal-State Agreement.

As explained in the form's instructions, lobbying with federal funds is prohibited; lobbying with funds from other sources is permitted. However, if lobbying with non-federal funds has

occurred, then an additional form needs to be submitted, the Disclosure Form to Report Lobbying (Standard Form LLL), for State agencies, local agencies, and procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding \$100,000. State agencies need to submit an SF-LLL on their lobbying to the FNS Regional Office; local agencies and State agency contractors need to submit an SF-LLL on their lobbying to the State agency, and then the State agency must submit it to the FNS Regional Office. Again, as above, FMNP State agencies need only submit one SF-LLL if the Federal-State Agreement covers both WIC and FMNP, and local agencies need only submit one SF-LLL if the State agency – local agency contract covers both programs; otherwise, a separate SF-LLL form must be submitted for each program.

ADDITIONAL REPORTS AND SUBMISSIONS

In addition to the State Plan, FNS requires FMNP State agencies to submit the following reports:

- a. **FMNP Annual Financial Report, FNS-683** provides information regarding FMNP expenditures and is due to FNS no later than **January 31** of each year.
- b. **FMNP Program Report, FNS-203** provides information regarding the number of recipients, farmers, and markets; and is due to FNS no later than **January 31** of each year.
- c. **If available**, an analysis of completed recipient and/or farmers' survey forms must be submitted annually to FNS by January 31 of each year, except that the farmers' survey forms may be submitted biennially by January 31. State agencies are encouraged to conduct surveys of recipients and farmers. The survey forms are designed to assess the change in the consumption of fresh fruits and vegetables by recipients, and the effects of the program on farmers' markets.

TECHNICAL ASSISTANCE

FNS Regional Offices

Questions about the development, structure, and/or submission of the FMNP State Plan should be directed to the appropriate FNS Regional Office of the Supplemental Food Programs Office:

Regions	Address	States
Northeast	Maureen Rankin, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Northeast Regional Office 10 Causeway Street Boston, MA 02222-1066 (617) 565-6440	Connecticut Maine Massachusetts New Hampshire New York Rhode Island Vermont
Mid-Atlantic	Patricia Cumiskey-Czeto, Regional Director Supplemental Food Programs USDA, Food and Nutrition Service Mid-Atlantic Regional Office	District of Columbia Delaware Maryland New Jersey

Mercer Corporate Park
300 Corporate Blvd.
Robbinsville, NJ 08691-1598
(609) 259-5100

Pennsylvania
Puerto Rico
Virginia
Virgin Islands
West Virginia

Southeast Jane Monahan, Regional Director
Supplemental Food Programs
USDA, Food and Nutrition Service
Southeast Regional Office
61 Forsyth Street, SW
Room 8T36
Atlanta, GA 30303-3427
(404) 562-7100

Alabama
Florida
Georgia
Kentucky
Mississippi
North Carolina
South Carolina
Tennessee

Midwest Julie Mikkelsen, Regional Director
Supplemental Nutrition Programs
USDA, Food and Nutrition Service
Midwest Regional Office
77 West Jackson Blvd. 20th Floor
Chicago, IL 60604-3507
(312) 886-6625

Illinois
Indiana
Michigan
Minnesota
Ohio
Wisconsin

Southwest Sondra Ralph, Regional Director
Supplemental Nutrition Programs
USDA, Food and Nutrition Service
Southwest Regional Office
1100 Commerce Street
Dallas, TX 75242
(214) 290-9812

Arkansas
Louisiana
New Mexico
Oklahoma
Texas

Mountain Plains Ralph Anzur, Regional Director
Supplemental Nutrition Programs
USDA, Food and Nutrition Service
Mountain Plains Regional Office
1244 Speer Blvd., Suite 903
Denver, CO 80204
(303) 844-0331

Colorado
Iowa
Kansas
Missouri
Montana
Nebraska
North Dakota
South Dakota
Utah
Wyoming

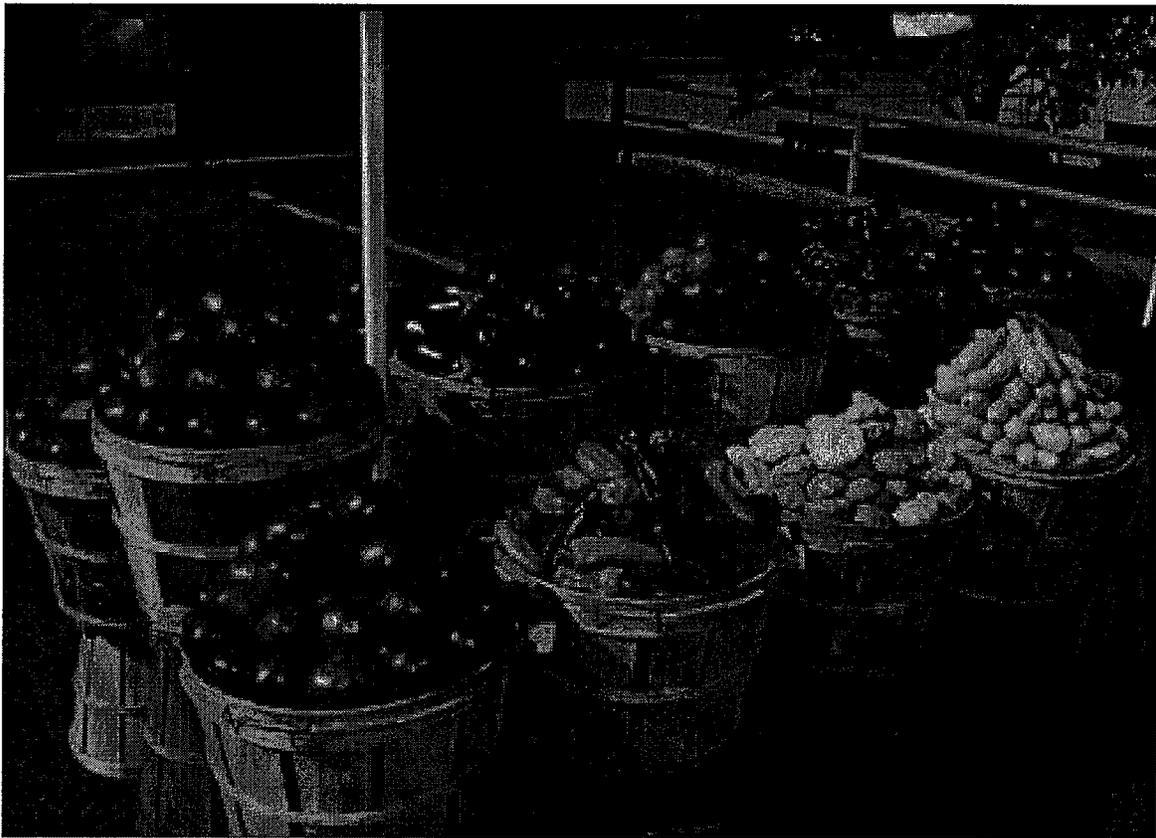
Western Rich Proulx, Regional Director
Supplemental Nutrition Programs
USDA, Food and Nutrition Service

Alaska
Arizona
California

Western Regional Office
550 Kearny Street, Room 400
San Francisco, CA 94108
(415) 705-1313

Guam
Hawaii
Idaho
Nevada
Oregon
Washington
American Samoa

FY 2007



**Updated State Plan
Information**

WIC FARMERS' MARKET NUTRITION PROGRAM
Updated State Plan Information
Fiscal Year 2007

At a minimum, each State agency must provide the following information to FNS Regional Offices annually. Even if all other items have remained unchanged (such as months of program operation and months of coupon issuance), State agencies must complete this section of the guidance, including the **budget pages** and the **expansion fund pages** for those State agencies requesting expansion funds.

State Agency: Rhode Island

FY 2006

1. Estimated number of FMNP recipients served with FMNP Federal and State funds in FY 2006 (previously participating fiscal year): 16,882
2. Number of FMNP local agencies reviewed by non-WIC FMNP State agency staff or WIC State agency staff in FY 2006: 6. Briefly summarize findings and corrective action taken from local agency reviews.

Failure to document correct risks which could affect eligibility determination, failure to consistently document eligibility, completing reapplication notices and documenting proxies.

Corrective action plan included training for staff, follow-up of cited issues during QA reviews, and monitoring for improved documentation.

3. Number of participating farmers' markets reviewed in FY 2006: 17. The number of farmers reviewed in FY 2006: 33. Number of roadside stands or farmstands reviewed in FY 2006: 0. Briefly summarize findings and corrective actions taken from any these reviews.

Early in the growing season there was lack of variety because of the rain and difficult growing season. Some acceptance signs were from the previous year; new signs were given and old signs discarded. Prices were not always posted and failure to follow proper procedures for processing WIC FMNP Checks (incomplete amount). Technical assistance was provided to the farmers and market masters to correct these issues.

FY 2007

4. Number of FMNP local agencies to be reviewed in FY 2007: 5 (all local agencies at least once every two years)

Number of **farmers' markets** to be reviewed in FY 2007: 12 (minimum 10%)
 Number of **farmers** to be reviewed in FY 2007: 20 (minimum 10%)
 Number of roadside stands to be reviewed in FY 2007: 0 n/a (minimum 10%)

State Agency: Rhode Island
FMNP Grant Request:

5. Estimated number of FMNP recipients to be served with FMNP Federal and State agency funds in FY 2007:

(Excluding Expansion)		(Including Expansion, If Any)
<u>3500</u>	Pregnant women	
<u>1000</u>	Breastfeeding women	
<u>0</u>	Postpartum women	
<u>0</u>	Infants (over 4 months of age)	
<u>12386</u>	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are defined by the State agency, please indicate accordingly)	
<u>0</u>	Other designation (e.g., only Priority I pregnant or breastfeeding women; specify): _____	
<u>16763 @ \$15.00 each</u>	Total	<u>0</u>

6. Check (X) the type of FMNP recipients to whom benefits will be issued:

Individuals Households

7. The lowest benefit amount that any FMNP recipient will receive in FY 2007 is \$ **15.00** and the highest is \$ **15.00**. (**Please note:** Federal regulations at section 248.8(b) state that the value of the Federal share of the FMNP benefits received by each recipient, or by each family within a household in those States or Indian Tribes which elect to issue benefits on a household basis under section 248.6(c) may not be less than \$10 per year or more than \$30 per year.)

8. Do you plan to use non-Federal funds to provide FMNP benefits to non-WIC recipients?

Yes No

If you answered **YES**, please describe this caseload; include the name(s) of the program and the sources of non-Federal funds:

9. Indicate the total number of local agencies serving FMNP recipients, and the number of each type of farmers' markets, farmers, and/or roadside stands authorized:

FY 2006

11 local agencies

23 farmers' markets

59 farmers

0 n/a roadside stands

FY 2007

11 local agencies

23 farmers' markets

70 farmers

0 n/a roadside stands

10. If fruits, vegetables, and/or fresh herbs have been **added** to the State agency's list of eligible foods for FY 2007, list (or append a list) of those items.

11. Is the State agency applying for (not more than) **2 percent of the total program funds for market development or technical assistance** in FY 2007?

Yes No

If **yes**, provide the justification for requesting market development or technical assistance funds.

12. Describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$ **12140** for your State/ITO in FY 2007 based on the Federal Funds Request and State/ITO Matching Funds worksheet. (Please note that the 30 percent minimum match requirement only applies to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO funds provided for food as well as administrative costs):

Type	Source	Amount
State/ITO and local funds	<u>State Budget</u>	\$ <u>12140.00</u>
Private funds	_____	_____

In-kind Contributions	_____	_____
Similar Programs	_____	_____
Program Income	_____	Total: \$ <u>12140</u>

State/ITO and local funds. If available, please append documentation, such as a copy of appropriation legislation, budget page containing this line item, etc. (If applicable, cite Appendix page: _____.)

Private Funds. Please include a detailed description of all cash donations or letters of commitment from the organizations or individuals planning to make such donations.

In-kind Contributions. If any portion of the State agency minimum 30 percent matching requirement will be met through in-kind contributions, please describe the in-kind contribution, its value, and include any supporting documentation. (If applicable, cite Appendix page: _____.)

Similar Programs. **Note, however, that Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates:

Program Income. (describe type and source): _____

Reminder to Current WIC FMNP State agencies:

In addition to the Updated State Plan section above, the following must be completed:

- a. FY 2007 FMNP Estimated Federal Budget Summary;**
- b. Expansion Request for those State agencies requesting expansion funds;**
- c. Other procedural changes or amendments to the plan that have occurred since the previous State Plan submission, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, and clinics, and a new map showing the new farmers' markets, roadside stands, and clinics.**

FY 2007



**Request for Expansion
Funds**

**WIC Farmers' Market Nutrition Program
Request for Expansion
Fiscal Year 2007**

This section should be completed only if a State agency operated a Federally-funded WIC Farmers' Market Nutrition Program in fiscal year (FY) 2006. If a State agency is requesting an increase in Federal funds above their base Federal grant, the expansion request should be consistent with expanding benefits to more recipients or by enhancing current benefits, or a combination of both, and expanding the awareness and use of farmers' markets. **Expansion funds are subject to the 30 percent match requirement.** Generally, to be eligible for expansion funds, a State agency must **1) have utilized at least 80 percent of its prior year food grant, and 2) provide documentation supporting the expansion request.** A State agency that did not spend at least 80 percent of its prior year food grant may still be eligible for expansion funds, if, in the judgment of FNS, a good cause existed.

Based on the availability of funds and the justification provided to FNS, expansion requests will be granted as early in the fiscal year as possible, but no later than February 15, 2007.

State Agency:

1. Base Grant amount for FY 2007 (this is your final FY 2006 grant amount):
\$_____.
2. Amount of expansion funds requested for FY 2007 (additional Federal funds above the amount in item number 1): \$_____.
3. Using Worksheet III-B, pages 36-37, the total amount of the State/ITO match required for the Base Grant amount and expansion funds is: \$_____.

Describe the source(s) and amounts for the match funds to support the expansion request.

4. Estimated amount and percent of Federal FMNP food funds spent by the State agency during FY 2006: \$ _____ and percentage is _____%.
5. Briefly describe the reason(s) for requesting funds to expand the FMNP, include any supporting documentation. Append additional sheets as needed.
6. Number of additional recipients above the previous year's level the State agency hopes to serve (by category) with the expansion funds:

_____ pregnant women

_____ breastfeeding women

_____ postpartum women
 _____ infants (over 4 months of age)
 _____ children
 _____ total

7. Number of additional farmers' market, roadside stand, and clinic sites the State agency anticipates authorizing:

_____ New farmers' market sites. (Please append a list of all new addresses.)
 _____ New roadside stand locations. (Please append a list of all new locations.)
 _____ New clinics. (Please append a list of all new addresses.)

Please append a map showing all of the new and continuing farmers' markets, roadside stands, and clinics. (Cite appendix reference letter/numbers for item 7:)

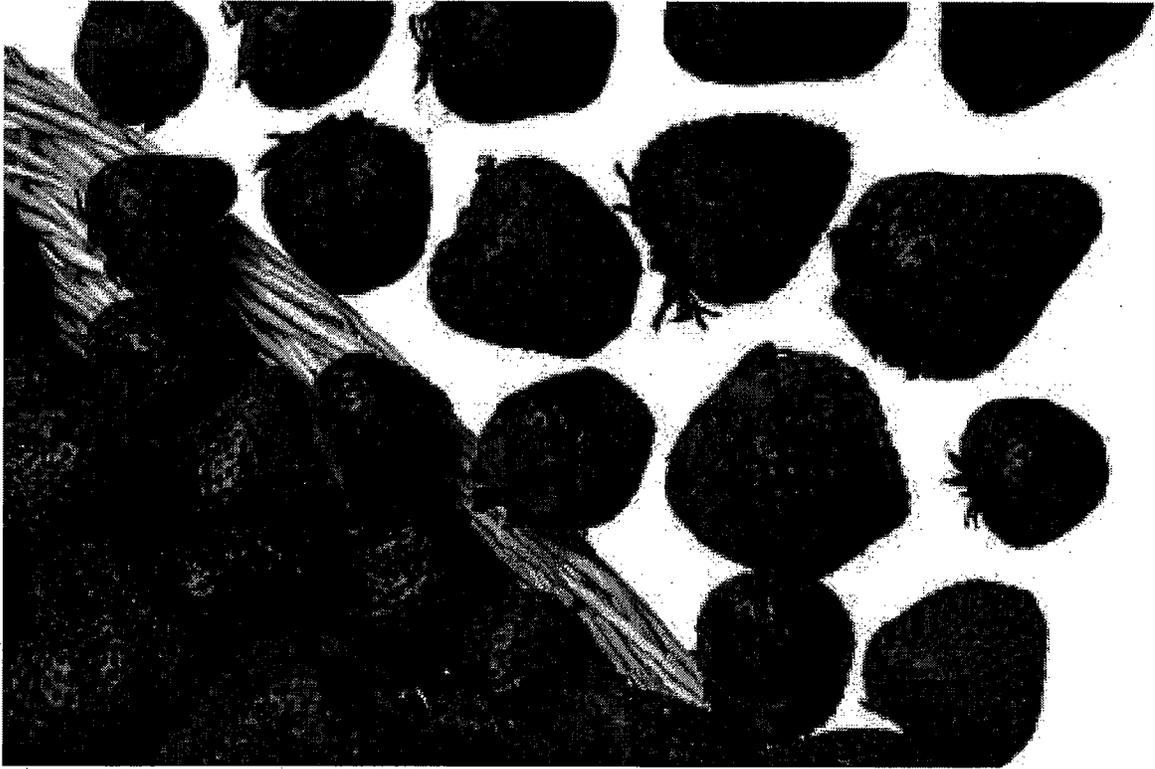
8. If the State agency intends to increase the benefit level with expansion funds, the new benefit level after expansion will be \$.

9. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected.

Recipient category	Benefit level
n/a	n/a

10. Briefly describe the State agency's administrative capacity to effectively manage the requested increase in FMNP caseload.

FY 2007



**State Plan of
Operations**

WIC FARMERS' MARKET NUTRITION PROGRAM
State Plan of Operations
Fiscal Year 2007

Please identify clearly any attachments/addenda pages according to the numbering system used in this format (listed on page Appendix – 1).

State Agency: Rhode Island

I. Goals

Describe the State agency's plans to achieve the dual purposes of the FMNP, i.e., providing a nutritional benefit to WIC recipients and expanding the awareness and use of farmers' markets. Also describe how the State agency plans to target the program to areas with high concentrations of eligible persons with the greatest access to farmers' markets. Be sure to include any special features, such as the use of volunteers and community resources or specialized management information systems, which the State agency plans to implement for the enhancement of its operation and administration of the FMNP.

Plan / Goals: _____

For State agencies submitting their initial application for funding, please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:

- a. the number and category of recipients served;
- b. the extent of the program, for example, limited to a city, county or was it a statewide or ITO-wide program; and
- c. the source of funding for the program.

Summary of Prior Experience: _____

Please include any data concerning the value or impact of the program(s).

II. General Administration

1. Estimated number of FMNP recipients in FY 2006 (if applicable):
2. Estimated number of FMNP recipients for FY 2007:
3. Proposed months of all Program operations: _____ through _____
4. Proposed months of FMNP coupon issuance: _____ through _____
5. Proposed months of FMNP coupon redemption: _____ through _____

6. **Staffing**

List all FMNP staff positions below, including both full and part-time positions. Append job descriptions for each position. An organizational flow chart identifying levels of responsibility can be provided with this list.

Paid through Federal FMNP Administrative funds:

Position	Full Time	Part Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paid through State/ITO FMNP funds:

Position	Full Time	Part Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paid through other funding source(s)– specify source(s):

Position and funding source(s)	Full Time	Part Time
_____	_____	_____

7. If the FMNP State agency is not the WIC State agency, what functions will be performed by State/ITO or local WIC Program staff? Check all that apply.

- Certify recipients for the FMNP
- Issue FMNP coupons to recipients
- Instruct recipients on proper use of coupons
- Provide nutrition education for the FMNP
- Issue FMNP coupons to local agencies
- Reconcile FMNP coupons
- Conduct FMNP reviews of authorized sites
- Authorize farmers/farmers' markets/roadside stands
- Train farmers/farmers' markets/roadside stands
- Monitor farmers/farmers' markets/roadside stands

Include in the Appendices section (_____) a copy of the signed agreement between the FMNP State agency and the WIC State agency (if different) delineating the functions to be performed as indicated above. The written agreement should delineate the responsibilities of each agency, specific work activities, and identify the responsible designated representative of each agency.

8. Will any other State or local government agency(s), non-profit or for-profit organizations, or the extension service provide services for the FMNP State agency?

Yes No

If yes, list the State or local government agency(s) and/or other organizations. **Include a copy of the signed agreement between the FMNP State agency and the other agencies and/or non-profit or for-profit organizations delineating the services to be performed in the Appendices section (cite reference: _____).**

9. Check (X) the type of FMNP recipients to whom FMNP benefits will be issued:

Individuals Households

10. The lowest benefit amount that any FMNP recipient will receive is \$ _____ and the highest is \$ _____. **(Please note:** Federal regulations at section 248.8(b) state that the value of the Federal share of the FMNP benefits received by each recipient, or by each family within a household in those States or Indian Tribes which elect to issue benefits on a household basis under section 248.6(c) may not be less than \$10 per year or more than \$30 per year.)

III. Funding

1. Please append a detailed description of the State agency's financial management system that will provide for accurate, current and complete disclosure of the financial status of the FMNP. At a minimum include the following elements:
 - a. procedure, which enables prompt and accurate payment of allowable and allocable costs, ensures that costs claimed are in accordance with A-87 (Cost Principles Applicable to Grants and Contacts with State/ITO and Local Governments) and FNS guidelines and instructions (see section 248.12 of FMNP regulations and FMNP Policy Memorandum 2002-1);
 - b. procedures for obligating funds, include dispersing funds from Letter of Credit;
 - c. description of how farmers are paid, claims procedures for overpayments to farmers, farmers' markets, roadside stands, and recipients; and
 - d. description of the time reporting system used to distribute employee salaries and related costs.

Description of financial management system and/or Appendix citation: _____

2. Describe the source(s) and amounts which the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$ _____ for your State/ITO in FY 2007 based on the Federal Funds Request and State/ITO Matching Funds Estimation worksheet pages 36-37. **(Please note that the 30 percent minimum match requirement applies only to the total administrative costs of the program, although the State agency may meet this requirement with State/ITO funds provided for food as well as administrative costs):**

Type	Source	Amount
State/ITO and local funds	_____	\$ _____
Private funds	_____	_____
In-kind Contributions	_____	_____
Similar Programs	_____	_____
Program Income	_____	_____
	Total:	\$ _____

State/ITO and local funds. If available, please append documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.

Private Funds. Please describe in detail or append documentation of all cash donations or letters of commitment from organizations/individuals planning to make such donations.

In-kind Contributions. If any portion of the State agency minimum 30 percent matching requirement will be met through in-kind contributions, please describe the in-kind contribution, its value, and include any supporting documentation.

Similar Programs. **Note, however, that Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates.

Program Income: (describe type): _____

3. Is the State agency seeking approval to use not more than 2 percent of its total program funds for market development or technical assistance to farmers' markets in FY 2007?

Yes No

These funds are only available for farmers' markets in socially or economically disadvantaged areas, or remote rural area, where individuals eligible for participation in the program have limited access to locally grown fruits and vegetables. **If yes, describe the justification for the market development *and/or* technical assistance funds.**

4. Please append a detailed description of the State agency's record keeping system for the FMNP, addressing **at a minimum, the following areas:**
- a. financial operations
 - b. coupon issuance and redemption
 - c. FMNP participation reporting

- d. tracking staff time and other administrative expenses to ensure that federal FMNP funds are only used for costs which are allowable and allocable for FMNP.

If forms have been developed to facilitate any of these functions, an example of the forms, along with a brief explanatory statement regarding the intent of each form (if necessary) should be attached to this document. A description of the State's/ITO's financial management system is required earlier in this section. If some of the same information or forms are used to meet both aspects of this Plan, it is not necessary to duplicate that information. It may be cross-referenced to the section where it is covered most completely, i.e., here or earlier in the State Plan.

Description of record keeping system and/or cross-reference: _____

5. The Federal Funds Allocation Process and the State/ITO Match

As required by law and regulations, the State/ITO match is calculated as follows:

1. Total Federal funds requested (prior year's total Federal grant) X 17% (or 19%) = Federal administrative funds.
2. Federal administrative funds ÷ 70% = Estimated total administrative cost.
3. Estimated total administrative cost X 30% = State/ITO match amount.

(A State agency may provide more in State/ITO funds to administer the program. However, the FNS allocation only reflects the minimum amount that a State agency must match, not the amount of funds/resources a State agency actually puts into the program.)

4. Total Federal funds requested (prior year's total Federal grant) + State/ITO match amount = Estimated total program cost.

6. **Worksheets for Federal Funds Request and Matching**

The following explains the types of worksheets used to calculate your Federal funds request and matching.

I. FY 2007 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

This Worksheet is for summarizing the Federal food and administrative funds. All State agencies must complete this worksheet.

II. ADMINISTRATIVE BUDGET ESTIMATE

This worksheet is for summarizing administrative activities and related funding. All State agencies must complete this worksheet.

III. FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

This worksheet is for estimating either the amount of Federal funds based on the State/ITO match amount available, or for estimating the State/ITO match amount and total program funds based on the amount of Federal food funds requested. All State agencies must complete either Part A or Part B of this worksheet as applicable.

IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level.

V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories.

I. FY 2007 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

1. Total Federal Funds requested (Prior Year's Total Federal Grant <i>or Less</i>):	<u>166,621</u>
2. Expansion funds requested:	<u>0</u>
3. Less: Federal Administrative Funds at 17% of total:	<u>28,326</u>
4. Less: Market Devel. /Technical Assist. Funds (up to 2% of total):	<u>0</u>
5. Federal Food Funds:	
a. 83% (total <u>without</u> market development funds request):	<u>138,295</u>
*****OR*****	
b. 81% (total <u>with</u> market development funds request):	<u> </u>

II. ADMINISTRATIVE BUDGET ESTIMATE

Coupon Management	Market Management	Nutrition Education	Financial Management	Total
\$ <u>5,665</u>	\$ <u>8,498</u>	\$ <u>8,498</u>	\$ <u>5,665</u>	\$ <u>28,326</u>
<u>20</u> %	<u>30</u> %	<u>30</u> %	<u>20</u> %	<u>100</u> %

Coupon Management: Printing and reconciling coupons, issuing coupons to recipients, and instructing recipients on the purpose of the program and proper use of coupons.

Market Management: Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers' markets.

Nutrition Education: Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

Financial Management: Preparing financial and recipient reports, issuing payments to farmers/farmers' markets, and costs associated with FMNP audits.

III. FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

Part A of this worksheet should be completed by a State agency that knows the amount of State/ITO funds available to meet the matching requirement, and wants to estimate the level of Federal funds the State/ITO matching funds can support. Part B of this worksheet is for a State agency to estimate its match amount and total program funds based on the amount of Federal food funds requested. Please use either A. or B.

State Agency: Rhode Island

A: To estimate the Federal food and administrative funds based on the matching amount:

1. Matching Funds:	\$ _____	÷ .30 =	\$ _____	Total Administrative Funds
2. Total Administrative Funds:	\$ _____	-	\$ _____	Federal Administrative Funds
3. Federal Administrative Funds:	\$ _____	÷ .17 (or .19) =	\$ _____	Total Federal Funds

B: To estimate the matching amount and administrative amounts based on the Federal food funds requested:

1. Total Federal Funds Requested:	\$ <u>138,295</u>	÷ .83 (or .81) =	\$ <u>166,620</u>	Total Federal Funds Requested, Food and Administrative.
2. Total Federal Funds Requested:	\$ <u>166,620</u>	X .17 (or .19) =	\$ <u>28,326</u>	Federal Administrative Funds
3. Federal Administrative Funds:	\$ <u>28,326</u>	÷ .70	\$ <u>40,466</u>	Estimated Total Administrative Funds, Federal and State.
4. Estimated Total Administrative Funds:	\$ <u>40,466</u>	-	Fed. Admin. Funds \$ 12,140	20427=State Agency's Match for New FY.
5. State/ITO Matching Funds:	\$ 12,140	+	Total Federal Funds = \$ 178,760	Estimated Total Program Funds

IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level:

State Agency: Rhode Island

1. Total Federal Funds Requested:		\$ <u>166,620</u>	
2. Percent of Total Federal Funds Available for Food:	x .83	**<u>OR</u>**	x .81
3. Available Food Funds:	\$ <u>138,295</u>		\$ _____
	divided by		divided by
4. Proposed Federal Food Benefit Level (Minimum \$10; Maximum \$30):	\$ <u>15.00</u>		\$ _____
5. Total Projected Federal Caseload:	<u>9,220</u>		_____

V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories:

1. Total Federal Funds Requested:	\$ _____
2. Percent of Total Federal Funds Available for Food:	x .83 **<u>OR</u>** x .81
3. Available Food Funds:	\$ _____ \$ _____

	<u>CATEGORY I</u>	<u>CATEGORY II</u>	<u>CATEGORY III</u>
(Specify category)	_____	_____	_____
4. Number of proposed program recipients by category:	_____	_____	_____
	x	x	x
5. Proposed food benefit level:	\$ _____	\$ _____	\$ _____
6. Totals per category =	\$ _____	\$ _____	\$ _____

7. Add together the totals in Line 6, which must be equal to or be less than the total available Federal food funds in line 3:

I: \$ _____ + II: \$ _____ + III \$ _____ = Grand Total: \$ _____ (= line 3)

IV. Certification

1. Describe the State agency's plans to target areas with high concentrations of eligible persons and access to farmers' markets within the broadest possible geographic area. For example, will the State/ITO concentrate on serving only a few areas where there are large numbers of WIC recipients who have access to farmers' markets, or will it provide State/ITO-wide coverage?

Plans for targeting: _____

- a. Provide a detailed description of the service area(s), including the number and addresses of participating markets, roadside stands, and WIC clinics.

- b. Append a map outlining the service area(s) and proximity of markets and roadside stands to clinics. (Reference Appendix E and/or _____.)

- c. Estimated number of WIC recipients per clinic:

<u>Clinic</u>	<u># of Recipients</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Intended FMNP recipients:

(Excluding Expansion)

(Including Expansion)

_____	WIC recipients only	_____
_____	WIC applicants on waiting lists only	_____
_____	Both	_____

3. Will all WIC recipients in an FMNP service delivery area be issued FMNP coupons, or certain categories/groups only?

All eligible recipients

Specified categories/groups (check all that apply):

(Excluding Expansion)

(Including Expansion)

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Pregnant women | <input type="checkbox"/> |
| <input type="checkbox"/> | Breastfeeding women | <input type="checkbox"/> |
| <input type="checkbox"/> | Postpartum women | <input type="checkbox"/> |
| <input type="checkbox"/> | Infants (over 4 months of age) | <input type="checkbox"/> |
| <input type="checkbox"/> | Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are defined by the State agency, please indicate accordingly): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Other designation (e.g. only Priority I pregnant or breastfeeding women) (specify): _____ | <input type="checkbox"/> |

V. Coupon and Market Management

1. Issuing FMNP coupons to recipients

a. Describe the State agency's procedures for ensuring the secure transportation and storage of coupons. Append any type of reporting form used to gather data (Appendix F and/or _____). Include in your description the method used to transport coupons from the contractor who produces them to the State agency, and from the State agency to the local WIC clinics. Include a description of how unissued FMNP coupons are stored. This description should also include the automated processes as well as the manual processes used in the transportation and storage of coupons.

b. Describe the coupon issuance system for recipients. Append any type of reporting form used to gather data (Appendix F and/or _____). This description should include the automated processes as well as the manual processes used for issuance of coupons to recipients.

c. Describe the State agency's system for instructing recipients on the proper use of FMNP coupons. If this function is to be performed by the WIC local agency on behalf of the FMNP State agency, indicate accordingly, who issues the coupons; what materials are provided during issuance; and who explains the use of the coupons and redemption procedures to the recipient. Please append materials provided to participants instructing them on how to use FMNP coupons and any list of Farmers' Markets provided to participants (Appendix N and/or _____).

d. Append a copy of the log or other form used to record coupon issuance to valid certified recipients (Appendix F and/or _____).

2. Authorization of farmers, farmers' markets, and roadside stands

The State agency is responsible for the fiscal management of, and accountability for, FMNP-related activities for farmers, farmers' markets and roadside stands. Each State agency may decide whether to authorize farmers individually, farmers' markets, or both farmers and farmers' markets, and also roadside stands. Only farmers and/or

farmers' markets and roadside stands authorized by the State agency, as set forth in the federal FMNP regulations, may redeem FMNP coupons.

- a. Describe the State agency's general authorization procedures for farmers and/or farmers' markets.

- b. List or append the criteria used to authorize farmers' markets. Examples of authorization criteria include: 1) permanent market location; 2) sufficient number of growers who participate in the market; 3) a wide selection of products or; 4) good community support from non-FMNP sales. (Appendix G and/or _____)

- c. List or append the criteria used to authorize farmers. Examples of authorization criteria include: 1) grows a percentage (in the space below, please indicate the percentage specified by the State agency) of the produce to be sold; 2) owns land within the State/ITO where produce is grown or, 3) certified by the State Agriculture Department, ITO Cooperative Extension Agent or by a Farmers' Market Association within the State agency. (Appendix H and/or _____).

- d. How does the State agency define "eligible foods"? List or append a list of the fruits, vegetables, and/or fresh herbs. For the purposes of the FMNP, eligible foods mean fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs. Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Honey, maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of the FMNP. State agencies can also describe eligible foods as "all fruits, vegetables and herbs locally grown except..." (Appendix I and/or _____).

- e. How does the State agency define "locally grown produce" in order to designate FMNP eligible foods? Eligible foods are limited to produce grown within State/ITO borders or areas in neighboring States/ITOs adjacent to its borders.

f. To what extent does the State agency permit or prohibit the participation of individuals who are selling produce grown by someone else, in addition to their own produce? Individuals, who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized to participate in the FMNP.

g. Under what conditions, if any, does the State agency authorize roadside stands, i.e., a location in which a single, individual farmer sells their own produce directly to consumers in contrast to a farmers' market or a nonprofit organization that does not produce their own produce, but realize a profit from such sales? Examples of authorization criteria include: 1) participant access, or 2) lack of farmers' markets. Please describe.

h. Indicate the number and type of farmers' markets, farmers, and/or roadside stands that will be authorized in FY 2007:

_____ farmers' markets

_____ farmers

_____ roadside stands

i. Does the State agency require that the Market Manager be bonded?

Yes No

3. **Farmers and/or Farmers' Market Agreements**

Each State agency shall enter into a written agreement with all participating farmers and/or farmers' markets, and roadside stands. Included in this agreement will be sanctions for non-compliance with FMNP requirements and contain at a minimum the following specifications. Please include the FMNP State agency and Farmers'/Farmers' Market/Roadside Stand Agreement in the addendum.

a. The farmer and/or farmers' market, and roadside stand shall:

i. provide such information as the State agency shall require for its periodic reports to FNS;

- ii. assure that FMNP coupons are redeemed only for eligible foods;
- iii. provide eligible foods at the current price or less than the current price charged to other customers;
- iv. accept coupons within the dates of their validity and submit coupons for payment within the allowable time period established by the State agency;
- v. in accordance with a procedure established by the State agency, mark each transacted coupon with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted FMNP coupon shall contain a farmer identifier and shall be batched for reimbursement under that identifier. In those cases where the agreement is between the State agency/ITO and the farmers' markets, each transacted FMNP coupon shall contain a farmer identifier and be batched for reimbursement under a farmers' market identifier;
- vi. accept training on FMNP procedures and provide training to farmers and any employees with FMNP responsibilities on such procedures;
- vii. agree to be monitored for compliance with FMNP requirements – including both overt and covert monitoring;
- viii. be accountable for actions of farmers or employees in the provision of foods and related activities;
- ix. pay the State agency for any coupons transacted in violation of this agreement;
- x. offer FMNP recipients the same courtesies as other market customers;
- xi. comply with the nondiscrimination provisions of USDA regulations;
- xii. notify the State agency if any farmer or farmers' market or roadside stand ceases operation prior to the end of the authorization period. Provide the State agency with a regularly updated list of all farmers at the authorized market who accept FMNP coupons in exchange for their produce, and their effective dates of participation.

b. The farmer and/or farmer's market and roadside stand shall not:

- i. collect sales tax on FMNP coupon purchases;
- ii. seek restitution from FMNP recipients for coupons not paid by the State agency; and
- iii. issue cash change for purchases that are in an amount less than the value of the coupon(s).

c. Neither the State agency nor the farmer and/or farmers' market or roadside stand have an obligation to renew the agreement. Either the

State agency or the farmer and/or farmers' market or roadside stand may terminate the agreement for cause after providing advance written notification. The period of time within which such advance notification must be provided is to be stipulated by the State agency as part of the standard agreement.

d. The State agency may deny payment to the farmer and/or farmers' market or roadside stand for improperly redeemed FMNP coupons or may establish a claim for payments already made on improperly redeemed coupons. The State agency may disqualify a market and/or a farmer or roadside stand for program abuse with a minimum of 15 days advance written notification.

e. The State agency may disqualify a farmer and/or farmers' market or roadside stand for FMNP abuse.

f. A farmer and/or farmers' market or roadside stand that commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State/ITO or local laws.

g. A farmer and/or a farmer's market or roadside stand may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement shall not be subject to appeal through the FMNP State agency.

h. Agreements may not exceed 3 years. How long are the farmers and/or farmers' market and roadside stands agreements valid?
_____ years

4. Describe or append other cooperative arrangements that may have been negotiated, such as with cooperative extension programs, or a State Agriculture Department or ITO to authorize farmers/farmers' markets or roadside stands. (Appendix J and/or _____)

5. **Annual training for farmers and/or farmers' markets:**

- a. State agencies shall conduct annual training for farmers, roadside stands and/or farmers' market managers and those who participated in the FMNP in prior years or who join the program after the regularly scheduled training has been held. **Append or describe the**

procedures the State agency has in place or plans to implement for the annual training required for authorized farmers, and roadside stands and/or farmers' markets managers.

Description and/or appendix citation: _____

- b. Further, the State agency shall conduct a **face-to-face** training for all farmers, roadside stands and farmers' market managers their first year of participation in the FMNP. **Face-to-face** training refers to an interactive format that includes a contemporaneous opportunity for questions and answers, which may include video conferencing as well as actual face-to-face training sessions. State agencies have discretion in determining the method used for future annual training purposes. At a minimum, annual training shall include instruction emphasizing: eligible food choices; coupon redemption procedures; equitable treatment of FMNP recipients; Civil Rights compliance and guidance; guidelines for storing coupons safely; and guidelines for canceling FMNP coupons, such as punching holes or rubber stamping. This description or appendix should also include the subsequent training methods made available to managers and farmers and roadside stands after the first year's face-to face training.

Description of training (annual and face-to-face for first year of operation) and/or Appendix reference [Appx. M and/or _____]:

6. **Coupon accountability**

The coupon reconciliation process is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each coupon, from the time it is issued through its final disposition. The State agency is responsible for reconciling validly redeemed coupons, as well as lost, stolen, voided, expired, or FMNP coupons that do not match issuance records. The process for reconciling lost and/or stolen coupons must ensure that farmers accepting such coupons in good faith, and through approved procedures, are not unfairly penalized for doing so.

- a. Describe or append the State agency's system for identifying and reconciling FMNP coupons that were redeemed, voided, expired, or reported lost or stolen. **Validly redeemed FMNP coupons are those that are issued to a valid FMNP participant and redeemed by an authorized farmer or farmers' market or roadside stand within valid dates and include a valid recipient identifier from the signature on the issuance log, unique and**

sequential serial number; within valid dates; an authorized farmers' market; an authorized farmer operating under the auspices of the authorized market; or an authorized roadside stand.

- b. Describe or append the State agency's system for ensuring that coupons are redeemed only by authorized farmers, farmers' markets, or roadside stands for eligible foods.
- _____

- c. Describe or append the State agency's system for identifying and disallowing coupons that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets or roadside stands.
- _____

- d. Coupon Timeframes

(i) Redemption by recipients: _____ (no later than November 30)

(ii) Submission for payment by farmers/farmers' markets/roadside stands:

(iii) Payment by the State agency: _____

All of the functions described above shall be completed within a timeframe that will allow the State agency to reconcile coupons, liquidate obligations, and submit its financial and recipient reports (FNS-683 and FNS-203) to FNS **no later than January 31 of each year.**

- e. Append a copy of the coupon/check to be used in the FMNP as Appendix K (and/or _____).

VI. Management Evaluations and Reviews

1. Describe or append a description of the State agency's criteria for defining a high-risk farmer. Such criteria must include at a minimum:
- a. proportionately high volume of coupons redeemed within a farmers' market or roadside stand and within a State or ITO;
 - b. recipient complaints; and
 - c. new farmers, farmers' markets, and roadside stands in their first year of operation.
- _____

2. **Review of farmers and farmers' markets and roadside stands**

Describe the State agency's plans (including any compliance purchase activities) for reviewing authorized farmers/farmers' markets/roadside stands (on-site) in FY 2007. Ten percent of farmers, 10 percent of farmers' markets, and 10 percent of roadside stands must be monitored. For example, if there are five farmers' markets in a participating State/ITO and 40 farmers, the State agency shall monitor at a minimum, one farmers' market and four farmers. These four farmers may or may not be participating within the one farmers' market being monitored.

State Agency: _____

- a. Number of **farmers' markets reviewed in FY 2006** (minimum 10%):
 - i. Markets with high-risk farmers _____ (____%)
 - ii. Other markets _____ (____%)
- b. Number of **farmers' markets to be reviewed in FY 2007** (minimum 10%):
 - i. Markets with high-risk farmers _____ (____%)
 - ii. Other markets _____ (____%)
- c. Number of **farmers reviewed in FY 2006** (minimum 10%): _____ (____%)
 - i. High-risk farmers _____ (____%)
 - ii. Other farmers _____ (____%)
- d. Number of **farmers to be reviewed in FY 2007** (minimum 10%): _____ (____%)
 - i. High-risk farmers _____ (____%)
 - ii. Other farmers _____ (____%)
- e. Number of **roadside stands reviewed in FY 2006** (minimum 10%): _____ (____%)

- i. High-risk farmers _____ (_____%)
- ii. Other farmers _____ (_____%)

f. Number of **roadside stands to be reviewed in FY 2007** (minimum 10%): _____
 (_____%)

- i. High-risk farmers _____ (_____%)
- ii. Other farmers _____ (_____%)

3. Describe or append the State agency's policies and procedures for determining the type and level of sanctions to be applied against farmers, farmers' markets, and roadside stands which violate Federal and/or State agency FMNP requirements based upon the severity and nature of the FMNP violations.

4. **Review of Local Agencies**

Describe the State agency's plans for reviewing FMNP practices at local agencies in FY 2007. All local agencies participating in the FMNP must be reviewed at least once every two years by non-WIC FMNP State agency staff or WIC State agency staff. **Please append a copy of the State agency's FMNP monitoring tool to review local agencies.**

- a. Number of local agencies to be reviewed in FY 2007: _____
- b. Number of local agencies reviewed in FY 2006 (if applicable): _____
- c. Briefly summarize findings and corrective action taken from any reviews conducted in FY 2006:

VII. Nutrition Education Requirements

1. Describe or append in detail the State agency's plan to provide nutrition education to FMNP recipients. If the administering State agency for the FMNP is not the WIC State agency, and has entered into an agreement for the WIC State agency to provide nutrition education, append a copy of the WIC State agency's nutrition education plans for FMNP recipients. (Reference Appendix _____ and/or give description of nutrition education plans in the section provided below.)

It is not mandatory that the FMNP State agency retain sole responsibility for providing nutrition education to Program recipients. Nor is it intended that the FMNP State agency duplicate the nutrition education that may be currently provided by the WIC local agency. The FMNP nutrition education requirement may be fulfilled directly by the farmer's markets or another branch of the State Department of Agriculture or ITO, or under agreement with the local WIC agency, area colleges and universities, the Expanded Food and Nutrition Education Program (EFNEP), the Cooperative Extension Service, and/or many number of other entities having the capability to address the particular nutritional benefits of fruits and vegetables that can be obtained at farmers' markets; any costs associated with the provision of nutrition education by an entity other than the administering agency of the FMNP are allowable administrative expenses under FMNP funding (up to 17 percent of the total grant). This aspect of the program responds directly to the Congressional intent in establishing the FMNP as a way to increase recipients' awareness and use of farmers' markets.

Encourage Partnerships

FNS believes that the effectiveness of nutrition education can be greatly enhanced through collaboration with others interested in promoting health and nutrition in low-income populations. Therefore, FNS strongly encourages collaboration and coordination of efforts with state/ITO-wide public and private partners to enhance both the outreach and efficacy of the nutrition education efforts. FNS encourages such collaboration to facilitate development of long-term, coordinated nutrition education plans and sustainable infrastructures, foster an integrated approach to nutrition education across programs in the State or ITO, capitalize on promotional opportunities, coordinate and pool resources for material development, duplication, and dissemination, and insure development of science-based messages that are consistent with the U.S. Dietary Guidelines for Americans, the Food Guide Pyramid, and other federal guidance.

Promote the Dietary Guidelines Messages

To create a base of messages that may be reinforced across FNS programs, FNS encourages State agencies to incorporate the messages contained in the latest edition of the Dietary Guidelines for Americans into nutrition education plans. It is expected that nutrition education messages will logically be tailored to address the most urgent nutrition education needs of constituents. However, as opportunities arise, FNS strongly encourages State agencies to convey at a minimum four key messages through WIC and

other FNS programs so that program recipients have repeated exposure to these messages. The messages, all designed to promote food and physical activity choices for a healthy lifestyle, are as follows:

- Build a healthy base -- eat a variety of foods
- Add more fruits, vegetables and whole grains
- Eat lower fat foods more often
- Be physically active

These messages—derived from the Dietary Guidelines—are being consistently and prominently promoted in all of the FNS programs to advance an integrated, behavior-based, comprehensive nutrition education approach across FNS programs. Using these four core messages, nutrition education program administrators across the many FNS programs can collaborate and work jointly around these common themes for their nutrition education interventions, for example to pool resources to develop materials jointly, conduct social marketing campaigns, and reinforce the educational messages.

2. List or append the locations or settings where nutrition education for FMNP is provided (i.e., WIC clinics, farmers' markets, community centers, child care facilities, or schools).

3. Does the State agency coordinate with other agencies around issues related to nutrition education and promotion?

No Yes (If yes, check the applicable partnerships below):

- Food Stamp Program
- Team Nutrition
- Other school-based programs
- Commodity Supplemental Food Program
- Child and Adult Care Food Program (CACFP)
- Temporary Assistance for Needy Families Program
- Food Distribution Program on Indian Reservations
- WIC
- Other FNS programs (specify): _____
- Expanded Food and Nutrition Education Program (EFNEP) and/or Cooperative Extension Service
- Other government programs (e.g., Head Start, 5 A Day, etc.)
- Non-profit organizations (specify): _____
- For-profit organizations (specify): _____
- Industry (specify): _____
- Professional organizations (specify): _____
- Educational Institutions (specify): _____
- Religious Institutions (specify): _____

Other (specify): _____

4. Describe how nutrition education for FMNP is coordinated with other nutrition education programs or services, such as Food Stamps, Extension Service, 5 A Day, or State/ITO initiatives.

5. Describe the nutrition education materials that you have developed and how they are used. In addition, describe any new materials you are planning to develop.

6. Does the State agency plan to develop new participant educational materials containing the new Dietary Guidelines for Americans messages? Yes No
If yes, please describe the elements below.

Type of Material	Target Audience	Project Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If the State agency intends to collect survey information to assess the effects of the program on farmers' markets and roadside stands and the change in consumption of fresh fruits and vegetables by FMNP recipients, **append copies of survey forms.** (See Appendix _____).

VIII. Miscellaneous Requirements - Civil Rights Procedures; Hearing Procedures and Program Complaints; State Agency Drug-Free Workplace Procedures; Local Agency Debarment/Suspension Procedures; and, Local Agency Lobbying Certification and Procedures

1. Civil Rights -

a. Describe the State agency's procedures for handling complaints of discrimination on the basis of race, color, national origin, age, sex or disability, including timeframes for submitting such complaints and for investigating them and responding to plaintiffs. The State agency's procedures for handling complaints of discrimination in the FMNP should be consistent with established and approved procedures for handling such complaints related to other assistance programs administered by the State agency. For example, if WIC Program-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then FMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the FMNP if one already exists in a related program administered by the State agency.

b. Confirm that the State agency is using the following statement on all FMNP brochures and publications, excluding materials which provide only nutrition education information without mentioning FMNP, and such items as caps, buttons, magnets, and pens, when the size or configuration make it impractical:

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

c. Confirm that the State agency is using the following statement, in print size no smaller than the text, in material too small to permit the full statement:

"This institution is an equal opportunity provider."

d. Confirm that the State agency is using the following statement in radio and television public service announcements:

"The FMNP is an equal opportunity provider."

2. **Hearing Procedures and Program Complaints** - The State agency shall provide a fair hearing procedure whereby local agencies, recipients, and farmers/farmers' markets adversely affected by certain actions of the State agency may appeal those actions. A local agency may appeal an action of the State agency disqualifying it from participating in the FMNP. A recipient may appeal disqualification/suspension of FMNP benefits. A farmer/farmer's market may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement, and determination of ineligibility to receive WIC benefits (and therefore to receive FMNP coupons) shall not be subject to appeal through the FMNP State agency. The State agency shall also provide procedures for addressing complaints about program operations.

a. Describe or append the State agency's procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, recipients, and markets/farmers. The opportunity to request a fair hearing regarding certain adverse actions taken by the State agency must be provided to all farmers and/or farmers' markets and recipients against whom such adverse action is taken.

b. Describe or append the State agency's procedures for handling program complaints from recipients, non-recipients, markets, and farmers.

3. **Drug-Free Workplace** - Describe or append the State agency's plans to maintain a drug-free workplace and otherwise comply with 7 CFR 3021. Per 7 CFR 3021.230, the State agency must identify all of its known State agency workplaces where work under the federal FMNP grant will be performed; please append a list of these workplace addresses.

Description and/or Appendix reference: _____

4. **Local Agency Debarment/Suspension** - Per 7 CFR 3017.300, the FMNP State agency has on file either 1) a current certification in a format established by the State agency; or, 2) a local agency contract including assurance on debarment / suspension, which may be satisfied by the local agency debarment / suspension certification provided for WIC if it covers the same period as the FMNP local agency contract; or, 3) a record showing that the FMNP State agency had checked the Excluded Parties List System for each local agency (EPLS)?

Yes

No

5. Local Agency Lobbying Certification and Procedures – Per 7 CFR 3018, the FMNP State agency has on file the current form FNS-732, Certification Regarding Lobbying, for each FMNP local agency with a sub-grant exceeding \$100,000, if any? (This may be satisfied by the local agency lobbying certifications provided for WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes

No

6. SF-LLL on File - The FMNP State agency has on file the current SF-LLL, Disclosure Form to Report Lobbying, if lobbying occurs with non-federal funds, for each FMNP local agency with a sub-grant exceeding \$100,000, if any? (This may be satisfied with local agency lobbying disclosures provided for WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes

No

7. SF-LLL Transmission - The FMNP State agency has provided a copy of any such disclosures to the FNS Regional Office?

Yes

No

Appendices

Include all of your appendices here. Please identify clearly any appendices pages according to the lettering and numbering system used in this format. (In accordance with the request of some State agencies, fillable fields [spaces] are provided below for additional details on the contents of the appendices, such as page numbers.)

A. Federal-State Agreement Special Supplemental Food Program Agreement (FNS 339)

B. Job Descriptions

C. Copies of signed agreements between the FMNP State Agency and WIC State Agency (delineating the functions to be performed)

D. Samples of reporting forms for record keeping (if available)

E. Map outlining the service area(s) and proximity of markets to clinics

 x

F. Copy of the log or other form used to record coupon issuance

G. List of the criteria used to authorize farmers' markets

H. List of criteria used to authorize farmers

I. List of fruits, vegetables and/or fresh herbs that are eligible in the program

J. Copies of cooperative agreements with other entities for authorizing and/or training farmers and/or farmers' markets

K. Facsimile of the FMNP coupon or check

L. State agency' FMNP monitoring tool to review local agencies

M. Training materials for farmers/farmers' markets/roadside stands

N. Instructions for recipients, including list of farmers/farmers' markets/roadside stands

Additional appendices (please list the reference letter/number and topic):

Appendix E
RHODE ISLAND WIC
AND
FARMERS MARKET SITES
11/06

- ☒ Clinic Site
- ☺ Farmers Market
- ★ Department of Health



2006 WIC FARMERS MARKET PROGRAM

Your Market Locations

1. **Newport:** Corner of Edgar & Chappell St.
Wednesdays: June 14 - October 25
2:00 PM - 6:00 PM
2. **Middletown:** 909 East Main Road (Rte. 138)
Saturdays: June 10 - October 28
9:00 AM - 1:00 PM
3. **South Kingstown:** URI- Rte. 138
Saturdays: June 3- October 28
9:00 AM - 12:00 Noon
4. **Wakefield:** Marina Park, (off Route 1)
Tuesdays: June 6 - October 24
2:00 PM - 6:00 PM
5. **Narragansett:**
Fishermen's Memorial Park (Rte. 108)
Sundays: June 4 - October 28
9:00 AM to 1:00 PM
6. **Cranston:** Pawtuxet Village
Rhodes on the Pawtuxet Parking Lot
Saturdays: June 2 - October 28
9:00 AM - 12:00 PM
7. **Pastore Complex**
Department of Labor & Training
Fridays: July 21st - October 27th
10:00 AM - 2:30 PM
8. **Warwick:** Goddard State Park
Fridays: June 2 - October 27
9:00 AM - 1:00 PM
9. **Pawtucket:** Broadway and Exchange St.
Sundays: June 18 - October 29
11:00 AM - 3:00 PM
10. **Lincoln:** Blackstone River Visitor Center
295 North Lincoln
Tuesdays: July 25th - October 31st.
2:00 PM - 6:00 PM
11. **Central Falls:**
Corner of Sylvian St. & Broad St.
Saturdays: June 24 - October 28
12:00 PM - 4:00 PM
12. **Woonsocket:** Precious Blood Church
Corner of Carrington and Park
Mondays: July 10 - October 31
9:30 AM - 12:30 PM
13. **Westerly/Pawcatuck:**
Mechanic & West Broad St
Thursdays: July 6 - October 26
2:00 PM - 5:00 PM
14. **Providence:** Hope High School, Hope Street
Saturdays: June 10 - October 28
9:30 AM - 12:30 PM
15. **Parade Street Market**
(Next to Cranston Street Armory)
Thursdays: June 15 - October 26
3:00 PM - 7:00 PM
Closes at dark in late October
16. **Broad Street Market**
807 Broad Street
Saturdays: July 8- October 28
9:00 AM- 1:00 PM
17. **1 Capitol Hill**
Thursdays: July 27 - October 26
11:00 AM - 2:00 PM
18. **Brown University, Wriston Quad**
(Corner of Thayer St & 7 George St.)
Wednesdays: August 2 - October 25
11:00 AM - 2:00 PM
19. **2 Kennedy Plaza**
Bank of America skating Center
Mondays: June 19 - October 30
2:00 PM - 6:00 PM
20. **Bristol:** Colt State Park
2:00 PM - 6:00 PM
21. **East Providence:** Haines Memorial Park
Rte. 103
Wednesday: May 3 - October 25
2:00 PM - 6:00 PM
22. **Scituate:** North Scituate Farmers' Market
Route 116, Scituate Common
Saturdays: May 6 - September 23
9:00 AM - 1:00 PM
23. **North Kingstown:** Casey Farm
2325 Boston neck Rd.
Saturdays: June 3 - October 28
9:00 AM - 12:00 PM
2:00 PM - 6:00 PM

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. For sex or handicap complaints, contact the State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908.”

Forms/nondiscrimination-statement