

ILLINOIS WIC PROGRAM STATE PLAN - SECTION I FEDERAL FISCAL YEAR 2012 GOALS AND OBJECTIVES

The Illinois Department of Human Services (IDHS), is applying for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). WIC provides nutrition education and counseling, breastfeeding promotion and support, and food vouchers to help low-income mothers, babies and children get the foods needed for proper growth and development. The program also provides vital referrals to other health and social or community services.

In certain areas of Chicago, WIC Food Centers are operated by Catholic Charities of the Archdiocese of Chicago to provide foods, supplemental nutrition education opportunities, community services, employment opportunities, and linkages to other services. The Illinois WIC Program plans to serve approximately 302,000 participants monthly in FFY 2012, with an estimated budget of over \$ 310 million. This represents approximately 70,000 women, 81,000 infants and 151,000 children served each month by 99 local agency service providers throughout the state at more than 220 clinics.

Program goals and objectives include eleven (I-XI) functional areas of the Illinois State Plan. These are: Vendor Management, Nutrition Services, Management Information System, Staffing and Organization, Administrative Expenditures, Food Funds Management, Caseload Management, Certification, Eligibility and Coordination of Services, Food Delivery/Food Instrument Accountability and Control, Monitoring and Audits, Civil Rights.

I. Vendor Management

- A. Provide random monitoring of WIC Vendors to ensure statewide compliance of all aspects of the Illinois WIC Vendor Management Code, the Act, and the USDA Federal Regulations.
 - 1. During FFY'12 Illinois WIC Vendor Compliance staff will initiate additional on-site overt visits for compliance of mandatory stock requirements upon completion of "clean" covert buys at the same location.
 - 2. Implementation of these visits will require the aid of a contractual agency to perform visits to ensure compliance with the Illinois WIC Vendor Code.
- B. Continue to improve coordination and communication between Illinois WIC Vendor staff and the SNAP program staff with the aid of data sharing, or written and verbal correspondence.
 - 1. All information provided to the WIC Vendor staff will be utilized when reviewing applications of potential WIC Vendors. Because programs' food delivery systems are similar, it is necessary to be aware of the business practices of any WIC or SNAP vendor applicant. New federal regulations require total food sales information be obtained by Illinois WIC Vendor Relations Staff.
 - 2. Illinois Vendor Compliance staff will compile a list of all stores that have been suspended or disqualified from the USDA SNAP Program and will send a "Notice of Termination" from the WIC program to the USDA SNAP program staff.

3. Initiate appropriate compliance referrals to the USDA SNAP program when initial purchases or visits to high-risk vendors are unsuccessful.
- C. Modify any internal policies and procedures for the Vendor Relations/Vendor Education Unit that applies to requirements of the Illinois WIC Vendor Management Code, the Act and the USDA Federal Regulations.
 1. Policies and procedures will be finalized during FFY' 12 to comply with the Code of Federal Regulations amendments regarding cost containment.
 2. All policies and procedures related to anticipated food package changes will be monitored during FFY' 12 .
- D. The Vendor Relations Coordinator will maintain a working relationship with the Illinois Retail Merchants Association, recently contracted to train existing vendors and vendor applicants. In addition, the coordinator will have oversight for annual Vendor Education Seminars conducted by a contractor.
 1. Provide curriculum and necessary training tools for performance of initial and annual training.
 2. Update information to Training staff as changes occur within the contract period. Information will be shared during in-service presentations by the Vendor Relations Coordinator.
 3. Evaluate the effectiveness of initial and annual training for future requests for proposals that are to be written for a contractual agency that will conduct this training.
- E. Continue to compile data for the Vendor Integrity Profile in MS Access for future use and modify as requested by USDA.
- F. Assess and update new food selection criteria based on competitive price analysis.
- G. Assist the DHS Office of Management Information Services staff in testing enhancements made to the "back end," or reconciliation portion, of the Cornerstone System.
- H. With assistance from program staff and IT staff, a new Vendor Management System IAPD and APD will be formulated to begin the steps in the replacement of the current data collection and monitoring system. Much of the cost will be assumed through the assistance of the ARRA funds that must be used by September 30, 2012.
- I. Staff from Illinois WIC Vendor Compliance will begin writing a Request for Proposal for Vendor Monitoring. The contract for this service will begin on July 1, 2012.

II. Nutrition Services

- A. Promote the health of WIC clients and other Illinois citizens by facilitating and collaborating with Federal, State, Local and the Private Sector to encourage the population to consume a healthy diet.

- B. Promote the “Fruits and Veggies—More Matters” campaign through WIC and other nutrition programs.
- C. Strengthen ongoing breastfeeding awareness initiatives with: breastfeeding promotion activities; training state and local staff, developing peer counselors; participating on task forces; special projects; and supporting breast pump programs.
- D. Promote the health of WIC participants by maintaining optimal nutritional status in the population and increasing the participants’ ability to understand and meet nutritional needs during and after program participation, including the special nutrition needs of migrant farm workers and their families, Native Americans, homeless persons, and persons with Limited-English Proficiency (LEP).
- E. Obesity is being addressed through counseling training and the diet assessment process. Chicago staff participates in the Consortium to Lower Obesity in Chicago Children (CLOCC) and the IL Alliance to Prevent Obesity (IAPO). IDHS also sponsors the Southern Illinois Healthy Children Taskforce.
- F. WIC reaches out to other Maternal Child Health programs within The Department of Human Services, the Medical Community, Professional Organizations, Universities, Schools, Health Depts., Community Based Organizations & Advocacy groups to improve IL childhood obesity rates as well as health & nutrition related outcomes for WIC participants by continuing to promote the development of positive life skills that promote healthy eating, family meals, regular physical activity and reduced screen time.
- G. Regional staff collects information from local agencies and communities regarding their obesity prevention efforts. Two staff members have been identified to focus on obesity in addition to outreach and partnership development for WIC.
- H. Encourage healthy weight for postpartum/breastfeeding women and their children ages 2 - 5 years by emphasizing feeding relationship concepts, breastfeeding benefits and nutritional benefits of the WIC package including whole grain, fruit and vegetable and low-fat milk intake.
- I. Promote healthy weight gain during pregnancy to help achieve optimal birth outcomes and reduce the risk of weight-related adverse birth complications.
- J. Use the Integrated Plan for Healthy MCH Outcomes (including the WIC Nutrition Education Plan guidelines and the MCH Quality Assurance plan) and MIS (Cornerstone) data to focus local agency education and outreach efforts.
- K. Address WIC participants’ needs for education on meal planning, budgeting and food safety. By partnering with University of Illinois Extension to provide food budgeting and food preparation information and ideas to WIC participants. As well as revising nutrition education materials, lesson plans and reference booklets to be consistent with current knowledge on MCH issues including: MyPyramid/MyPlate, Dietary Guidelines for Americans and the Fruits and Veggies--More Matters Program.
- L. Continue to implement quality assurance standards to facilitate statewide program management and evaluation.
- M. Coordinate/integrate nutrition services and maternal/child health services.

- N. Support local agencies to revitalize nutrition services, including efforts to fully implement Value Enhanced Nutrition Assessment (VENA). Continue to develop Participant Centered Systems (PCS) via staff training at both state and local levels, local agency assessments and discussions about PCS.
- O. Continue efforts to educate participants on the WIC Food Packages including staff training, and educational/promotional materials.
- P. Continue to provide translation and interpretation services for LEP persons seeking WIC and other MCH and IDHS programs.

III. Information System (IS)

- A. Continue maintenance and enhancements to the Cornerstone system to reflect changes in program operation including food packages and risk assessment.
- B. Maintain centralized bank processing, data collection and program monitoring. Clinic management reporting is also centrally maintained for all Cornerstone WIC sites.
- C. Participate in the Pediatric Nutrition Surveillance System (PedNSS) and Pregnancy Nutrition Surveillance System (PNSS) during its final year.
- D. Continue to participate in the Cornerstone User group to discuss updates to the WIC, FCM, and other programs to enhance MCH operations and data collection.
- E. Meet at least quarterly with all staff involved in WIC technology improvements.
- F. Complete IAPD for enhancements to vendor management system and MIS consolidation/high speed upgrades.
- G. Complete RFP for vendor management system upgrades and MIS consolidation/high speed upgrades.
- H. Continue with EBT planning as follows:
 - 1. Finalize the WIC EBT Feasibility Study/Cost Analysis by 9/30/2011. Develop and submit the WIC EBT IAPD by 9/30/2011. Finalize all planning activities by 6/30/2013.
 - 2. Begin development and implementation activities in 7/1/2013 with user acceptance testing in the spring of 2014. Statewide expansion is planned to begin 7/1/2015 and should be completed by 6/30/2016.

The schedule presumes that a contract can be successfully negotiated with the SNAP EBT contractor. If not, then an additional six to twelve months will be required to complete a competitive procurement process.

- I. Stay abreast of planning for Framework, an interagency plan for integrated Health and Human Services. Integrated EBT will be a primary component to meeting the goals and objectives of the Framework.

IV. Organization and Management

A. Integration of WIC Services

1. IDHS addresses the state's infant mortality rate through the integrated delivery of two programs - the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Family Case Management (FCM). The department has found that the integration of the WIC Program with the FCM program has significantly improved the health outcomes of women and children in Illinois.
2. DHS is committed to integrating and enhancing services to improve the lives of all Illinoisans and continues efforts on its "SMART PATH ... to a unified DHS" initiative. It is a campaign to make integration a priority at every level.
3. The primary mission of both WIC and FCM is to improve the health status of women, infants and children, to reduce the incidence of infant mortality, premature births and low birth weight and to aid in the development of children. FCM provides outreach, comprehensive case management and support services to its clients, serving pregnant women and infants in families with incomes below 200 percent of the Federal poverty level. The program links clients with medical providers and other human services and works closely with WIC, Medicaid, family planning, prenatal, and the federally funded State Children's Health Insurance Program (SCHIP). The department will continue to address the delivery, monitoring and evaluation of these programs through innovation and performance management.

B. Performance Outcomes

1. The department will continue to use a "performance management" approach in operating these programs during FFY 2012. Data on program participants and service delivery are collected through the Cornerstone management information system. Quarterly reports from Cornerstone are used by local grantees and department staff to identify and address needs for training and technical assistance to improve program performance.
2. As funds are available, performance based incentives are given to programs with exemplary rates for the early entry of pregnant women into WIC.
3. The Integrated Plan for Healthy MCH Outcomes Summary Report is submitted annually and discusses each of the performance measures used by the Department to ensure programs are operating efficiently and working effectively to improve the health of women and young children across the state.

C. Staffing and Organizations

1. The Department will continue to pursue opportunities to bring up staffing levels to serve the constituent population.

D. Training and Quality Assurance

1. Contract language as of SFY07 requires local agencies to provide staff with WIC training annually appropriate to their job duties. Local agencies are required to provide staff training on nutrition assessment procedures, current nutrition recommendations, how to support and promote breastfeeding, WIC Policy and use of the Cornerstone System. Documentation of training must be kept on file for

review at the time of the Management Evaluation/Quality Assurance Review (MEQA).

2. Plans for current and future training and education of state and local agency staff are detailed in the attached Training Calendar. This is updated throughout the year. Training is designed to ensure WIC regulations and policies will be followed and will not be compromised during integrated health visits.
3. A statewide training workshop is being planned for the Spring of 2012. Topics being considered include customer service, breastfeeding peer counseling and VENA/PCS.
4. Quarterly WIC Coordinator Meetings will continue to be held via conference call or in traditional meeting settings throughout the year in each of the state's five regions. All WIC coordinators or other staff representatives are expected to attend. Information disseminated at meetings is to be shared with all local regional and state staff. Attendance will be documented and kept on file. The agenda will allow time for local agency representatives to discuss important areas of concern. It is the agency's intention to provide documentation to make disbursement of information consistent, easy and effective. These meetings will continue to address policy issues and program updates.
5. The Community Health Training Center (CHTC) is the training agency for Illinois WIC. CHTC has developed on-line learning modules for WIC Health Professionals and WIC Coordinators. Agencies are encouraged to use the CHTC for training of new staff and "updating" experienced staff. Two off-site trainings are offered each year to increase attendance by local staff one for the Southern end of the state and one for the Northwest.
6. Regional Nutrition Staff are available to provide in-services upon request. Medically Prescribed Formula Training is offered in each region two times a year at a minimum. Curricula are in place for training on Medically Prescribed Formulas, Risk Factors, Counseling and Diet Assessment. These are updated regularly to reflect current policy and information. Regional Nutritionists are also involved in Regional Breastfeeding Task Forces which work to provide breastfeeding education and support within communities
7. Obesity is being addressed through counseling training and the diet assessment process. Chicago staff participates in the Consortium to Lower Obesity in Chicago Children (CLOCC). IDHS also sponsors a "Healthy Child Task Force" in Southern Illinois. Regional staff collects information from local agencies and communities regarding their obesity prevention efforts. Two staff has been identified to focus on obesity in addition to outreach and partnership development for WIC.
8. The state agency communicates directly with local agency staff through conference calls and electronic messages regularly. The WIC Bits E-Newsletter is used to provide local agency staff with monthly updates and to offer them the chance to discuss issues as they arise.

V. Nutrition Services and Administration (NSA) Expenditures

- A. Allocate federal administrative funds to local agencies in an equitable manner for the provision of certification services, nutrition education, breast-feeding promotion, food distribution, and clinic administration. Plans are to assess funding in January to reallocate additional resources if available.
- B. The current system of accounting for WIC local agencies administrative expenditures was revised to provide more accurate means of categorizing and reporting expenditures for client services, general administration, nutrition education and breast-feeding promotion. Any additional grants will be added to the Expenditure Documentation Form as a new column, in order to separate WIC NSA from other USDA funded maternal child health programs.
- C. Continue awarding a higher Administrative Grant Per Participant (AGP) for pregnant women seen within the first trimester. The additional funds will allow the agency staff to schedule more frequent visits for pregnant women.
- D. Provide funding to supplement USDA Peer Counselor funds to support additional Breastfeeding Peer Counselor activities in the state.

VI. Food Funds Management

- A. Continue to project and monitor food fund obligations to make maximum use of the federal food award.
- B. Maintain the food cost savings gained through the Sole Source Infant Formula Rebate Contract with Mead Johnson implemented in February of 2008. Monitor all additional products that would be included in the original Sole Source Rebate Contract during FFY 12. Continue to examine possibilities for food cost containment for food items other than infant formula.
- C. Continue to evaluate the content of all food packages for cost savings and adjust as possible. Using available datum, perform budget analyses of potential food expenditure overages based on market fluctuations in food and transportation costs.

VII. Caseload Management

- A. Through effective caseload management, direct available resources to the highest risk clients and provide information and referrals concerning drug abuse and other available health and social services.
- B. Continue to provide oversight and monitoring of the local agencies providing WIC services; manage caseload activity based on food budget and local agency administrative constraints to effectively provide WIC services to eligible residents and maximize funding that is available.
- C. Maintain the WIC caseload and ensure participants receive nutrition education and supplemental foods monthly.

- D. Work with the University of Illinois-Chicago to identify approaches to address retention of children in the WIC Program.

VIII. Certification, Eligibility, and Coordination of Services

- A. Continue to update the State Policy and Procedure Manual. Following approval from USDA, updates will be made to the appropriate section of the manual and new sections distributed to the local agencies.
- B. An ad hoc Policy Advisory Committee will be meeting in SFY12 to provide guidance and recommendations to the program staff in developing and responding to proposed policy changes to better meet the needs of clients and address issues from the USDA Management Evaluation in 2011. The committee is made up of State, regional and local agency staff.
- C. Continue to administer the Farmers Market Nutrition Program and look for ways to expand it to more sites. During FFY'12, the Illinois WIC Farmers' Market Nutrition Program will provide fresh fruits and vegetables to over 30,000 women and children through Farmers Market coupons redeemable at participating farmers markets in 32 counties.
- D. Continue to monitor compliance of the National Voter Registration Act by local agencies through the Management Evaluation process and collaborative work with the Illinois Board of Elections.
- E. Utilizing the Cornerstone system, enhance coordination and integration between community health programs. An integrated maternal and child health management information system will provide more opportunities for identifying new WIC participants and serving them more efficiently.
- F. Many Illinois local WIC agencies are All Kids approved and trained agents authorized to enroll applicants. The All Kids program offers Illinois' uninsured children comprehensive health care that includes doctor's visits, hospital stays, prescription drugs, vision care, dental care and medical devices like eyeglasses and asthma inhalers. Parents pay monthly premiums for the coverage, but rates for middle-income families are significantly lower than they are on the private market. As a result of local agency efforts and monitoring by the state, approximately 95 percent of WIC recipients are enrolled in All Kids or have health insurance. We will continue to monitor improvements to ensure that all WIC infants and children are provided the opportunity to be enrolled in All Kids.

Local agency WIC Staff who work in an integrated program are able to enroll applicants into All Kids while working in the capacity of State funded program. Staff not in an integrated agency, encourage WIC participants to enroll in the All Kids program and provide referral information.

- G. The Illinois WIC Policy and Procedure Manual is posted on the WIC Web Site within the Illinois Department of Human Services Web Site. Continue to include more information and access for forms as well as maintain the policy manual.

- H. Continue to complete self-evaluation to ensure complete nutrition assessments and appropriate risk factors are assigned with consideration of VENA implementation and the most current FNS Risk Factors.
- I. Provide regular updates (at least quarterly) at WIC Regional Coordinator meetings regarding federal regulations, policy interpretation and policy changes that will assist local WIC providers in the outreach, certification and participant enrollment process.

IX. Food Delivery/F.I. Accountability and Control

- A. Continue to assess the Food Center Project planning for additional needs. In FFY'12 regular meetings will continue with the Food Center's management regarding customer service and WIC Food Packages. A Food Center Advisory Committee continues to meet to ensure services provided through the Food Centers meet the needs of the community as well as comply with State Policy and Federal Regulation.
- B. Continue development and implementation of procurement procedures to ensure that food, supplies and services for the WIC Food Center operations are obtained at the lowest costs possible. Prepare issuance and redemption reporting for Food Center participation to assist in making projections for ordering products that may be new to the food market.
- C. Continue to monitor the accountability of the food instrument production by the contractual service provider who will warehouse and distribute all food instruments and food coupons, including the fruit and vegetable voucher.

X. Monitoring and Audits

- A. Continue to review current management evaluation procedures to ensure proper management of WIC funds.
- B. Continue to assist to coordinate management evaluations of all MCH programs, including WIC.

In FY11 WIC Nutrition Staff will continue to complete the full ME. For some sites this process will take place as a coordinated visit involving a Regional Consultant and a Maternal Child Health Nurse Consultant as well as the Nutritionist. Coordinated visits allow several programs to be reviewed in a short amount of time and provide the agency with a complete picture of their service delivery with minimal interruption.

- C. A team (including WIC Regional Staff) will evaluate agencies receiving funds from DCHP for any program once every three years. A one-page tool will be used to evaluate agency performance in all program areas including WIC.
- D. Continue to monitor the WIC Food Centers by department staff. Conduct a management evaluation of the WIC Food Center Project on a biannual basis.

XI. Civil Rights

The Illinois Coalition for Immigrant and Refugee Rights will continue to provide translation services for the Chicago area in various languages to assist local WIC agencies. Regional state staff will work with all agencies to ensure that the needs for translation services are being met. The Illinois Coalition for Immigrant and Refugee Rights' Outreach and Interpretation Project partners with WIC to ensure resources below are available on the ICIRR website.

Brochures and Fact Sheets - translated into nine languages: Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Spanish, and Vietnamese

IDHS Brochures

1. Temporary Assistance for Needy Families (TANF) Program
2. SNAP Program
3. Aid to the Aged, Blind or Disabled (AABD) Program
4. General Assistance and Transitional Assistance (GA/TA) Program
5. Medicaid
6. Affordable Child Care

WIC Brochures and Documents

1. "Baby's Best Start"
2. "Feeding Children the Correct Message"
3. "Feeding Your Baby"
4. "You Can Make a Difference in Your Child's Life"
5. Integrated Plan for Healthy Outcomes Participant Survey
6. Participants Rights and Responsibilities

WIC Food Package Resources

1. WIC Foods for Breastfeeding Mom and Baby – breast milk only
2. WIC Foods for Breastfeeding Mom and Baby – breast milk and formula
3. WIC Foods for non-Breastfeeding Mom and Baby
4. WIC Foods for Pregnancy
5. WIC Foods for Children
6. Whole Grains
7. Lowfat Milk
8. Buying Fresh Fruits and Vegetables

Fact Sheets on Public Benefits for Immigrants

1. Financial Assistance for Elderly and Disabled Immigrants in Illinois
2. Food Assistance for Immigrants in Illinois
3. Health Care for Immigrants in Illinois

4. “Will Receiving Public Benefits Hurt My Chances for Citizenship or LPR Status?”
 5. Public Assistance for Immigrant Survivors of Domestic Violence in Illinois
 6. Public Assistance for Lawful Permanent Residents
 7. Public Assistance for Refugees and Asylees
 8. Public Assistance for Undocumented Immigrants
- B. We are continuing to address the needs for translation services per FNS Instruction 113-1. A Translation Resource Guide was sent to all local agencies in 2007 and will continue to be updated. Due to the large number of immigrants and refugees in Cook and “Collar” counties, communication and service coordination between WIC providers and resettlement agencies will continue to be encouraged.
- C. Continue to ensure that local agencies provide civil rights training to their staff on an ongoing basis and continue to provide civil rights training to state and local agency staff on an annual basis. Local agencies are required to document civil rights training. Compliance with this requirement is reviewed during the Management Evaluation conducted by regional state staff every two years and technical assistance is provided to address any findings.
- D. The state agency is aware of the problem with under-representation of Hispanic and other minorities in state and local staffing. The state agrees that when vacancies occur, state and local agencies must make an effort to hire individuals that appropriately reflect the ethnic/racial WIC population. Program staff has requested assistance from the Department Office of Hispanic/Latino Affairs in recruitment initiatives.
- E. Continue to distribute the Spanish certification form and participant ID card for use in areas of the state that have a significant non-English speaking population.

Region 1 SFY2012 Trainings																																
Month																																
July	1	2	3	4	5	6	7	PC Call 1-2 pm	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
August	1	PC Supervisor Call 2:15-3:15 pm				6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Counseling Sinai		28	29	30	31	
September	1	2	3	4	5	6	7	8	9	CLC Training Evergreen Park			13	Bridges Hazelcrest		16	17	18	19	20	Coordinator Meeting		23	24	25	26	27	28	29	30		
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
November	1	Chicago BF Coalition Conference				6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	CLS Training Arlington Heights				30		
December	1					6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25					30	31	
January	1	2	3	4	5	6	Coordinator Meeting -Roseland				10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
February	1	2	3	4	5	6					10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

Tenative Region 1 Trainings			
MPF	Counseling	Risk Factor	WIC Coordinator
Sep-2011	Aug-2012	Apr-2012	Jun-2012
Mar-2012			

Region 2 SFY2012 Trainings																																
Month	Days																															
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	State BF Task Force Springfield				26	27	28	29	30	31	
August	1	PC Supervisor Call			5	6	PC Call 1-2 pm		9	10	Statewide Call			14	Coordinator Meeting DeKalb				19	20	21	22	23	24	25	26	27	MPF		29	30	31
September	1	2:15-3:15 pm			5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Counseling			25	26	27	28	29	30		
October	1	2	3	4	5	6	7	8	9	10	11	12	State BF Task Force Lincoln				17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
December	1	2	3	4	5	Counseling		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Coordinator Meeting DeKalb				29	30	31	
January	1	Bridges Kankakee		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Coordinator Meeting DeKalb				29	30	31	
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
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Region 3 SFY2012 Trainings																																
Month	Days																															
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	State BF Task Force Springfield				19	20	21	22	23	24	25	26	27	28	29	30	31	
September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

PC Call
1-2 pm

Coordinator
Call

PC Supervisor
Call
2:15-3:15 pm

Statewide Call

State BF Task Force
Springfield

MPF

Coordinator
Call

Loving Support
BF Conference
Champaign

Coordinator
Call

State BF Task Force
Lincoln

Counseling

Coordinator
Call

Counseling

Region 4 SFY2012 Trainings																														
Month	Days																													
July																														
August																														
September																														
October																														
November																														
December																														
January																														
February																														
March																														
April																														
May																														
June																														

Tenative Region 4 Trainings:	
MPF	Counseling
Apr-2012	May-2012

Region 5 SFY2012 Trainings

Month	Days																																	
July	PC Supervisor Call 2:15-3:15 pm						4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28						
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

I. VENDOR AND FARMER MANAGEMENT

(Please indicate) **State Agency:** Illinois for **FY** 2012

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

A. Vendor Selection and Authorization – 7 CFR 246.4(a)(14)(i), (ii), and (iii): identify the types of food delivery systems used in the State's jurisdiction, describe, if used, the State agency's limiting criteria, describe the State agency's selection criteria, attach a sample vendor agreement. Describe, if applicable, the supervision and instruction the State agency provides to local agencies to which vendor agreement signing has been delegated.

B. Vendor Training – 7 CFR 246.4(a)(14)(xi): describe State and local agency procedures for training WIC Program vendors and farmers and for documenting all relevant training.

C. High-Risk Vendor Identification Systems – 7 CFR 246.12(j)(3): describe the policies and procedures for identifying and monitoring high-risk vendors through the use of vendor peer groups, food instrument and cash-value voucher redemption screening, analysis of overcharging and other violations, the use of price lists, tracking complaints, or other means. *This section may be submitted separately because it is no longer a State Plan requirement but must still be approved by FNS.*

D. Routine Monitoring – 7 CFR 246.4(a)(14)(iv): describe the criteria used to select vendors for routine monitoring as well as the methods and scope of on-site routine monitoring activities. Include any relevant information about the State agency's plans for improvement in the coming year.

E. Compliance Investigations – 7 CFR 246.4(a)(14)(iv): describe the investigative practices and procedures used to conduct both compliance buys and inventory audits for the purpose of detecting, tracking, and documenting vendor noncompliance with program requirements.

F. Vendor Sanction System – 7 CFR 246.4(a)(14)(iii): attach a copy of the State agency's sanction schedule (this should be included in the vendor agreement). Describe, if applicable, any option exercised under § 246.12(l)(1)(i) regarding trafficking convictions.

G. Administrative Review of State Agency Actions – 7 CFR 246.4(a)(14)(iii): describe the procedures for conducting both full and abbreviated administrative reviews.

H. Coordination with the Supplemental Nutrition Assistance Program (SNAP) – 7 CFR 246.4(a)(14)(ii), (a)(14)(iv), and 246.12(h)(3)(xxv): describe the methods and procedures used to coordinate the monitoring and sharing of information on vendors who participate in both the WIC Program and SNAP.

I. Staff Training on Vendor Management – 7 CFR 246.4(a)(14)(ii), (a)(14)(iii), (a)(14)(iv), and (a)(14)(xi): describe the distribution of responsibilities and activities of those individuals at both the State and local levels who are involved in vendor management activities. If applicable, describe the supervision and instruction the State agency provides to local agencies to which vendor management activities have been delegated.

J. Farmer Authorization – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the authorization process.

K. Farmer Agreements – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the State agency's agreement with the farmers and attach a sample farmer agreement.

L. Farmer Training – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the training provided to the authorized farmers.

M. Farmer Monitoring – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the criteria used for selecting farmers for routine monitoring as well as the method(s) and scope of on-site monitoring of the farmers.

N. Farmer Sanctions, Claims, and Appeals – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the farmer sanctions, claims, and appeals and attach a copy of the farmer sanction schedule (which should be included in the farmer agreement as well).

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

1. Number and Distribution of Authorized Vendors

a. The State agency uses limiting criteria to limit the number of vendors it authorizes:

☒ Yes ☐ No

b. If yes, check the type of criteria used:

- ☒ Vendor/participant ratio
- ☐ Vendors/local agency or clinic ratio
- ☐ Vendors/local service area or county ratio
- ☐ Vendors/geographic area (e.g., number per mile, city block, zip code)
- ☐ Vendor/State agency staff ratio
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (cite): (1) reference Illinois Administrative Code Title 77 Chapter X Part 672.200. Further citations will appear as VMC 672.200.

2. Vendor Application Periods

a. The State agency considers applications:

- ☒ On an on-going basis
- ☐ Annually
- ☐ Every two years
- ☐ Every three years
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 772.205 and/or Procedure Manual (cite):

3. Vendor Selection and Authorization

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

- ☒ A competitive price criterion based on:
 - ☒ Vendor applicant price lists
 - ☒ WIC redemption data
 - ☒ A State agency standard drawn from a price survey
 - ☒ A standard drawn from another source
 - ☒ Other (specify): Derived maximum values for individual food items.
- ☒ A minimum variety and quantity of supplemental foods criterion that is:
 - ☒ Statewide
 - ☐ Peer group specific
 - ☒ Other (specify): City of Chicago/rest of the State

- ☒ A business integrity criterion that includes:
 - ☒ No history, during the past six years, among the vendor's owners, officers, or managers of criminal convictions or civil judgments for activities listed in 7 CFR 246.12(g)(3)(iii)
 - ☒ No history of other business-related criminal convictions or civil judgments
 - ☒ Lack of previous WIC sanctions
 - ☒ Lack of a current SNAP disqualification or civil money penalty for hardship
 - ☒ Other (specify): proof of "good standing" for out of state corporation
- ☒ A requirement to obtain infant formula only from sources included in the State agency's list of State licensed infant formula wholesalers, distributors, and retailers and manufacturers registered with the U.S. Food and Drug Administration
- ☐ Stock a full range of foods in addition to WIC supplemental foods
- ☒ A location necessary to ensure adequate participant access
- ☐ Redemption of a minimum number/volume of food instruments and cash-value vouchers
- ☒ Satisfactory compliance with previous vendor agreement
- ☐ Certification by an approved State or local health department
- ☐ Proof of authorization as a SNAP retailer, including SNAP authorization number
- ☐ Hours of operation which meet State criteria (specify): _____
- ☐ Other criteria (specify): _____
- ☐ Not applicable (explain): _____

b. Explain how the State agency uses the competitive price criteria identified in item 3a to select vendors for authorization.
Vendor prices must come in below the average for City of Chicago or the rest of the state as appropriate plus 25%. The 25% increase serves to level the entry field for small stores

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

☒ Yes ☐ No

(2) The State agency has exempted non-profit WIC vendors (other than health or human services agencies that provide food under contract with the State agency) from competitive price criteria.

☐ Yes ☒ No

- c. **The State agency authorizes vendors that derive more than 50 percent of their annual food sales from WIC transactions (i.e., above-50-percent vendors):**

☐ Yes ☒ No

If “Yes,” please respond to the following:

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

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

☐ Yes ☐ No

If yes, does the State agency require above-50-percent vendors to obtain prior State agency approval to provide incentive items to WIC participants?

☐ Yes ☐ No

If yes, does the State agency provide above-50-percent vendors with a list of pre-approved incentive items?

☐ Yes ☐ No

- d. **On-site preauthorization visits are conducted to verify information received during the application process:**

by SA

by LA

☒
☐

☐
☐

For vendors at initial authorization

For all vendors at authorization/reauthorization

- e. **The State agency routinely verifies with the FNS field office information provided by vendor applicants regarding the status of their SNAP retailer authorization.**

☒ Yes ☐ No

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

4. Vendor Peer Groups

If the State agency does not have a vendor peer group system, proceed to item 4e.

- a. **Vendors are assigned to peer groups for selection/authorization:**

☒ Yes ☐ No

b. Vendors are assigned to peer groups for reimbursement purposes:

☒ Yes ☐ No

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

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

d. Using the chart on the next page, describe the peer groupings (e.g., supermarkets, medium and small grocery stores, convenience stores, etc.) that the State agency plans to use during the upcoming fiscal year.

e. The State agency has received an exemption from the vendor peer group system requirement:

☐ Yes ☒ No

(1) If “yes,” the State agency’s exemption was based on documentation that showed that (*check the applicable box*):

- ☐ The State agency had no above-50-percent vendors; or
- ☐ Above-50-percent vendors accounted for less than five percent of the total WIC redemptions.

(2) Based on the latest available data for the current fiscal year (which covers the period from 10/1/09 to 9/30/10), the State agency:

- ☒ Does not have any above-50-percent vendors;
- ☐ Paid above-50-percent vendors _____ percent of the total annual WIC redemptions to date.

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

DESCRIPTION OF VENDOR PEER GROUP SYSTEM

Vendor Peer Groups					Comparable Vendors Peer Group Number (6)
No. (1)	Description (e.g., supermarkets, chain stores, pharmacies) (2)	Number of Vendors in Peer Group			
		Regular Vendors (3)	Above- 50% Vendors (4)	Total (5)	
1	1-2 lanes	527	0	527	
2	3-4 lanes	266	0	266	
3	5-7 lanes	292	0	292	
4	more than 8 lanes	1185	0	1185	

Instructions:

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

Column 2 – Describe the vendors in the peer group.

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

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

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

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

f. How does the State agency assess the effectiveness of its peer group system?

The Department's assessment of peer groups is during new contract periods to determine the importance of each category. The peer group limitations are published in the IL VMC and must be changed by rule amendment.

The State agency makes this assessment—

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

5. Vendor Agreements

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

- ☒ All vendors have a written agreement with the State agency
- ☒ A standard vendor agreement is used statewide
- ☐ Vendor agreements are subject to the State's procurement procedures
- ☐ Vendor agreements/handbooks are subject to the State's Administrative Procedures Act
- ☐ A nonstandard vendor agreement is used for:
 - ☐ Military commissaries
 - ☐ Pharmacies that only provide exempt infant formula and/or WIC-eligible medical foods
 - ☐ All pharmacies
 - ☐ Home food delivery contractors
 - ☐ Mobile stores
 - ☐ Other (specify): _____
- ☒ Vendors are authorized for a period of 1 years
- ☒ Vendors are authorized/reauthorized under renewable agreements, provided no vendor violations occurred during the previous vendor agreement period
- ☒ All vendors are provided at least 15 days advance written notice of the expiration of the vendor agreement
- ☐ Other (specify): _____

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

- ☒ Periodic submission of vendor price lists. If so, specify frequency: Prior to initiation of the contract and via statistically valid random samples of Peer Groups throughout the contract year.
- ☒ Maintenance of records in addition to the required inventory records. If so, specify types of records: reference VMC 672.425.1
- ☐ Submission of food instruments and cash-value vouchers within a shorter timeframe than required by program regulations. If so, specify timeframe: _____
- ☐ Redemption of a minimum number/volume of food instruments and cash-value vouchers
- ☐ Minimum hours of operation
- ☐ Other (specify): _____

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

- ☐ Yes ☒ No

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

Please attach a copy of the Vendor Agreement or provide the appropriate Procedure Manual reference below.

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672 and (2) All parts and Retail Vendor Contract and/or Procedure Manual (cite):

I. VENDOR MANAGEMENT

B. Vendor Training

1. Vendor Training - General

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

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

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

- ☒ On-site (in-store) meetings/conferences
- ☐ Off-site meetings/conferences
- ☒ During routine monitoring visits (e.g., educational buys)
- ☒ When specialized technical assistance is requested
- ☒ Written materials (e.g., newsletters)
- ☐ Audiotapes or videotapes
- ☐ Teleconference or videoconference
- ☒ Vendor hotline
- ☐ State or local agency website
- ☐ Other (specify): _____

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

I. VENDOR MANAGEMENT

B. Vendor Training

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

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

- ☐ Evaluation forms provided with training materials
- ☐ Pre-tests and/or post-tests regarding vendor policies, procedures, and practices
- ☒ Statistical indicators, such as a reduction in food instrument errors
- ☒ Educational buys
- ☒ Record reviews
- ☐ Informal feedback from vendors and/or participants
- ☐ Vendor advisory councils
- ☐ Not applicable
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.300 and/or Procedure Manual (cite):

2. Delegation of Vendor Training

a. The State agency delegates its vendor training to:

- ☐ Its local agencies
- ☒ A contractor
- ☒ A vendor association/representative; specify: reference contracts with IRMA, IFRA and Ross
- ☐ Another State agency; specify: _____
- ☐ Not applicable

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

<u>Times/FY</u>	<u>Activity</u>
<u>1</u>	Provided comprehensive training materials to delegated trainers
<u>1</u>	Provided instruction on vendor training techniques to delegated trainers
<u>1</u>	Monitored performance of delegated trainers to ensure the uniformity and quality of vendor training
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.310 and/or Procedure Manual (cite):

I. VENDOR MANAGEMENT

B. Vendor Training

3. Documents for and Documentation of Vendor Training

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

☒ Yes ☐ No

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

<input type="checkbox"/> Interactive training	<input checked="" type="checkbox"/> Annual training
<input checked="" type="checkbox"/> Educational buys	<input checked="" type="checkbox"/> Monitoring visits
<input checked="" type="checkbox"/> Remedial training	<input type="checkbox"/> Other (specify): _____

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

☐ Yes ☒ No

If yes, provide in Vendor Management Appendix or cite Procedure Manual Reference.

**ADDITIONAL DETAIL: Vendor Management Appendix
and/or Procedure Manual (cite): (1) VMC 672 and (2) All parts Vendor Contract**

I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

1. Vendor Complaints

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

- ☐ No
- ☒ Yes, complaints are received through the following:
- ☒ A toll-free number handled by State agency staff
 - ☒ A standard complaint form which the complainant sends to:
 - ☒ State agency
 - ☒ Local agency or clinic
 - ☐ Other (specify): _____

**ADDITIONAL DETAIL: Vendor Management Appendix
and/or Procedure Manual (cite): IL WIC PPM, FDS-Section 2**

2. Identifying High-Risk Vendors

a. What criteria does the State agency use to identify high-risk vendors:

- ☒ Low-variance
- ☒ High-mean value
- ☐ New vendor
- ☒ Complaints against vendors
- ☐ Other (specify): _____

b. Which high-risk indicators has the State agency found to be most effective?

- ☐ Low-variance
- ☒ High-mean value
- ☐ New vendor
- ☒ Complaints against vendors
- ☐ Other (specify): _____

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Monthly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> No set schedule |
| <input type="checkbox"/> Semiannually | <input checked="" type="checkbox"/> Other (specify): as needed for specific investigations |

d. Check below the type of food instruments and cash-value vouchers used in the high-risk vendor analysis:

- ☒ A full monthly food package for a:
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Woman | <input checked="" type="checkbox"/> Infant | <input checked="" type="checkbox"/> Child |
| <input type="checkbox"/> Other (specify): _____ | | |

I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

- ☒ Standard food instrument type with multiple food items (e.g., milk, cheese, and cereal)
- ☐ Standard food instrument type with a single food item
- ☐ Constructed food instrument (State agencies with nonstandard food instruments)
- ☐ Cash-value vouchers
- ☐ Other (specify): _____

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

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

f. Vendor redemption patterns are generally compared to:

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

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

I. VENDOR MANAGEMENT

D. Routine Monitoring

1. Routine Monitoring Visits

a. Routine monitoring visits are conducted by:

- ☐ State agency staff
- ☐ Local agency staff
- ☒ Other (specify): contract agency

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

- ☒ Check the vendor's inventory of supplemental foods and/or inventory records to determine if the vendor meets the State agency's requirements for the minimum variety and quantity of supplemental foods
- ☐ Check the vendor's inventory of non-supplemental foods and/or inventory records to provide information on whether the vendor is an above-50%-percent vendor
- ☐ Determine whether the vendor accepts forms of payment other than WIC food instruments and cash-value vouchers, such as cash, personal checks, and credit cards, to provide information on whether the vendor is an above-50%-vendor
- ☒ Check the vendor's receipts of infant formula to ensure that the infant formula is obtained only from the State agency's list of infant formula manufacturers registered with the Food and Drug Administration, and infant formula wholesalers, distributors, and retailers licensed under State law
- ☐ If the vendor is an above-50%-percent vendor, check its stock of incentive items to ensure that such items have been approved by the State agency
- ☒ Obtain the vendor's shelf prices and/or validate the vendor's price list
- ☒ Review food instruments and cash-value vouchers in the vendor's possession for vendor violations
- ☐ Compare food instruments in vendor's possession with shelf prices to test for vendor overcharges
- ☒ Observe food instrument and cash-value voucher transactions
- ☒ Conduct an educational buy
- ☒ Interview manager and/or employees
- ☐ Review employee training procedures
- ☐ Conduct annual vendor training or provide vendor with annual training materials
- ☐ Examine the sanitary conditions of the store
- ☒ Other (specify): In addition to checking formula invoices for source during visits state level staff will randomly survey formula sources.

c. Generally, routine monitoring visits are conducted:

- ☐ Annually
- ☐ Twice a year
- ☒ As needed
- ☐ Other (specify): _____

I. VENDOR MANAGEMENT

D. Routine Monitoring

- d. The following procedures are used in determining whether a vendor is selected for a routine monitoring visit (check all that apply):**

- | | |
|---|--|
| <input checked="" type="checkbox"/> Random selection | <input type="checkbox"/> Periodic/scheduled review |
| <input type="checkbox"/> Periodic/scheduled training | <input checked="" type="checkbox"/> Complaints |
| <input checked="" type="checkbox"/> Other (specify): relocation with peer group | |

- e. What percent of vendors received monitoring visits during the past fiscal year?**

- ☒ Less than 5 percent
☐ 5 percent
☐ More than 5 percent

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

1. Investigative Practices

a. The State agency conducts:

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

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

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

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

- ☒ Yes. If yes, please provide the guidelines in the Vendor Management Appendix **or** cite the Procedure Manual reference: Contractual Agency receives training/not public
- ☐ No

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

- ☒ Yes ☐ No

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

- ☒ The State agency compares data on the prevalence of vendor violations detected among high-risk versus non-high-risk vendors.
- ☐ The State agency discards a high-risk vendor identification criterion if compliance investigations of high-risk vendors identified by the criterion result in no vendor violations after _____ months.

I. VENDOR MANAGEMENT

E. Compliance Investigations

- ☐ Investigative procedures and training are reevaluated if compliance investigations of high-risk vendors result in the detection of no vendor violations.
- ☐ Other (specify): _____

e. How many vendors were authorized as of October 1 of the past fiscal year?

1981

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

122

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

122

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

Yes ☒ No ☐

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

125

(The State agency is required by § 246.12(j)(4)(i) to conduct compliance investigations of at least 5 percent of its vendors authorized as of October 1 of each fiscal year, including all high risk vendors up to the 5 percent maximum.)

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.500, 72.505, 672.510

and/or Procedure Manual (cite):

2. Compliance Buys

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

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

b. Compliance buys are usually conducted by:

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

c. Who is responsible for ensuring the proper execution of and follow-up on compliance buys:

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

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

- ☐ Two ☒ Other (specify): 3

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

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

f. The vendor is provided written notification of a violation requiring a pattern of violations in order to sanction the vendor, prior to documenting another violation of the same kind, unless the State agency determines that such notice would compromise the investigation:

- ☒ Yes ☐ No

g. More than one compliance buy visit is needed to detect a pattern of violations:

- ☒ Yes ☐ No

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

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

\$125-175 Cost per compliance buy

☐ Unknown

☐ Not applicable

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

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

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

☐ Vendor has highest risk based on State agency's high-risk identification criteria

☐ Suspicion of vendor exchanging cash for food instruments or cash-value vouchers (trafficking)

☐ Inconclusive compliance buy results

☐ Complaints

☒ Other (specify): Checking possible 50% vendors for proper reporting of Food Stamp eligible foods

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

☐ On-site inventory audits

☒ State agency inventory audits (vendor sends records to State agency)

☐ Local agency inventory audits (vendor sends records to local agency)

☐ Other (specify): _____

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

☒ WIC State agency staff

☐ WIC local agency staff

☐ State investigators

☐ Investigators retained on a contract basis (e.g., Pinkerton's, Wells Fargo)

☐ Other (specify): _____

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

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

☒ Yes ☐ No ☐ Not applicable

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

☒ Yes ☐ No ☐ Not applicable

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

I. VENDOR MANAGEMENT

F. Vendor Sanction System

Please attach and/or reference the location of the State agency's vendor sanction schedule.

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.500, 72.505, 672.510

and/or Procedure Manual (cite):

I. VENDOR MANAGEMENT

G. Administrative Review of State Agency Actions

1. Types of Administrative Reviews

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

Informal Desk Reviews	Abbreviated Admin. Reviews	Full Admin. Reviews	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to competitive price or minimum stocking selection criterion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to business integrity or current SNAP DQ or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial based on limiting criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to State agency selection criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to application outside timeframe
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Application of above-50-percent criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ for WIC violations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ for SNAP CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other WIC sanctions, e.g., fine or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial based on circumvention of sanction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of peer group criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination due ownership change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination due to location change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination due to ceasing operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination for other causes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ for trafficking/illegal sales conviction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ/CMP due to another State agency's mandatory sanction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CMP based on SNAP DQ
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial based on no SNAP authorization

**ADDITIONAL DETAIL: Vendor Management Appendix
and/or Procedure Manual (cite): VMC 672.220, 672.225, and 672.205**

2. Administrative Review Procedures

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

☒ Yes ☐ No

I. VENDOR MANAGEMENT

G. Administrative Review of State Agency Actions

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

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

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

- ☐ WIC local agency
- ☒ WIC State agency
- ☐ State health department
- ☐ Other (specify): _____

c. Administrative reviews are conducted by:

- ☐ Hearing officers
- ☒ Administrative law judges
- ☐ Other (specify): _____

d. The following procedures are followed for administrative reviews:

Abbreviated Admin. Review	Full Admin. Review
--	-----------------------------------

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

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

- ☒ WIC staff person assigned to case
- ☒ WIC State agency vendor manager

I. VENDOR MANAGEMENT

G. Administrative Review of State Agency Actions

- ☐ WIC State agency director
- ☒ Legal counsel (State Attorney General or General Counsel's office)
- ☒ Legal counsel (paid by WIC Program funds)
- ☐ Other (specify): _____

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

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

I. VENDOR MANAGEMENT

H. Coordination with SNAP

1. WIC/SNAP Information Sharing

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

☒ Yes ☐ No

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

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

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

☒ Yes ☐ No

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

☐ Yes (specify): _____
☒ No

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

I. VENDOR MANAGEMENT

I. Staff Training

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

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

2. State agency staff meets with vendor representatives as part of a vendor advisory council:

- ☐ Monthly
☐ Quarterly
☒ Other frequency: **annually**
☐ No vendor advisory council

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

I. VENDOR MANAGEMENT

J. Farmer Authorization

☒ **STATE AGENCY DOES NOT AUTHORIZE FARMERS TO ACCEPT CVVs;
SECTIONS J - N DO NOT APPLY**

1. The State agency authorizes farmers to accept CVVs based on:

- ☐ Authorization by the WIC Farmers' Market Nutrition Program (FMNP)
- ☐ Selection criteria established separately from FMNP

2. If the State agency does not authorize farmers based on FMNP authorization, the selection criteria include (describe):

3. The State agency considers applications:

- ☐ On an on-going basis
- ☐ Annually
- ☐ Every two years
- ☐ Every three years
- ☐ Other (specify): _____

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

I. VENDOR MANAGEMENT

K. Farmer Agreements

1. Agreement periods are for:

- ☐ One year
- ☐ Two years
- ☐ Three years
- ☐ Other (specify): _____

2. Agreements are:

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

3. The following reflect the State agency's vendor agreement practices:

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

4. Agreement provisions include:

- ☐ Assure that the CVV is redeemed only for eligible fruits and vegetables as defined by the State agency
- ☐ Provide eligible fruits and vegetables at the current price or less than the current price charged to other customers
- ☐ Accept the CVV within the dates of their validity and submit such vouchers for payment within the allowable time period established by the State agency
- ☐ Redeem the CVV in accordance with a procedure established by the State agency

I. VENDOR MANAGEMENT

K. Farmer Agreements

- ☐ Accept training on CVV procedures and provide training to any employees with CVV responsibilities on such procedures
- ☐ Agree to be monitored for compliance with program requirements, including both overt and covert monitoring
- ☐ Be accountable for actions of employees in the provision of authorized foods and related activities
- ☐ Pay the State agency for any CVV transacted in violation of this agreement
- ☐ Offer WIC participants, parent or caretakers of child participants or proxies the same courtesies as other customers
- ☐ Neither the State agency nor the farmer has an obligation to renew the agreement.
- ☐ Other (specify): _____

5. The farmer agreement reflects that the farmer must not:

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

Please attach a copy of the Farmer Agreement or provide the appropriate Procedure Manual reference below.

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

J. VENDOR MANAGEMENT

L. Farmer Training

1. Farmer training includes:

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

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

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

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

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

4. The State agency delegates training to:

- ☐ Local agency (specify): _____
- ☐ Contractor (specify): _____
- ☐ Vendor representative (specify): _____
- ☐ Other (specify): _____

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

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

J. VENDOR MANAGEMENT

M. Farmer Monitoring

1. Farmers are included in the:

- ☐ FMNP sample of farmers for monitoring
- ☐ WIC sample of vendors for monitoring

2. Monitoring includes:

- ☐ covert methods, such as compliance buys
- ☐ overt methods, such as routine monitoring

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

J. VENDOR MANAGEMENT

N. Farmer Sanctions, Claims, and Appeals

1. Farmer violations may result in:

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

2. Farmers may administratively appeal:

- ☐ Disqualification
- ☐ Denial of application
- ☐ Other sanction (specify): _____

3. Farmers may not administratively appeal:

- ☐ Expiration of an agreement
- ☐ Claims
- ☐ Other (specify): _____

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

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

I. VENDOR AND FARMER MANAGEMENT

(Please indicate) **State Agency:** Illinois for **FY** 2012

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

A. Vendor Selection and Authorization – 7 CFR 246.4(a)(14)(i), (ii), and (iii): identify the types of food delivery systems used in the State's jurisdiction, describe, if used, the State agency's limiting criteria, describe the State agency's selection criteria, attach a sample vendor agreement. Describe, if applicable, the supervision and instruction the State agency provides to local agencies to which vendor agreement signing has been delegated.

B. Vendor Training – 7 CFR 246.4(a)(14)(xi): describe State and local agency procedures for training WIC Program vendors and farmers and for documenting all relevant training.

C. High-Risk Vendor Identification Systems – 7 CFR 246.12(j)(3): describe the policies and procedures for identifying and monitoring high-risk vendors through the use of vendor peer groups, food instrument and cash-value voucher redemption screening, analysis of overcharging and other violations, the use of price lists, tracking complaints, or other means. *This section may be submitted separately because it is no longer a State Plan requirement but must still be approved by FNS.*

D. Routine Monitoring – 7 CFR 246.4(a)(14)(iv): describe the criteria used to select vendors for routine monitoring as well as the methods and scope of on-site routine monitoring activities. Include any relevant information about the State agency's plans for improvement in the coming year.

E. Compliance Investigations – 7 CFR 246.4(a)(14)(iv): describe the investigative practices and procedures used to conduct both compliance buys and inventory audits for the purpose of detecting, tracking, and documenting vendor noncompliance with program requirements.

F. Vendor Sanction System – 7 CFR 246.4(a)(14)(iii): attach a copy of the State agency's sanction schedule (this should be included in the vendor agreement). Describe, if applicable, any option exercised under § 246.12(l)(1)(i) regarding trafficking convictions.

G. Administrative Review of State Agency Actions – 7 CFR 246.4(a)(14)(iii): describe the procedures for conducting both full and abbreviated administrative reviews.

H. Coordination with the Supplemental Nutrition Assistance Program (SNAP) – 7 CFR 246.4(a)(14)(ii), (a)(14)(iv), and 246.12(h)(3)(xxv): describe the methods and procedures used to coordinate the monitoring and sharing of information on vendors who participate in both the WIC Program and SNAP.

I. Staff Training on Vendor Management – 7 CFR 246.4(a)(14)(ii), (a)(14)(iii), (a)(14)(iv), and (a)(14)(xi): describe the distribution of responsibilities and activities of those individuals at both the State and local levels who are involved in vendor management activities. If applicable, describe the supervision and instruction the State agency provides to local agencies to which vendor management activities have been delegated.

J. Farmer Authorization – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the authorization process.

K. Farmer Agreements – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the State agency's agreement with the farmers and attach a sample farmer agreement.

L. Farmer Training – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the training provided to the authorized farmers.

M. Farmer Monitoring – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the criteria used for selecting farmers for routine monitoring as well as the method(s) and scope of on-site monitoring of the farmers.

N. Farmer Sanctions, Claims, and Appeals – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers to accept cash-value vouchers (CVVs), describe the farmer sanctions, claims, and appeals and attach a copy of the farmer sanction schedule (which should be included in the farmer agreement as well).

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

1. Number and Distribution of Authorized Vendors

a. The State agency uses limiting criteria to limit the number of vendors it authorizes:

☒ Yes ☐ No

b. If yes, check the type of criteria used:

- ☒ Vendor/participant ratio
- ☐ Vendors/local agency or clinic ratio
- ☐ Vendors/local service area or county ratio
- ☐ Vendors/geographic area (e.g., number per mile, city block, zip code)
- ☐ Vendor/State agency staff ratio
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (cite): (1) reference Illinois Administrative Code Title 77 Chapter X Part 672.200. Further citations will appear as VMC 672.200.

2. Vendor Application Periods

a. The State agency considers applications:

- ☒ On an on-going basis
- ☐ Annually
- ☐ Every two years
- ☐ Every three years
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 772.205 and/or Procedure Manual (cite):

3. Vendor Selection and Authorization

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

- ☒ A competitive price criterion based on:
 - ☒ Vendor applicant price lists
 - ☒ WIC redemption data
 - ☒ A State agency standard drawn from a price survey
 - ☒ A standard drawn from another source
 - ☒ Other (specify): Derived maximum values for individual food items.
- ☒ A minimum variety and quantity of supplemental foods criterion that is:
 - ☒ Statewide
 - ☐ Peer group specific
 - ☒ Other (specify): City of Chicago/rest of the State

- ☒ A business integrity criterion that includes:
 - ☒ No history, during the past six years, among the vendor's owners, officers, or managers of criminal convictions or civil judgments for activities listed in 7 CFR 246.12(g)(3)(iii)
 - ☒ No history of other business-related criminal convictions or civil judgments
 - ☒ Lack of previous WIC sanctions
 - ☒ Lack of a current SNAP disqualification or civil money penalty for hardship
 - ☒ Other (specify): proof of "good standing" for out of state corporation
- ☒ A requirement to obtain infant formula only from sources included in the State agency's list of State licensed infant formula wholesalers, distributors, and retailers and manufacturers registered with the U.S. Food and Drug Administration
- ☐ Stock a full range of foods in addition to WIC supplemental foods
- ☒ A location necessary to ensure adequate participant access
- ☐ Redemption of a minimum number/volume of food instruments and cash-value vouchers
- ☒ Satisfactory compliance with previous vendor agreement
- ☐ Certification by an approved State or local health department
- ☐ Proof of authorization as a SNAP retailer, including SNAP authorization number
- ☐ Hours of operation which meet State criteria (specify): _____
- ☐ Other criteria (specify): _____
- ☐ Not applicable (explain): _____

b. Explain how the State agency uses the competitive price criteria identified in item 3a to select vendors for authorization.
Vendor prices must come in below the average for City of Chicago or the rest of the state as appropriate plus 25%. The 25% increase serves to level the entry field for small stores

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

☒ Yes ☐ No

(2) The State agency has exempted non-profit WIC vendors (other than health or human services agencies that provide food under contract with the State agency) from competitive price criteria.

☐ Yes ☒ No

- c. **The State agency authorizes vendors that derive more than 50 percent of their annual food sales from WIC transactions (i.e., above-50-percent vendors):**

☐ Yes ☒ No

If “Yes,” please respond to the following:

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

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

☐ Yes ☐ No

If yes, does the State agency require above-50-percent vendors to obtain prior State agency approval to provide incentive items to WIC participants?

☐ Yes ☐ No

If yes, does the State agency provide above-50-percent vendors with a list of pre-approved incentive items?

☐ Yes ☐ No

- d. **On-site preauthorization visits are conducted to verify information received during the application process:**

by SA

by LA

☒
☐

☐
☐

For vendors at initial authorization

For all vendors at authorization/reauthorization

- e. **The State agency routinely verifies with the FNS field office information provided by vendor applicants regarding the status of their SNAP retailer authorization.**

☒ Yes ☐ No

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

4. Vendor Peer Groups

If the State agency does not have a vendor peer group system, proceed to item 4e.

- a. **Vendors are assigned to peer groups for selection/authorization:**

☒ Yes ☐ No

b. Vendors are assigned to peer groups for reimbursement purposes:

☒ Yes ☐ No

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

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

d. Using the chart on the next page, describe the peer groupings (e.g., supermarkets, medium and small grocery stores, convenience stores, etc.) that the State agency plans to use during the upcoming fiscal year.

e. The State agency has received an exemption from the vendor peer group system requirement:

☐ Yes ☒ No

(1) If “yes,” the State agency’s exemption was based on documentation that showed that (*check the applicable box*):

- ☐ The State agency had no above-50-percent vendors; or
- ☐ Above-50-percent vendors accounted for less than five percent of the total WIC redemptions.

(2) Based on the latest available data for the current fiscal year (which covers the period from 10/1/09 to 9/30/10), the State agency:

- ☒ Does not have any above-50-percent vendors;
- ☐ Paid above-50-percent vendors _____ percent of the total annual WIC redemptions to date.

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

DESCRIPTION OF VENDOR PEER GROUP SYSTEM

Vendor Peer Groups					Comparable Vendors Peer Group Number (6)
No. (1)	Description (e.g., supermarkets, chain stores, pharmacies) (2)	Number of Vendors in Peer Group			
		Regular Vendors (3)	Above- 50% Vendors (4)	Total (5)	
1	1-2 lanes	527	0	527	
2	3-4 lanes	266	0	266	
3	5-7 lanes	292	0	292	
4	more than 8 lanes	1185	0	1185	

Instructions:

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

Column 2 – Describe the vendors in the peer group.

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

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

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

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

f. How does the State agency assess the effectiveness of its peer group system?

The State agency makes this assessment—

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

5. Vendor Agreements

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

- ☒ All vendors have a written agreement with the State agency
- ☒ A standard vendor agreement is used statewide
- ☐ Vendor agreements are subject to the State's procurement procedures
- ☐ Vendor agreements/handbooks are subject to the State's Administrative Procedures Act
- ☐ A nonstandard vendor agreement is used for:
 - ☐ Military commissaries
 - ☐ Pharmacies that only provide exempt infant formula and/or WIC-eligible medical foods
 - ☐ All pharmacies
 - ☐ Home food delivery contractors
 - ☐ Mobile stores
 - ☐ Other (specify): _____
- ☒ Vendors are authorized for a period of 1 years
- ☒ Vendors are authorized/reauthorized under renewable agreements, provided no vendor violations occurred during the previous vendor agreement period
- ☒ All vendors are provided at least 15 days advance written notice of the expiration of the vendor agreement
- ☐ Other (specify): _____

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

- ☒ Periodic submission of vendor price lists. If so, specify frequency: Prior to initiation of the contract and via statistically valid random samples of Peer Groups throughout the contract year.

- ☒ Maintenance of records in addition to the required inventory records. If so, specify types of records: reference VMC 672.425.1
- ☐ Submission of food instruments and cash-value vouchers within a shorter timeframe than required by program regulations. If so, specify timeframe: _____
- ☐ Redemption of a minimum number/volume of food instruments and cash-value vouchers
- ☐ Minimum hours of operation
- ☐ Other (specify): _____

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

- ☐ Yes ☒ No

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

Please attach a copy of the Vendor Agreement or provide the appropriate Procedure Manual reference below.

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672 and (2) All parts and Retail Vendor Contract and/or Procedure Manual (cite):

I. VENDOR MANAGEMENT

B. Vendor Training

1. Vendor Training - General

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

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

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

- ☒ On-site (in-store) meetings/conferences
- ☐ Off-site meetings/conferences
- ☒ During routine monitoring visits (e.g., educational buys)
- ☒ When specialized technical assistance is requested
- ☒ Written materials (e.g., newsletters)
- ☐ Audiotapes or videotapes
- ☐ Teleconference or videoconference
- ☒ Vendor hotline
- ☐ State or local agency website
- ☐ Other (specify): _____

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

I. VENDOR MANAGEMENT

B. Vendor Training

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

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

- ☐ Evaluation forms provided with training materials
- ☐ Pre-tests and/or post-tests regarding vendor policies, procedures, and practices
- ☒ Statistical indicators, such as a reduction in food instrument errors
- ☒ Educational buys
- ☒ Record reviews
- ☐ Informal feedback from vendors and/or participants
- ☐ Vendor advisory councils
- ☐ Not applicable
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.300 and/or Procedure Manual (cite):

2. Delegation of Vendor Training

a. The State agency delegates its vendor training to:

- ☐ Its local agencies
- ☒ A contractor
- ☒ A vendor association/representative; specify: reference contracts with IRMA, IFRA and Ross
- ☐ Another State agency; specify: _____
- ☐ Not applicable

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

<u>Times/FY</u>	<u>Activity</u>
<u>1</u>	Provided comprehensive training materials to delegated trainers
<u>1</u>	Provided instruction on vendor training techniques to delegated trainers
<u>1</u>	Monitored performance of delegated trainers to ensure the uniformity and quality of vendor training
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Other (specify): _____

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.310 and/or Procedure Manual (cite):

I. VENDOR MANAGEMENT

B. Vendor Training

3. Documents for and Documentation of Vendor Training

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

☒ Yes ☐ No

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

<input type="checkbox"/> Interactive training	<input checked="" type="checkbox"/> Annual training
<input checked="" type="checkbox"/> Educational buys	<input checked="" type="checkbox"/> Monitoring visits
<input checked="" type="checkbox"/> Remedial training	<input type="checkbox"/> Other (specify): _____

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

☐ Yes ☒ No

If yes, provide in Vendor Management Appendix or cite Procedure Manual Reference.

**ADDITIONAL DETAIL: Vendor Management Appendix
and/or Procedure Manual (cite): (1) VMC 672 and (2) All parts Vendor Contract**

I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

1. Vendor Complaints

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

- ☐ No
- ☒ Yes, complaints are received through the following:
- ☒ A toll-free number handled by State agency staff
 - ☒ A standard complaint form which the complainant sends to:
 - ☒ State agency
 - ☒ Local agency or clinic
 - ☐ Other (specify): _____

**ADDITIONAL DETAIL: Vendor Management Appendix
and/or Procedure Manual (cite): IL WIC PPM, FDS-Section 2**

2. Identifying High-Risk Vendors

a. What criteria does the State agency use to identify high-risk vendors:

- ☒ Low-variance
- ☒ High-mean value
- ☐ New vendor
- ☒ Complaints against vendors
- ☐ Other (specify): _____

b. Which high-risk indicators has the State agency found to be most effective?

- ☐ Low-variance
- ☒ High-mean value
- ☐ New vendor
- ☒ Complaints against vendors
- ☐ Other (specify): _____

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Monthly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> No set schedule |
| <input type="checkbox"/> Semiannually | <input checked="" type="checkbox"/> Other (specify): as needed for specific investigations |

d. Check below the type of food instruments and cash-value vouchers used in the high-risk vendor analysis:

- ☒ A full monthly food package for a:
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Woman | <input checked="" type="checkbox"/> Infant | <input checked="" type="checkbox"/> Child |
| <input type="checkbox"/> Other (specify): _____ | | |

I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

- ☒ Standard food instrument type with multiple food items (e.g., milk, cheese, and cereal)
- ☐ Standard food instrument type with a single food item
- ☐ Constructed food instrument (State agencies with nonstandard food instruments)
- ☐ Cash-value vouchers
- ☐ Other (specify): _____

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

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

f. Vendor redemption patterns are generally compared to:

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

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

I. VENDOR MANAGEMENT

D. Routine Monitoring

1. Routine Monitoring Visits

a. Routine monitoring visits are conducted by:

- ☐ State agency staff
- ☐ Local agency staff
- ☒ Other (specify): contract agency

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

- ☒ Check the vendor's inventory of supplemental foods and/or inventory records to determine if the vendor meets the State agency's requirements for the minimum variety and quantity of supplemental foods
- ☐ Check the vendor's inventory of non-supplemental foods and/or inventory records to provide information on whether the vendor is an above-50%-percent vendor
- ☐ Determine whether the vendor accepts forms of payment other than WIC food instruments and cash-value vouchers, such as cash, personal checks, and credit cards, to provide information on whether the vendor is an above-50%-vendor
- ☒ Check the vendor's receipts of infant formula to ensure that the infant formula is obtained only from the State agency's list of infant formula manufacturers registered with the Food and Drug Administration, and infant formula wholesalers, distributors, and retailers licensed under State law
- ☐ If the vendor is an above-50%-percent vendor, check its stock of incentive items to ensure that such items have been approved by the State agency
- ☒ Obtain the vendor's shelf prices and/or validate the vendor's price list
- ☒ Review food instruments and cash-value vouchers in the vendor's possession for vendor violations
- ☐ Compare food instruments in vendor's possession with shelf prices to test for vendor overcharges
- ☒ Observe food instrument and cash-value voucher transactions
- ☒ Conduct an educational buy
- ☒ Interview manager and/or employees
- ☐ Review employee training procedures
- ☐ Conduct annual vendor training or provide vendor with annual training materials
- ☐ Examine the sanitary conditions of the store
- ☒ Other (specify): In addition to checking formula invoices for source during visits state level staff will randomly survey formula sources.

c. Generally, routine monitoring visits are conducted:

- ☐ Annually
- ☐ Twice a year
- ☒ As needed
- ☐ Other (specify): _____

I. VENDOR MANAGEMENT

D. Routine Monitoring

- d. The following procedures are used in determining whether a vendor is selected for a routine monitoring visit (check all that apply):**

- | | |
|---|--|
| <input checked="" type="checkbox"/> Random selection | <input type="checkbox"/> Periodic/scheduled review |
| <input type="checkbox"/> Periodic/scheduled training | <input checked="" type="checkbox"/> Complaints |
| <input checked="" type="checkbox"/> Other (specify): relocation with peer group | |

- e. What percent of vendors received monitoring visits during the past fiscal year?**

- ☒ Less than 5 percent
☐ 5 percent
☐ More than 5 percent

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

1. Investigative Practices

a. The State agency conducts:

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

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

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

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

- ☒ Yes. If yes, please provide the guidelines in the Vendor Management Appendix **or** cite the Procedure Manual reference: Contractual Agency receives training/not public
- ☐ No

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

- ☒ Yes ☐ No

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

- ☒ The State agency compares data on the prevalence of vendor violations detected among high-risk versus non-high-risk vendors.
- ☐ The State agency discards a high-risk vendor identification criterion if compliance investigations of high-risk vendors identified by the criterion result in no vendor violations after _____ months.

I. VENDOR MANAGEMENT

E. Compliance Investigations

- ☐ Investigative procedures and training are reevaluated if compliance investigations of high-risk vendors result in the detection of no vendor violations.
- ☐ Other (specify): _____

e. How many vendors were authorized as of October 1 of the past fiscal year?

1981

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

122

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

122

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

Yes ☒ No ☐

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

125

(The State agency is required by § 246.12(j)(4)(i) to conduct compliance investigations of at least 5 percent of its vendors authorized as of October 1 of each fiscal year, including all high risk vendors up to the 5 percent maximum.)

ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.500, 72.505, 672.510

and/or Procedure Manual (cite):

2. Compliance Buys

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

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

b. Compliance buys are usually conducted by:

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

c. Who is responsible for ensuring the proper execution of and follow-up on compliance buys:

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

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

- ☐ Two ☒ Other (specify): 3

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

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

f. The vendor is provided written notification of a violation requiring a pattern of violations in order to sanction the vendor, prior to documenting another violation of the same kind, unless the State agency determines that such notice would compromise the investigation:

- ☒ Yes ☐ No

g. More than one compliance buy visit is needed to detect a pattern of violations:

- ☒ Yes ☐ No

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

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

\$125-175 Cost per compliance buy

☐ Unknown

☐ Not applicable

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

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

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

☐ Vendor has highest risk based on State agency's high-risk identification criteria

☐ Suspicion of vendor exchanging cash for food instruments or cash-value vouchers (trafficking)

☐ Inconclusive compliance buy results

☐ Complaints

☒ Other (specify): Checking possible 50% vendors for proper reporting of Food Stamp eligible foods

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

☐ On-site inventory audits

☒ State agency inventory audits (vendor sends records to State agency)

☐ Local agency inventory audits (vendor sends records to local agency)

☐ Other (specify): _____

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

☒ WIC State agency staff

☐ WIC local agency staff

☐ State investigators

☐ Investigators retained on a contract basis (e.g., Pinkerton's, Wells Fargo)

☐ Other (specify): _____

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

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

☒ Yes ☐ No ☐ Not applicable

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

☒ Yes ☐ No ☐ Not applicable

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

I. VENDOR MANAGEMENT

F. Vendor Sanction System

Please attach and/or reference the location of the State agency's vendor sanction schedule.

**ADDITIONAL DETAIL: Vendor Management Appendix (1) VMC 672.500, 72.505,
672.510**

and/or Procedure Manual (cite):

I. VENDOR MANAGEMENT

G. Administrative Review of State Agency Actions

1. Types of Administrative Reviews

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

Informal Desk Reviews	Abbreviated Admin. Reviews	Full Admin. Reviews	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to competitive price or minimum stocking selection criterion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to business integrity or current SNAP DQ or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial based on limiting criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to State agency selection criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to application outside timeframe
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Application of above-50-percent criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ for WIC violations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ for SNAP CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other WIC sanctions, e.g., fine or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial based on circumvention of sanction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of peer group criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination due ownership change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination due to location change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination due to ceasing operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination for other causes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ for trafficking/illegal sales conviction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DQ/CMP due to another State agency's mandatory sanction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CMP based on SNAP DQ
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denial based on no SNAP authorization

**ADDITIONAL DETAIL: Vendor Management Appendix
and/or Procedure Manual (cite): VMC 672.220, 672.225, and 672.205**

2. Administrative Review Procedures

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

☒ Yes ☐ No

I. VENDOR MANAGEMENT

G. Administrative Review of State Agency Actions

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

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

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

- ☐ WIC local agency
- ☒ WIC State agency
- ☐ State health department
- ☐ Other (specify): _____

c. Administrative reviews are conducted by:

- ☐ Hearing officers
- ☒ Administrative law judges
- ☐ Other (specify): _____

d. The following procedures are followed for administrative reviews:

Abbreviated Admin. Review	Full Admin. Review
--	-----------------------------------

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

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

- ☒ WIC staff person assigned to case
- ☒ WIC State agency vendor manager

I. VENDOR MANAGEMENT

G. Administrative Review of State Agency Actions

- ☐ WIC State agency director
- ☒ Legal counsel (State Attorney General or General Counsel's office)
- ☒ Legal counsel (paid by WIC Program funds)
- ☐ Other (specify): _____

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

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

I. VENDOR MANAGEMENT

H. Coordination with SNAP

1. WIC/SNAP Information Sharing

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

☒ Yes ☐ No

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

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

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

☒ Yes ☐ No

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

☐ Yes (specify): _____
☒ No

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

I. VENDOR MANAGEMENT

I. Staff Training

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

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

2. State agency staff meets with vendor representatives as part of a vendor advisory council:

☐ Monthly
☐ Quarterly
☒ Other frequency: **annually**
☐ No vendor advisory council

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

I. VENDOR MANAGEMENT

J. Farmer Authorization

☒ **STATE AGENCY DOES NOT AUTHORIZE FARMERS TO ACCEPT CVVs;
SECTIONS J - N DO NOT APPLY**

1. The State agency authorizes farmers to accept CVVs based on:

- ☐ Authorization by the WIC Farmers' Market Nutrition Program (FMNP)
- ☐ Selection criteria established separately from FMNP

2. If the State agency does not authorize farmers based on FMNP authorization, the selection criteria include (describe):

3. The State agency considers applications:

- ☐ On an on-going basis
- ☐ Annually
- ☐ Every two years
- ☐ Every three years
- ☐ Other (specify): _____

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

I. VENDOR MANAGEMENT

K. Farmer Agreements

1. Agreement periods are for:

- ☐ One year
- ☐ Two years
- ☐ Three years
- ☐ Other (specify): _____

2. Agreements are:

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

3. The following reflect the State agency's vendor agreement practices:

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

4. Agreement provisions include:

- ☐ Assure that the CVV is redeemed only for eligible fruits and vegetables as defined by the State agency
- ☐ Provide eligible fruits and vegetables at the current price or less than the current price charged to other customers
- ☐ Accept the CVV within the dates of their validity and submit such vouchers for payment within the allowable time period established by the State agency
- ☐ Redeem the CVV in accordance with a procedure established by the State agency

I. VENDOR MANAGEMENT

K. Farmer Agreements

- ☐ Accept training on CVV procedures and provide training to any employees with CVV responsibilities on such procedures
- ☐ Agree to be monitored for compliance with program requirements, including both overt and covert monitoring
- ☐ Be accountable for actions of employees in the provision of authorized foods and related activities
- ☐ Pay the State agency for any CVV transacted in violation of this agreement
- ☐ Offer WIC participants, parent or caretakers of child participants or proxies the same courtesies as other customers
- ☐ Neither the State agency nor the farmer has an obligation to renew the agreement.
- ☐ Other (specify): _____

5. The farmer agreement reflects that the farmer must not:

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

Please attach a copy of the Farmer Agreement or provide the appropriate Procedure Manual reference below.

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

J. VENDOR MANAGEMENT

L. Farmer Training

1. Farmer training includes:

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

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

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

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

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

4. The State agency delegates training to:

- ☐ Local agency (specify): _____
- ☐ Contractor (specify): _____
- ☐ Vendor representative (specify): _____
- ☐ Other (specify): _____

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

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

J. VENDOR MANAGEMENT

M. Farmer Monitoring

1. Farmers are included in the:

- ☐ FMNP sample of farmers for monitoring
- ☐ WIC sample of vendors for monitoring

2. Monitoring includes:

- ☐ covert methods, such as compliance buys
- ☐ overt methods, such as routine monitoring

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

J. VENDOR MANAGEMENT

N. Farmer Sanctions, Claims, and Appeals

1. Farmer violations may result in:

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

2. Farmers may administratively appeal:

- ☐ Disqualification
- ☐ Denial of application
- ☐ Other sanction (specify): _____

3. Farmers may not administratively appeal:

- ☐ Expiration of an agreement
- ☐ Claims
- ☐ Other (specify): _____

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

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

II. NUTRITION SERVICES

(Please indicate) State Agency: IL for FY 12

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies are encouraged to refer to the quality WIC Nutrition Services Standards, available on the www.nal.usda.gov/wicworks for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS). (Questions on Dietary Assessment can be found in VIII, Certification, Eligibility and Coordination.)

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

B. Food Package Design - 246.10 (c)(1-3); (e)(1-12): describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

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

NUTRITION SERVICES

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ a needs assessment
☒ goals and objectives for participants
☒ evaluation/follow-up
☐ other (list): _____

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

☐ quarterly or annually written reports
☒ year-end summary report
☒ annual local agency reviews
☐ other (specify): _____

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

☒ Yes ☐ No

ADDITIONAL DETAIL: Nutrition Services Appendix
and/or Procedure Manual (citation): IL WIC PPM NE policies reflect the revised definition of "nutrition education."

NUTRITION SERVICES

A. Nutrition Education

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

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

☒ Yes ☐ No

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

- ☒ State-developed questionnaire issued by local agencies
☐ Locally-developed questionnaires (need approval by SA: ☐ Yes ☐ No)
☐ State-developed questionnaire issued by State agency
☐ Focus groups
☐ Other (specify): _____

c. Results of participant views are:

- ☐ used in the development of the State Plan
☒ used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
☐ other (specify): _____

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

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

a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child

NUTRITION SERVICES

A. Nutrition Education

participants themselves at least two (≥ 2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:

- ☐ local agency addresses in annual nutrition education plan
- ☒ state nutrition staff monitoring annually during local agency reviews
- ☐ local agency providing periodic reports to State agency
- ☒ other (specify): monthly report prints automatically every month

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> pregnant women | <input checked="" type="checkbox"/> breastfeeding women |
| <input checked="" type="checkbox"/> postpartum women | <input checked="" type="checkbox"/> infants |
| <input checked="" type="checkbox"/> children | <input checked="" type="checkbox"/> high-risk participants |

The minimum nutrition education standards address:

- | | |
|--|---|
| <input checked="" type="checkbox"/> number of contacts | <input checked="" type="checkbox"/> documentation |
| <input checked="" type="checkbox"/> protocols | <input checked="" type="checkbox"/> referrals |
| <input checked="" type="checkbox"/> breastfeeding promotion and support | <input checked="" type="checkbox"/> care plans |
| <input checked="" type="checkbox"/> information on drug and other harmful substance abuse | |
| <input checked="" type="checkbox"/> counseling methods/teaching strategies | |
| <input type="checkbox"/> content (WIC appropriate topics) | |
| <input checked="" type="checkbox"/> nutrition topics relevant to participant assessment | |
| <input checked="" type="checkbox"/> appropriate use of educational reinforcements (videos, brochures, posters, etc.) | |

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

- ☒ face-to-face, individually or group
- ☒ online/Internet
- ☐ telephone
- ☒ food demonstration
- ☒ a delivery method performed by other agencies, i.e., EFNEP
- ☐ other (specify):

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

- ☒ individual nutrition education contacts tailored to the participant's needs.
- ☒ group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- ☐ other (specify):

NUTRITION SERVICES

A. Nutrition Education

e. An individual care plan is provided based on:

- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | nutritional risk | <input checked="" type="checkbox"/> | CPA discretion |
| <input checked="" type="checkbox"/> | priority level | <input checked="" type="checkbox"/> | participant request |
| <input checked="" type="checkbox"/> | healthcare provider's prescription | <input checked="" type="checkbox"/> | other: |

f. Individual care plans developed include the following components:

- | Must Include | May Include |
|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> individualized food package |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> identification of nutrition-related problems |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> nutrition education and breastfeeding support |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> a plan for follow-up |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> referrals |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> timeframes for completing action plan |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> documentation of completing action plan |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> a practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families |
| <input type="checkbox"/> | <input type="checkbox"/> other (specify): |

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

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

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

- ☐ No
- ☒ Yes (If yes, check the applicable conditions below):
- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | proxy is spouse/significant other |
| <input checked="" type="checkbox"/> | proxy is parent of adolescent prenatal participant |
| <input checked="" type="checkbox"/> | proxy is neighbor |
| <input type="checkbox"/> | only for certain priorities (specify): |
| <input type="checkbox"/> | other (specify): |

NUTRITION SERVICES

A. Nutrition Education

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

☐

No

☒

Yes (If yes, check the applicable conditions below):

☒

proxy is grandparent or legal guardian of infant or child participant

☒

proxy is neighbor

☐

only for certain priorities (specify):

☐

other (specify):

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

NUTRITION SERVICES

A. Nutrition Education

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

Sharing material with the Child and Adult Care Food Program (CACFP) as part of the Healthy, Hunger-Free Kids Act of 2010: *A State agency may allow the local agencies or clinics under the State agency to share nutrition educational materials with institutions participating in the Child and Adult Care Food Program at no cost to that program, if a written materials sharing agreement exists between the relevant agencies.*

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

	English	Spanish	Other languages (specify):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brochures for Infant Nutrition have been translated into nine different languages: Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Spanish and Vietnamese.
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brochures for Child Nutrition have been translated into nine different languages: Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Spanish and Vietnamese.

NUTRITION SERVICES

A. Nutrition Education

Nutritional needs of homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutritional needs of migrant farmworkers & their families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional needs of Teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

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

<input checked="" type="checkbox"/> content	<input checked="" type="checkbox"/> reading level/language	<input checked="" type="checkbox"/> graphic design
<input checked="" type="checkbox"/> cultural relevance	<input type="checkbox"/> Other: _____	

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

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

NUTRITION SERVICES

A. Nutrition Education

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

☐ Yes ☒ No

- d. If planning to share materials, State agency established a written materials sharing agreement between the relevant agencies to allow local agencies to share nutrition educational materials with institutions participating in the Child and Adult Care Food Program at no cost to that program.**

☐ Yes ☒ No

ADDITIONAL DETAIL: Nutrition Services Appendix

and/or Procedure Manual (citation):no agreement for materials is needed as they are available on-line at no cost.

5. Nutrition Education Needs of Special Populations

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

<u>M</u>	<u>H</u>	<u>S</u>	<u>B</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	providing nutrition education materials appropriate to this population and language needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	providing nutrition curriculum or care guidelines specific to this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	requiring local agencies who serve this population to address its special needs in local agency nutrition education plans
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	arranging for special training of local agency personnel who work with this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	distributing resource materials related to this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	encouraging WIC local agencies to network with one another
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coordinating at the State and local levels with agencies who serve this population
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify): _____

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

NUTRITION SERVICES

A. Nutrition Education

6. Breastfeeding Promotion and Support Plan

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

- ☒ activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- ☒ identification of breastfeeding promotion and support materials
- ☒ procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, breastshells, nursing supplementers, and nursing pads and bras).
- ☒ training for State/local agency staff.
- ☒ designating roles and responsibilities of staff
- ☒ evaluation of breastfeeding promotion and support activities
- ☐ other (specify):

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

- ☒ a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- ☒ a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- ☒ a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- ☒ a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- ☒ participant assessment
- ☒ food package prescription
- ☒ data collection
- ☒ referral criteria
- ☒ peer counseling
- ☐ other (specify):
- ☐ other (specify):

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

7. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components:

a. An appropriate definition of peer counselor defined as follows: paraprofessional; recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic

- ☒ Yes ☐ No

NUTRITION SERVICES

A. Nutrition Education

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

- ☒ Define settings for peer counseling service delivery
- ☒ Home (peer counselor makes telephone calls from home)
- ☒ Participant's home (peer counselor makes home visits)
- ☒ Clinic
- ☒ Hospital
- ☒ Define frequency of client contacts
- ☒ Define procedures for making referrals

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

- ☒ documentation of client contacts
- ☒ referral protocols
- ☒ confidentiality
- ☐ other, (specify)

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

- ☒ regular, systematic contact with peer counselor
- ☒ regular, systematic review of peer counselor contact logs
- ☒ regular, systematic review of peer counselor contact documentation
- ☒ spot checks

NUTRITION SERVICES

A. Nutrition Education

☐ other, (specify)

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

- ☒ breastfeeding coalitions
- ☐ businesses
- ☒ community organizations
- ☐ cooperative extension
- ☒ La Leche League
- ☒ hospitals
- ☒ home visiting programs
- ☒ private clinics
- ☐ other, (specify)

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

- ☒ timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- ☒ regular contact with supervisor
- ☒ participation in clinic staff meetings as part of WIC team
- ☒ opportunities to meet regularly with other peer counselors
- ☒ other, (specify) Regular statewide Peer Counselor conference calls

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

- ☒ standardized training using *Loving Support through Peer Counseling* curriculum
- ☒ ongoing training at regularly scheduled meetings
- ☐ home study
- ☐ opportunities to "shadow" or observe lactation experts and other peer counselors
- ☒ training/experience to become senior level peer counselors, IBCLC, etc.)
- ☐ other, (specify)

l. Attach a copy of an updated line item budget, with written narrative, demonstrating how peer counseling funds are being used for approved peer counseling activities.

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

II. NUTRITION SERVICES

B. Food Package Design

1. Authorized WIC-Eligible Foods

a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Federal regulatory requirements | <input type="checkbox"/> nutritional value |
| <input checked="" type="checkbox"/> participant acceptance | <input checked="" type="checkbox"/> cost |
| <input checked="" type="checkbox"/> statewide availability | <input checked="" type="checkbox"/> participant/client request |
| <input type="checkbox"/> healthcare provider request | <input type="checkbox"/> other (specify): |

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

☐ Yes ☒ No

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

d. WIC Formulas:

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

(4) The State agency requires medical documentation for WIC eligible medical foods.

☐ Yes ☒ No

e. Rounding:

NUTRITION SERVICES
B. Food Package Design

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

f. Check below as applicable to best describe the State agency's policies on issuing these formulas. All of the formulas below are required by the Federal regulations to have medical documentation for issuance purposes:

Ready-to feed	Low-iron; low-calorie; high calorie formulas	Non- contract infant formula	Exempt/ WIC-eligible medical foods	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not authorized by the State agency
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only authorized for specific diseases/ conditions identified by State agency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State agency approval required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

NUTRITION SERVICES

B. Food Package Design

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

☒ Yes

☐ No

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

☒ Yes

☐ No

i. State agency authorizes local agencies to issue a non-contract brand infant formula that meets requirements without medical documentation in order to meet religious eating patterns:

☐ Yes

☒ No

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

2. Nutrition Tailoring

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

Yes

No

☒☐

Pregnant women/Partially Breastfeeding

☒☐

Fully Breastfeeding women

☒☐

Postpartum, non-breastfeeding women

☒☐

Infants 0-5 months

☒☐

Infants 6-11 months

☒☐

Children

☐☒

State agency does not have standard (i.e., pre-tailored) food packages

b. If the WIC food packages do not provide the maximum amount for every food in accordance with the Federal WIC regulations at Section 246.10, then the State agency specifies participant categories receiving an individually tailored package.

Individual tailoring

Pregnant women/Partially Breastfeeding

Fully Breastfeeding women

Postpartum, non-breastfeeding women

Infants

Children

Other:

☐☐☐☐☐☐

NUTRITION SERVICES

B. Food Package Design

c. The State agency provides a specially tailored package for:

- ☒ Women/children with special dietary needs
- ☒ Homeless individuals
- ☐ Residents of institutions
- ☐ Other (specify):

Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual reference below.

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

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

- ☐ does not develop nutrition tailoring policies
- ☒ develops based on (check all that apply):
 - ☒ category
 - ☒ age
 - ☒ nutrition risk/nutrition need
 - ☐ priority
 - ☒ participant preference
 - ☒ household condition
 - ☐ administrative concerns
 - ☐ other (specify):

e. The State agency allows local agencies to develop specific tailoring guidelines.

- ☐ Yes ☒ No

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

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

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

NUTRITION SERVICES

B. Food Package Design

3. Prescribing Packages

a. Individuals allowed to prescribe food packages:

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

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

II. NUTRITION SERVICES

C. Staff Training

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

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

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

III. INFORMATION SYSTEM (IS)

(Please indicate) State Agency: IL for FY 12

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

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

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

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

III. INFORMATION SYSTEM (IS)

A. System Planning and Operation

1. ADP System Planning

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

- | | |
|---|---|
| <input type="checkbox"/> Title IVa (TANF) | <input type="checkbox"/> Title XIX (Medicaid) |
| <input type="checkbox"/> Title V (MCH) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other (specify): |

If no, the WIC State agency has its own plan for ADP utilization

- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

- b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services

- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

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

2. System Documentation

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

- | |
|--|
| <input checked="" type="checkbox"/> USDA/FNS Computer Security Policy Handbook No. 701 |
| <input checked="" type="checkbox"/> USDA/FNS ADP Security Guide |
| <input type="checkbox"/> Other (specify): |

- b. The State agency's overall ADP system documentation includes (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> a general design | <input checked="" type="checkbox"/> a detailed design |
| <input checked="" type="checkbox"/> user's manual | <input checked="" type="checkbox"/> maintenance manual |
| <input checked="" type="checkbox"/> method for updating documentation for system changes/modifications | |

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

III. INFORMATION SYSTEM (IS)

A. System Planning and Operation

3. Automated Data Processing Services

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

<u>Function</u>	<u>Performed SA/LA Staff</u>	<u>Contracted to Outside Firm (specify co. name):</u>
Data entry	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Food instrument production	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Management reports	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Feasibility study	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
APD development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
ADP system hardware operation	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Custom software development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Custom software maintenance	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Printing forms/FIs	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<u>CSC/Subcontractor</u>
Backup computer facility	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Other (specify): _____	<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	_____

- b. The State agency has a blanket purchase agreement in effect (check all that apply):

☒ equipment ☐ services ☐ software

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

☒ Yes ☐ No

- d. The State agency periodically reviews system costs billing

☒ Yes ☐ No

- e. The State agency acquires banking services through:

☐ competitive bids among banks within the State
☒ competitive bids among in-State and out-of-State banks
☐ use of State agency designated bank
☐ other:

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

4. System Security/Data Confidentiality

III. INFORMATION SYSTEM (IS)

A. System Planning and Operation

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

- ☒ there is a separate organizational area/individual to control access to tapes, diskpacks, etc.
- ☒ access to WIC Program data files is controlled through password access or similar control
- ☒ operational personnel are limited to only those jobs for which they are responsible
- ☒ passwords are protected
- ☒ passwords are changed periodically
- ☒ the system access procedures are audited at least once a year
- ☒ procedures are implemented for removing passwords, ID's etc. when personnel leave
- ☒ Biennial security reviews are performed by KPMG/varies with bidder IAG RFP
- ☒ Periodic risk assessments are performed by DHS MIS Security
- ☐ Other (specify):

- b. To ensure that file storage and backup hardware procedures are sufficient to allow the system to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):**

- ☒ backup copies of files and program are stored off-site in a secure location
- ☒ backup copies are kept up-to-date
- ☐ there is an agreement with another processing unit with compatible hardware to provide services in an emergency
- ☒ a contingency plan is in place in the event of service interruption
- ☐ a recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility
- ☐ other (specify):

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

5. Description of IS changes that occurred in the past year: Changes were made to improve documentation by breastfeeding peer counselors. Revision 10 Risk Factors were implemented. Class rosters for group education were enhanced to improve documentation by session leaders. Multiple formula changes were made as manufacturers changed can sizes/labels. Canned beans were added to food packages.

6. Description of IS changes planned for the upcoming year. The process for gaining full access to WIC screens is being automated and will include a approval/denial process from State staff. The most recent risk factors will likely be implemented. Security of social security numbers is being discussed and will be addressed. Discussions have begun to convert the current, food package based system to an item based system to allow individual tailoring. Additional flexibility is needed in programming the food items in order to keep up with the changing market.

III. INFORMATION SYSTEM (IS)

B. Participant Characteristics

Minimum Data Set

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

REQUIRED:

Participant Characteristics Minimum Data Set

State Agency IS Collects:

- ☒ State Agency ID. A unique number that permits linkage to the WIC State agency where the participant was certified.
- ☒ Local Agency ID. A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.
- or**
- ☒ Service Site ID. A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.
- ☒ **Case ID. A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's IS for the individual.)** Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.
- ☒ Client Date of Birth: Month, day and year of participant's birth reported in MMDDYYYY format.
- ☒ Client Race/Ethnicity. The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.
- ☒ Certification Category. The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

III. INFORMATION SYSTEM (IS)

B. Participant Characteristics

Minimum Data Set

- ☒ Expected Date of Delivery or Weeks Gestation. For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.
- ☒ Date of Certification. The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.
- ☒ Sex. For infants and children, male or female.
- ☒ Priority Level. Participant priority level for WIC Program certification
- ☒ Participation in TANF, SNAP, Medicaid. The participant's reported participation in each of these programs at the time of the most recent WIC Program certification
- ☒ Migrant Status. Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).
- ☒ Number in Family/Household or Economic Unit. The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).
- ☒ Family/Household or Economic Unit Income. For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).

Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.
- ☒ Nutrition Risks Present at Certification. Up to 10 highest priority nutritional risks present at the WIC Program certification.
- ☒ Hemoglobin or Hematocrit. That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.

III. INFORMATION SYSTEM (IS)

B. Participant Characteristics

Minimum Data Set

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

III. INFORMATION SYSTEM (IS)

B. Participant Characteristics Supplemental Data Set

OPTIONAL: Supplemental Data Set

State Agency IS:
Collects Plans to
Collect

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Date of First WIC Certification: Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Educational Level: For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Number in Family/Household on WIC: The number of people in the participant's family/household receiving WIC benefits. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Date Previous Pregnancy Ended: For pregnant women, the date previous pregnancy ended in MMDDYYYY format. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Total Number of Pregnancies: For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Total Number of Live Births: For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Pre-pregnancy Weight: For pregnant women only, the participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Participant's Weight Gain During Pregnancy: For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Birth Weight: For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/ounces). Birth weight may be reported in either pounds or ounces, or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Birth Length: For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters. |

III. INFORMATION SYSTEM (IS)

B. Participant Characteristics

Supplemental Data Set

- ☐ ☐ Participation in the Food Distribution Program on Indian Reservations. The participant's reported participation in this program .

III. INFORMATION SYSTEM (IS)

C. WIC Systems Functional Requirements Checklist

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

State Agency System Performs	State Agency System Planned	Automated Core Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2d. Assigns more than 6 risk codes.
<input type="checkbox"/>	<input type="checkbox"/>	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3a. Converts incremental income (weekly, monthly) to an annual figure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Associates family members.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Statewide data is maintained to facilitate families transferring within the State.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Transfers certification data to the central computer facility electronically either in real time or batch mode.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Captures or documents the nutrition education provided each participant as well as the topics covered.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Uses table-driven food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8a. Uses standard pre-defined food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8b. Enables easy food package tailoring.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8c. Performs edits to prevent over-issuance during food package creation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Enables food instruments to be printed when the participant is present for pick-up, i.e., on-demand.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Captures or documents the name of the programs to which the participant was referred.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Performs food instrument reconciliation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Produces standard Dual Participation Report.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Produces standard Integrity Profile (TIP) Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Produces standard Rebate Billing Report.

III. INFORMATION SYSTEM (IS)

C. WIC Systems Functional Requirements Checklist

<u>State Agency System Performs</u>	<u>State Agency System Planned</u>	<u>Automated Core Function/Capabilities</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Produces standard Participation Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Produces Participant Characteristics Datasets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Captures basic transaction data by vendor.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Flags high-risk vendors through peer group analysis of redemption data.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18a. Identifies vendors with high average food instrument redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18b. Identifies vendors with a narrow variation in redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Assigns a maximum value for each food instrument type.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19a. Checks redeemed price against maximum and rejects any food instruments exceeding the maximum amount.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Captures source of income.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Performs automated dietary assessment.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Has automated growth charts.
<input type="checkbox"/>	<input type="checkbox"/>	23. Has point of certification data entry, i.e., a personal computer at each "station" within the clinic.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24. Allows for ad hoc reporting.

IV. ORGANIZATION AND MANAGEMENT

(Please indicate) State Agency: IL for FY 12

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

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

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

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

D. Disaster Planning - describe the disaster plans to be implemented in the event of a disaster.

IV. ORGANIZATION AND MANAGEMENT

A. State Staffing

1. State Level Staff

- a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in Appendix _____ of this section:

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	<u>1</u>	_____	<u>1</u>
Nutritionist	<u>12</u>	_____	<u>12</u>
Vendor Specialist	<u>6</u>	_____	<u>6</u>
Program Specialist	<u>16</u>	_____	<u>16</u>
Financial Specialist	<u>2</u>	_____	<u>2</u>
Breastfeeding Coordinator	<u>2</u>	_____	<u>2</u>
ADP Specialist	<u>2</u>	_____	<u>2</u>
Intern	_____	_____	_____
Other (specify):	<u>7</u>	_____	<u>7</u>

Support

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

☒ Yes

☐ No

If yes, please attach the WIC organizational chart in Appendix _____ of this section.

- c. If available, attach an overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization in Appendix 1 of this section.

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

☐ Yes

☒ No

Please include position descriptions in Appendix _____ of this section.

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

IV. ORGANIZATION AND MANAGEMENT

A. State Staffing

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

Function	Percent of Total Staff Time
Certification, including nutrition risk determination	<u>5</u>
Breastfeeding training/promotion and support	<u>14</u>
Nutrition education	<u>19</u>
Monitoring of local agencies	<u>16</u>
Fiscal reporting	<u>2</u>
Food delivery system management	<u>15</u>
Vendor management, including vendor training	<u>14</u>
Staff training and continuing education	<u>5</u>
ADP system development and maintenance	<u>3</u>
Civil rights	<u>5</u>
Coordination with and referrals to other assistance programs and social service agencies	<u>6.5</u>
Other (specify):	<u> </u>

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

3. Drug-Free Workplace

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

☒ Yes ☐ No

b. Attach a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix 2 of this section.

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

IV. ORGANIZATION AND MANAGEMENT

B. Evaluation and Selection of Local Agencies

☐ DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Local Agencies Authorized

99 number of local agencies authorized to provide WIC services last year

99 number of local agencies planned to provide WIC services this year

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

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

☐ annually ☐ biennially
☐ on an on-going basis ☒ other (specify) we are not adding any
additional agencies at this time.

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

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

☐ annually ☐ biennially ☒ not applicable

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

4. Selection Criteria

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

New Service Areas	Existing Service Areas	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coordination with other health care providers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	projected cost of operations/ability to operate with available funds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	location/participant accessibility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	financial integrity/solvency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	relative need in the area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	range and quality of services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	history of performance in other programs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ability to serve projected caseload
<input type="checkbox"/>	<input type="checkbox"/>	other factors:
<input type="checkbox"/>	<input type="checkbox"/>	

IV. ORGANIZATION AND MANAGEMENT

B. Evaluation and Selection of Local Agencies

- b. The State agency conducts studies (provide date of most recent study: annually during caseload reallocation reviews) of the cost-effectiveness of local agency operations that examine:**

- ☒ location and distribution of local agencies in proportion to participants/potential eligibles
- ☐ clinic procedures to optimize participant access/service (PFA, etc.)
- ☐ staff-to-participant ratios and related staffing analyses
- ☐ comparative analyses of local agency/clinic costs
- ☐ other

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

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

- ☒ Yes (state duration): **1 year** ☐ No

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

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

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

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation): IL WIC PPM Administration Section 1.5

- 7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach the listing in Appendix 3 of this section:**

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

ADDITIONAL DETAIL: Organization & Management Appendix

IV. ORGANIZATION AND MANAGEMENT

B. Evaluation and Selection of Local Agencies

and/or Procedure Manual (citation):

IV. ORGANIZATION AND MANAGEMENT

C. Local Agency Staffing

☐ **DOES NOT APPLY (PROCEED TO NEXT SECTION)**

1. Staffing Standards

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

- ☒ credentials
- ☐ staffing levels
 - ☐ staff-to-participant ratio standards
 - ☐ time spent on WIC functions
 - ☐ other (specify):
- ☒ functions of CPAs
- ☒ paraprofessional requirements
- ☐ other (specify):
- ☐ not applicable

b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards, i.e., federal requirements (FR), recommended criteria (RC), best practices (BP).

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities? 87

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

2. Local Level Staffing Data

IV. ORGANIZATION AND MANAGEMENT

C. Local Agency Staffing

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

- ☒ for each clinic/local agency
- ☐ at regular intervals
- ☐ monthly
- ☐ quarterly
- ☒ annually
- ☐ other (specify):
- ☒ by function
- ☐ program management
- ☐ food delivery
- ☐ certification
- ☒ nutrition education
- ☐ breastfeeding promotion and support
- ☐ other (specify):

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

- ☒ No
- ☐ Yes, in a single report comparing all local agencies
- ☐ Yes, in a local agency-specific report (no comparative data)

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

3. Local Agency Breastfeeding Staffing Requirement

- a. The local agency has designated a staff person to coordinate breastfeeding promotion and support activities.**

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

IV. ORGANIZATION AND MANAGEMENT

D. Disaster Plan

1. State agency has developed a WIC disaster plan

☒ Yes ☐ No

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

☒ Yes, what agency/ies: IL Dept. of Human Services
☐ No

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

☐ Yes ☒ No

4. The Disaster Plan addresses:

- ☒ Procedures to assess the extent of a disaster and report findings
- ☒ Access to program records
- ☒ Certification and food issuance sites and procedures
- ☐ Food package adjustments
- ☒ Food delivery systems
- ☒ Information System (IS) Recovery
- ☐ IS alternate procedures
- ☒ Emergency authorization of vendors
- ☐ Back up computer systems
- ☐ Back up filing systems
- ☐ Staffing arrangements
- ☐ Use of mobile equipment, clinics
- ☐ Other (describe)_____

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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

(Please indicate) State Agency: IL for FY 12

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

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

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

C. State and Local Agency Access to Funds - 246.4(a)(12): describe the procedures and method(s) of distribution/reimbursement of NSA funds to local agencies.

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

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

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

A. Funds Allocation

☐ **DOES NOT APPLY (PROCEED TO NEXT SECTION)**

1. Allocation Process

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

☒ Yes ☐ No

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

☒ task force/committee of selected local agencies
☐ comment on proposals made available to all local agencies
☐ other (describe):

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

☐ a negotiated budget ☐ flat cost per participant Statewide
☒ formula (variable) ☐ other method (describe):

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

☐ staffing needs ☐ population density
☒ number of participants ☐ cost-containment initiatives
☐ availability of administrative support from other sources
☒ other (specify): **categorically funded high risk**

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

☒ Yes ☐ monthly ☐ quarterly ☒ semiannually
☐ No ☐ other (specify):

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

A. Funds Allocation

2. Conversion of Food Funds to NSA Funds

a. The State agency allocates converted food funds to local agencies:

- ☐ at the beginning of the year based on projection
☐ as participation permits (for States that do not submit conversion plan)
☒ other (explain): **pre-payment under collection conversion**

b. Local agencies that either meet or exceed participation projections necessary to qualify for food to NSA grant conversion or to support the State agency's conversion plan are rewarded with increases to their NSA grant.

- ☒ Yes ☐ No
☐ Depends (explain):

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

3. The State's Fiscal Year runs from 7/1 to 6/30

**ADDITIONAL DETAIL: NSA Expenditures Appendix 1) Program Manual &
2) Community Service Agreement SFY12
and/or Procedure Manual (citation):**

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

B. Local Agency Budgets/Expenditures Plans

1. Local Agency Budgets/Expenditure Plans

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

☐ Yes ☒ No ☐ Not Applicable

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

☐ Yes ☐ No

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

☐ not applicable

☒ line items

- ☐ accounting
- ☐ ADP services
- ☐ breastfeeding aids
- ☐ capital expenditures
- ☐ clinic/lab services
- ☐ communications
- ☐ employee salaries
- ☐ employee fringe benefits
- ☐ lease or rental of space
- ☐ maintenance and repair
- ☐ materials and supplies
- ☐ memberships, subscriptions, and professional activities
- ☐ printing and reproduction
- ☐ training and education
- ☐ transportation
- ☐ travel
- ☒ other (specify): **IL requires spending plans in lieu of budget.**

The spending plan is very broad

☒ functions

- ☒ general administration/program management
- ☐ food delivery
- ☒ certification
- ☒ nutrition education
- ☒ breastfeeding promotion/support (e.g., breastfeeding aids)
- ☒ client services
- ☐ other (specify):

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

B. Local Agency Budgets/Expenditures Plans

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

☐ Yes ☐ No ☒ Not Applicable

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

- ☐ uses local agency budgets or prior year expenditures
☐ reports under an ongoing system to collect this data
☒ extracts or consolidates data reported under other State or local agency systems to group costs under the federal line items and functions
☐ other (describe):

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

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

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

- ☒ Anthropometric measurements
☒ Nutrition counseling/education
☒ Breastfeeding promotion/support
☐ Immunization status assessments
☒ Referrals to health and/or social services
☒ Hematological assessments
☐ Other (specify):

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation): IL WIC PPM A-1 Local Agency Agreement

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

C. State and Local Agency Access to Funds

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

- ☐ cash basis ☒ accrual basis
☐ other (specify):

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

2. Reimbursement/Provision of Funds to Local Agencies

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

- ☐ Yes (state conditions):
☒ No
☐ Not Applicable (Proceed to next section.)

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

- ☐ Monthly ☒ Quarterly

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

- ☐ at or below the level of its approved budget line item
☒ supported by appropriate documentation (e.g., check or receipt)
☒ a reasonable and necessary expense for WIC
☐ other (specify):

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

- ☐ submit a supplemental request
☐ provide a justification for exceeding the budget line item
☐ make an offsetting adjustment to another line item in its budget
☐ request approval of a budget modification
☒ other (explain): **We do not require budgets from local agencies**

d. Local agencies receive payment via:

- ☐ electronic funds transfer ☒ State treasury check/warrant
☐ other (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix
and/or Procedure Manual (citation): IL WIC PPM A-1 Local Agency Agreement**

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

D. Reporting and Reviewing of State and Local Agency Expenditures

1. Documentation of Staff Time

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

At SA

☐
☒

At LA

☒
☐

100 percent reporting

Random moment sampling

Periodic time studies:

1 week/month

1 month/quarter

other (specify): Random Moment Sampling

- b. The State agency last evaluated its time documentation protocol on (specify date) **1/1/2007**. If available, please attach a copy of the protocol to this section or cite Procedure Manual reference.

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): **IL WIC PPM A-2 WIC Account Management**

2. Local Agency Report Forms

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

☐ Yes ☒ No
☐ Not Applicable (Proceed to next section)

- b. If a standard form is used, it requires local agencies to report NSA expenditures by:

☐ same categories as local agency budget
☒ other format which includes:
☒ **line items**
☐ accounting
☐ ADP services
☐ breastfeeding aids
☐ capital expenditures
☐ clinic/lab services
☒ communications
☒ employee salaries
☒ employee fringe benefits
☐ lease or rental of space
☐ maintenance and repair
☒ materials and supplies

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

D. Reporting and Reviewing of State and Local Agency Expenditures

- ☐ memberships, subscriptions, and professional activities
- ☒ printing and reproduction
- ☐ training and education
- ☐ transportation
- ☒ travel
- ☒ other (specify): **contractual services**

- ☒ **functions**
- ☒ general administration/program management
 - ☒ food delivery
 - ☒ certification
 - ☒ nutrition education
 - ☒ breastfeeding promotion/support (e.g. breastfeeding aids)
 - ☒ client services
 - ☐ other (specify):

☐ **other** (specify):

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

3. On-Site Review of Local Agencies' Administrative Expenditures

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

- ☐ annually ☒ every two years ☐ every three years
☐ other (specify):

The review is conducted by:

- ☒ WIC State agency staff
- ☐ State Department of Health fiscal or audit staff
- ☐ CPA or audit firm
- ☒ other (specify): **This review is conducted by DHS Contract & Administration auditors.**

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

- ☒ Yes ☐ No

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

D. Reporting and Reviewing of State and Local Agency Expenditures

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

- ☐ verification of at least one monthly billing/claim/expenditure report against source documents
- ☐ tracking written approval of procurements
- ☐ requesting records of ordering, receipt, billing, and payment
- ☒ determination that costs were necessary, reasonable and appropriate
- ☐ determination that costs were properly allocated among WIC and other programs
- ☐ determination that personnel costs charged to WIC were appropriate
- ☐ determination that local agencies' indirect costs were appropriately charged
- ☐ other (specify):

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

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

☒ Yes ☐ No

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

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

☐ Yes ☒ No

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

E. Nutrition Education Costs

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

☐ activity reports ☐ time studies ☒ itemizing expenditures
☐ other (specify):

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

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

	At SA	At LA
breastfeeding promotion coordinator's salary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
written educational materials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
participant education/counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
staff training	<input type="checkbox"/>	<input type="checkbox"/>
breastfeeding promotion activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
direct support costs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
breastfeeding aids and equipment (e.g., breast pumps purchased with NSA funds)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>
(if other, specify):		

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

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

Source	Amount
<u>na</u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

E. Nutrition Education Costs

Method(s):

- ☐ activity reports ☐ time studies ☒ itemizing expenditures
☐ other (specify):

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

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

- ☒ when they report routine NSA costs
☐ through a different system (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix
and/or Procedure Manual (citation): IL WIC PPM A-2 WIC Account Management**

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

F. State and Local Agency Indirect Costs

1. Indirect Cost Rate and Services

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

na

- b. The State agency's indirect cost rate(s) is 25.40 (%) and is based on:

☒ salaries ☐ direct costs for administration ☐ both
☐ other (specify):

- c. Please cite the effective date of the State agency's current negotiated agreement and/or cost allocation plan for indirect costs: 01/01/07.

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

<input checked="" type="checkbox"/> budgeting/accounting	<input checked="" type="checkbox"/> personnel/payroll
<input type="checkbox"/> ADP	<input checked="" type="checkbox"/> space usage/maintenance
<input type="checkbox"/> communication/phone/mail	<input type="checkbox"/> central supply
<input type="checkbox"/> legal services	<input type="checkbox"/> procurement/contracting
<input type="checkbox"/> printing/publication	<input type="checkbox"/> audit services
<input type="checkbox"/> equipment usage/maintenance	<input type="checkbox"/> other (specify):

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

☐ Yes ☐ No ☒ Not Applicable

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

2. Review of Indirect Cost Documentation

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

☐ Done for State agency level indirect costs (frequency): _____
☐ Done for local agency level indirect costs (frequency): _____
☒ Not done at either level: ____

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

F. State and Local Agency Indirect Costs

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

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

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

- ☐ required submission of indirect cost agreement by the local agency to the State agency
- ☐ assessment of how the rate or method is applied (correct time period, percentage, and base)
- ☐ verification that the State agency had previously approved the local agency to negotiate such an agreement
- ☐ post-review or audit to ensure the rate was applied correctly
- ☐ other documentation related to the establishment and charging of indirect costs (list):
- ☒ not applicable

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

VI. FOOD FUNDS MANAGEMENT

(Please indicate) State Agency: IL for FY 12

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

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

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

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

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

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

- ☐ for a waiver of the requirement for a single-supplier competitive system. State agency must complete a cost comparison projecting food cost savings in the single-supplier competitive system based on the lowest monthly net price or highest monthly rebate (as required in Section 246.16a(d)(2)(i) through (d)(2)(iii) and savings under an alternative cost containment system, Section 246.16a(d)(2)(B)
- ☐ to issue an infant formula bid solicitation that evaluates bids by highest rebate. A State agency must demonstrate to FNS' satisfaction that the weighted average retail prices for different brands of infant formula in the State vary by 5% or less, Section 246.16a(c)(4)(iii)
- ☒ not applicable

Please attach in the appendix supporting documentation for requests for FNS approval.

ADDITIONAL DETAIL: Food Funds Management Appendix [REDACTED] and/or Procedure Manual citation:

2. Cost Containment Contracts for Infant Formula

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, attach contract in Appendix | If no, check which applies:
<input type="checkbox"/> granted waiver
<input type="checkbox"/> ITO with participation under 1,000 |

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

- ☐ home food delivery system
- ☒ direct distribution food delivery system
- ☒ retail food delivery system
- ☐ other (specify):

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

- c. The duration of the contract or rebate agreement(s) in effect is:
For a single-supplier system or multi-supplier: Date contract/agreement:

Manufacturer	Began	Expires	Extensions
Mead Johnson Nutritionals	2/1/08	1/31/12	2-12 month
	2/1/11	1/31/12	1 st extension
	2/1/12	1/31/13	2 nd extension

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

Primary Contract Infant Formula				
Product	Manufacturer	Rebate/Unit	Net price/Unit	% Discount
Liquid Concentrate (13 oz)	See Appendix 2			
Milk-Based				
Soy-based*				
Powder (specify unit size)				
Milk-based				
Soy-based*				
Ready to Feed (specify unit size)				
Milk-based				
Soy-based*				
Exempt Formula If applicable				

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

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

e. Infant Formula Issuance.

Does the State agency issue the Primary Contract Infant Formula as the first choice of issuance (by physical form), with all other infant formula infant formulas issued as an alternative? (Section 246.16a(c)(7) & 246.10(e)(1)(iii))

☒ Yes ☐ No

The percent of infants receiving each type of formula is estimated at:

Contract	81%
-----------------	------------

Non-contract

Exempt infant formula	6%
Non-exempt infant formula	NA

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

3. The State agency's infant formula rebate solicitation/contract contains the following provisions (check all that apply):

- ☐ Does not apply (granted waiver or ITO with participation under 1000)
- ☒ Establishes the contractor's responsibility to provide sufficient quantities of products covered by contract to all authorized WIC vendors in the State.
- ☒ Requires contractor to provide a rebate on all infant formulas it produces that the State agency chooses to issue, except exempt infant formulas
- ☒ Specifies that the rebate reflects the same percentage discount on the manufacturer's lowest national wholesale cost as the corresponding physical form (i.e., liquid concentrate) of the Primary Contract Infant Formula for which bids were received.
- ☒ Requires manufacturer to adjust for price changes subsequent to the bid opening. The provision requires a cent-for-cent increase and decrease in the rebate amounts whenever there is any change in the lowest national wholesale price for a full truckload of a particular infant formula.
- ☒ Specifies that the contractor shall pay the rebate in effect on the day the participant actually transacts the food instrument (regardless of the food instruments' issuance date).
- ☒ Requires payment of rebates on all infant formula purchased while contract is in effect, even though the contract may be void at the time payment is due.

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

- ☒ Stipulates sanctions for unfulfilled contract obligations (e.g., if payment is not made within 30 days of the invoice date, the contractor will pay the State agency with interest, at a rate specified in the contract, on the unpaid balance until such time as payment is made over and above the amount due from infant formula rebate.)
- ☒ Includes an extension option for a specified length of time. Terms and conditions of extension person(s) are specified in the request for bids and contract.
- ☒ Addresses billing discrepancies. Prohibits contractor from withholding rebate payments due under any circumstances. All disputes must be settled by closeout of the fiscal year in which the dispute occurred.

4. For all authorized food, including infant formula, rebate solicitations the following applies:

- ☒ The State agency provides a minimum of 30 days between the publication of the rebate solicitation and the date on which the bids are due, unless exempted by the Secretary.
- ☐ The State agency publicly opens and reads all bids aloud on the day the bids are due.
- ☒ The rebate solicitation must identify the composition of State alliances for the purpose of a cost containment measure, and verify that no additional States shall be added between the date of the bid solicitation and the end of the contract.

If single solicitation, State agency serves a monthly average of less than 100,000 infants during preceding 12-month period.

☒ Yes ☐ No

If no, requested separate bids for milk- and soy-based formulas or other foods.

☐ Yes ☐ No

Is solicitation for a State alliance? ☐ Yes ☒ No

If yes, the size of alliance must be no more than 100,000 infants as of October 1, 2003, unless:

- ☐ Alliance existed prior to July 1, 2004 and has not added additional State agencies,
- ☐ Alliance expanded to include an ITO, or
- ☐ Alliance expanded to include a State agency(ies) that serves less than 5,000.

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

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

5. Cost Containment for Other Foods

a. Rebates are also obtained on other WIC foods.

☐ Yes (specify foods and attach contract in Appendix):
☒ No

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

☐ Yes (specify):
☒ No

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

☒ Yes (If yes, note such limitations on the following table)
☐ No

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

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

	Specific brands are designated/ Disallowed	Only certain container sizes are allowed	Allowable types are limited	Other
Exempt formula for women, infants & children	X	X	Powder	
Infant cereal	X	X		
Infant Fruit/Veg/Meat				
Whole fresh fluid milk		X	X	
Lowfat fresh fluid milk	See Other			LEB
Skim fresh fluid milk	See Other			LEB
Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify):	See Other			LEB
Shelf-stable milk (e.g., evaporated milk, UHT, whole/low fat/nonfat dry milk)		X	X	
Cheese	See Other	X		LEB
Soy-based beverage	X	X		
Tofu	N/A			
Fresh eggs	See Other	X		LEB
Dried egg mix	N/A			
Hot cereal	X			
Cold cereal	X			
Single strength fruit/vegetable juice		X		
Concentrated fruit/vegetable juice		X		
Whole wheat bread	X	X	X	
Other whole grains	X	X	X	

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

Peanut butter	See Other	X		LEB
Dry beans/peas		X		
Canned Fish,		X		
Canned beans/peas		X		

VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

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

☒ Yes

☐ No

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

2. Food Cost Obligations

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

- ☒ number of expected participants and average food cost per participant
☒ number of expected participants by category (e.g., pregnant woman, infant, etc.) and average food cost per participant category
☒ number of expected redemptions by food instrument type and cash-value voucher type and average value per food instrument type and cash-value voucher type
☐ other (specify):

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

- ☒ Inflation factor used in Federal funding formula
☒ State-generated estimates of inflation based on State market basket of foods
☒ Best guess by food item based on economic reports or other sources
☐ Other (specify):

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

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

VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

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

<u>Frequency</u>	<u>Data</u>
<u>Monthly</u> issue month	<input checked="" type="checkbox"/> food instruments and cash-value vouchers paid for
<u>Monthly</u> for	<input checked="" type="checkbox"/> food instruments and cash-value vouchers outstanding
<u>Weekly</u> expired	issue month <input checked="" type="checkbox"/> food instruments and cash-value vouchers that have
<u>Week/Month/Quarter</u>	<input checked="" type="checkbox"/> food instruments and cash-value vouchers that are void/unclaimed

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

3. Rebate Cash Management

- a. The State agency has a billing system in place that ensures rebate invoices for all authorized food, including infant formula, under competitive bidding, provide a reasonable estimate, or actual count of the number of units purchased by participants during WIC transactions (Section 246.16a(k) and Section 352(c) of P.L. 111-296)..

- ☐ Actual count of units purchased
☐ Estimate of units purchased (attach methodology)
☒ State reduces the invoice by an “error rate”. The error rate is .277%.

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

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

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

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

- ☒ the WIC unit
☐ the State agency fiscal unit

VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

☒ other (specify):

d. Invoices are submitted with backup data.

☒ Yes ☐ No

e. The State agency invoice continues to match rebates billed to the month for which the food instrument earning the rebate was issued. Rebates received on and after October 1, 2011 will be reported on the FNS-798 in the month in which the rebate is received rather than the month in which it was earned.

☒ Yes ☐ No

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

4. Closeout of Report Month Outlays

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

60 days from the participant's first valid date

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

☐ 90 days
☒ 120 days
☐ other (specify number of days):

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

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

State WIC	State FM	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	by check directly to vendor or farmer
<input type="checkbox"/>	<input type="checkbox"/>	by check directly to vendor's or farmer's bank

VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

☒☒

by electronic transfer to vendor's or
farmer's bank
other (specify):

☐☐

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

VI. FOOD FUNDS MANAGEMENT

C. Participation Reporting

1. Participation Counting

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

- ☒ the calendar month
☐ the computer system cycle month
☐ other (specify):

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

- ☒ the State agency computer system based on the number of persons issued food or food instruments (manual and automated food instruments), the number of fully-breastfed infants who receive no food or food instruments, but are breastfed by participating breastfeeding women, and the number of women who receive no food or food instruments, but are partially breastfeeding a participating 6 to 12 month old infant.
☒ counts reported from local agencies based on issuance records
☐ other (specify):

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

- ☐ special code on food instrument
☐ special areas of State designated as State-supported areas
☐ pro rata allocation based on proportion of Federal to State funds spent
☒ other (specify): No State funds support this program

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

- ☐ sends warnings
☐ applies financial sanctions
☐ requires manual reporting
☒ other (specify): State agency contacts Local agency electronically nightly

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

VI. FOOD FUNDS MANAGEMENT

C. Participation Reporting

2. Participation by Priority

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

3. Participation by Local Agency

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

☒ Yes ☐ No

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

VII. CASELOAD MANAGEMENT

(Please indicate) State Agency: IL for FY 12

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

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

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

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

D. Benefit Targeting - 246.4(a)(5)(i); (6); (7); (18), (19), (20), (21), and (22): describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.

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

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

VII. CASELOAD MANAGEMENT

A. No-Show Rate

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

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

- ☐ initial certification for any potential participant
- ☒ subsequent certifications for high-risk participants
- ☐ subsequent certification for any current participant
- ☐ food instrument/cash-value voucher pick-up
- ☐ food instrument/cash-value voucher non-redemption
- ☐ State agency has no specific policies and procedures for no-show follow-up

b. The local agency attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):

- ☒ At the time of initial contact, the local agency obtains the pregnant woman's address and telephone number
- ☒ If the applicant misses her first certification appointment, an attempt is made to contact her by telephone or mail.
- ☐ If contact is established by phone, she is offered one additional certification appointment.
- ☐ If she cannot be reached by phone, the local agency sends the applicant a postcard or letter asking that she contact the local agency for a second appointment.
- ☐ A second appointment is provided upon request from the applicant.

2. Monitoring No-Show Rates

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

- ☐ standards defining acceptable no-show rates
- ☐ policies and procedures designed to assist local agencies to improve no-show rates
- ☐ sanctions that may be applied to local agencies that have chronically unacceptable no-show rates
- ☒ provides regular feedback to local agencies concerning no-show rates
- ☐ no specific policies or procedures concerning local agency no-show rates

ADDITIONAL DETAIL: Caseload Management Appendix
and/or Procedure Manual (citation): IL WIC PPM CS - 12

VII. CASELOAD MANAGEMENT

A. No-Show Rate

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

- ☐ State agency does not monitor local agency no-show rates
- ☒ local agency reviews
- ☒ automated reports
- ☐ local agency reports on no-show rates
- ☐ other (specify):

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

VII. CASELOAD MANAGEMENT

B. Allocation of Caseload

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

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

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

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

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

☐ Yes ☒ No

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

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

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

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

☒ Yes ☐ No

If No, explain why not:

VII. CASELOAD MANAGEMENT

B. Allocation of Caseload

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

- ☐ The State agency does not reallocate caseload mid-year
- ☒ Same basis as for initial allocation of caseload
- ☒ Local agency participation levels
- ☒ Local agency high priority participation
- ☒ Waiting lists
- ☒ Successful special projects
- ☐ Other (specify):

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

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

☐ Yes ☒ No

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

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

VII. CASELOAD MANAGEMENT

C. Caseload Monitoring

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

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

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

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

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Manual reports submitted by local agencies |
| <input checked="" type="checkbox"/> | ADP system-generated reports |
| <input checked="" type="checkbox"/> | On-site reviews |
| <input type="checkbox"/> | Other (specify): |

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

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

- | | |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | monthly |
| <input type="checkbox"/> | quarterly |
| <input type="checkbox"/> | other (specify): |
| <input type="checkbox"/> | not applicable |

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

VII. CASELOAD MANAGEMENT

D. Benefit Targeting

1. Development and Monitoring of State Agency Targeting Plans

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

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

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

b. The local agency contacts the following organizations to provide WIC Program information to eligible infants and children:

- | | |
|---|--|
| <input checked="" type="checkbox"/> foster care agencies | <input checked="" type="checkbox"/> protective service agencies |
| <input checked="" type="checkbox"/> child welfare authorities | <input checked="" type="checkbox"/> other (specify): Headstart, FCM |

Agencies, AllKids providers, local DHS offices, community based organizations and faith based organizations

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

- ☐ Yes ☒ No

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

- ☒ Yes ☐ No ☐ Not Applicable

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

- ☒ requiring local agencies to submit plans for State agency approval
- ☒ review plans during local agency reviews
- ☐ other (specify):

VII. CASELOAD MANAGEMENT

D. Benefit Targeting

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

- ☒ automated reports developed by State agency
- ☐ manual reports submitted by local agencies
- ☒ local agency reviews
- ☐ other (specify):

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

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

1. Outreach Policies, Procedures and Materials

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

- ☒ issues a standard set of outreach materials for use by all local agencies
- ☒ requires local agencies to develop outreach plans
- ☒ reviews outreach plans developed by local agencies
- ☒ reviews and approves any outreach materials developed by local agencies
- ☒ utilizes broadcast media for outreach activities
- ☐ other (specify):

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

State Agency

☐
☐
☒
☐
☒
☐
☐

Local Agency

☒
☒
☒
☒
☒
☐
☐

Newspapers
Radio
Posters
Letters
Brochures/pamphlets
Television
Other (specify):

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

- ☒ English
- ☒ Spanish
- ☒ Vietnamese
- ☐ Tribal Language(s)
- ☒ Other (specify): **Arabic, Bosnian, Chinese, Hindi, Korean, Polish & Russian**

d. Outreach materials are distributed to (check all that apply):

- ☒ health and medical organizations
- ☒ hospitals and clinics
- ☒ welfare and unemployment offices or social service agencies
- ☒ migrant farmworker organizations
- ☐ Indian and tribal organizations
- ☒ homeless organizations
- ☒ faith-based and community organizations in low-income areas
- ☒ shelters for victims of domestic violence
- ☒ other (specify): **retail establishments**

ADDITIONAL DETAIL: Caseload Management Appendix

VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

and/or Procedure Manual (citation):

2. Accessibility to Special Populations

- a. The State agency requires all, some, no local agencies to implement the following to meet the special needs of employed applicants/participants. When an Indian State agency operates as both the State and local agency "All" should be checked.**

All	Some	None	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	weekend hours, by appointment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	weekend hours, walk-in basis
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	food instrument/cash-value voucher mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	expedited clinic procedures for working participants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	evening/weekend nutrition education classes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify):

- b. The State agency requires/authorizes all, some, no local agencies to implement the following to meet the special needs of rural participants (check all that apply):**

All	Some	None	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	special clinic hours to accommodate travel time to clinic sites
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	use of mobile clinics to rural areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	food instrument/cash-value voucher mailing procedures specifically designed for rural participants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	special appointment/scheduling procedures for rural participants who do not have access to public transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	special food instrument/cash-value voucher issuance cycles for rural participants(check one): <input type="checkbox"/> 2 months, <input type="checkbox"/> 3 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	issuance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify):

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

- c. The State agency requires/authorizes all/some/no local agencies to implement the following to meet the special needs of migrant families (check all that apply):

All	Some	None	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	formal coordination with rural/migrant health centers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	special outreach activities aimed at migrants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	special clinic hours/locations to service migrant populations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	expedited appointment procedures to accommodate migrant families
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	special food instrument/cash-value voucher issuance cycles for migrant families (check one):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 months issuance <input type="checkbox"/> 3 months issuance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other (specify):

- d. The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):

☐ Yes (If yes, please identify the State agencies with whom formal agreements exist):

☒ No

- e. The State agency requires all, some, no local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):

All	Some	None	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undertake regular and ongoing outreach to homeless individuals
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

- | | | | |
|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Establish to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

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

3. Unserved Geographical Areas

a. State agency's definition of an unserved geographic area (specify):

b. Please list unserved geographic areas or attach a list to appendix:

☒ No current unserved areas (check if applicable)

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

4. Underserved Geographic Areas

a. State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):

☒ No current underserved areas (check if applicable)

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

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

☐ Yes ☒ No

- c. The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation

☐ Yes ☒ No, an update list is provided in the Appendix

ADDITIONAL DETAIL: Caseload Management Appendix O & M Appendix 4 Illinois WIC Program LA Listing and/or Procedure Manual (citation):

5. The State agency has a plan to:

- ☐ inform nonparticipating local agencies of the Program and the availability of technical assistance in implementation
- ☒ encourage potential local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served

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

6. If applicable, please list all areas operating CSFP and their current participation:

Area	Participation
Chicago Area	14,223
St. Louis Area Food Bank	2,750
Tri-State Food Bank	500

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): IL WIC PPM CS - 15 Referral to other services

VII. CASELOAD MANAGEMENT

F. Waiting List Management

Waiting List Management and Procedures

- 1. The State agency has specific policies/procedures for the establishment and maintenance of waiting lists which are used by all local agencies.**

☒ Yes ☐ No

- 2. Waiting list procedures are uniform throughout the State.**

☒ Yes ☐ No, but State agency approves all exceptions
☐ No; local variation allowed without State agency approval

- 3. The State agency routinely monitors waiting lists.**

☒ Yes ☐ No

- 4. The State agency requires/allows subprioritization of waiting lists by (check all that apply):**

<input checked="" type="checkbox"/> no subprioritization permitted	<input type="checkbox"/> income
<input type="checkbox"/> nutrition risk	<input type="checkbox"/> age
<input type="checkbox"/> point system	
<input type="checkbox"/> special target populations (specify):	
<input type="checkbox"/> other (specify):	

- 5. The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.**

☐ Yes
☐ No, only categorical eligibility established
☒ No, only categorical and income eligibility established
☐ No, local agency variation
☐ Other (specify):

- 6. Waiting lists are maintained:**

☐ manually
☒ automated system linked to State agency's central system
☐ automated system, stand alone at some/all local agencies

- 7. Telephone requests for placement on the waiting list are accepted.**

☒ Yes ☐ No

VII. CASELOAD MANAGEMENT

F. Waiting List Management

- 8. The State agency requires all local agencies to maintain waiting lists with the following information (check all that apply):**

- ☒ name
- ☒ address
- ☒ phone number(s)
- ☒ date placed on waiting list
- ☒ category
- ☒ priority
- ☒ nutritional risk
- ☒ income eligibility status
- ☐ method of application
- ☒ date applicant notified of placement on the waiting list
- ☐ other (specify):

- 9. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list.**

☒ Yes ☐ No

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

(Please indicate) State Agency: IL for FY 12

The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards and criteria), and the coordination of certification activities with other health services.

A. Eligibility Determination and Documentation - 246.4(a)(6); (10); (11)(i) and (19): describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit.

B. Nutrition Risk Determination, Documentation, and Priority Assignment - 246.4(a)(11)(i): describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation.

C. Health Care Agreements, Referrals, and Coordination - 246.4(a)(6); (7); (8) and (19): describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs.

D. Processing Standards - 246.4(a)(11)(i): describe the State agency's processing procedures to ensure that the required standards and timelines are met.

E. Certification Periods - 246.4(a)(11)(i): describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods.

F. Transfer of Certification - 246.4(a)(6) and (11)(i): describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.

G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 246.4(a)(11)(i); (15); (16) and (17): describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system.

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

1. Application Process

- a. The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program**

☒ Yes ☐ No

- b. The State agency shares ☐ State wide or ☐ at local agency (check one), a common income application or certification form with (check all that apply):**

<input checked="" type="checkbox"/> no other benefit programs	<input type="checkbox"/> Medicaid
<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP
<input type="checkbox"/> MCH	<input type="checkbox"/> other reduced price health care program(s)
<input type="checkbox"/> other (specify):	

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

2. Residency, Identity and Physical Presence Requirements

- a. The State agency requires documentation of residency**

☒ Yes
☐ Signed statement that documentation of residency information is not available and why (e.g. homeless, theft, fire)
☐ No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement): _____

- b. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):**

<input checked="" type="checkbox"/> homeless applicants	<input checked="" type="checkbox"/> institutionalized applicants
<input checked="" type="checkbox"/> migrants	<input type="checkbox"/> Indian Tribal Organizations
<input type="checkbox"/> none	<input type="checkbox"/> other (specify): _____

- c. The State agency has reciprocal agreements concerning residency with other States**

☒ Yes (specify States): WI, IN, MO, KY, IA
☐ No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

d. The State agency requires proof of identity from each applicant at certification

- ☒ Yes
☐ No (If not, why not?): _____

e. The State agency requires physical presence of the applicant or a valid exception to be documented:

- ☒ Yes except for the following condition(s):
- ☒ applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bed-rest, or serious illness exacerbated by coming in to clinic).
 - ☐ applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.
 - ☒ applicant is an infant under 8 weeks of age who cannot be present at the time of certification (for a reason determined appropriate by the local agency) and for whom all necessary certification information is provided.
 - ☐ applicant is an infant or child who was present at his/her initial certification; was present at certification within the one-year period of the most recent determination; and is under the care of one parent and that parent works, or is under the care of two parents and both work; and that working status presents a barrier to bringing the infant or child in to the WIC clinic.

f. The State agency uses temporary (up to 30days) certifications for individuals who do not present necessary proof of residency and/or identity at the time of application.

- ☐ Yes ☒ No

3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> all pregnant women | <input type="checkbox"/> pregnant women not visibly pregnant |
| <input type="checkbox"/> postpartum women | <input checked="" type="checkbox"/> children |
| <input checked="" type="checkbox"/> infants | <input type="checkbox"/> other (specify): _____ |

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

4. Income Limits for Eligibility

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

- a. The State agency gross income limit for income eligibility is 185% of the federal income guidelines

- ☒ Yes, with no local agency exceptions
☐ Yes, with local agency variation
☐ No, with no local agency exceptions
(specify State maximum percent of poverty: _____%)
☐ No, with local agency variation
(specify State maximum percent of poverty: _____%)
☐ The State agency implements income eligibility guidelines concurrently with Medicaid

Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual.

- b. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in 246.7(d)(2)(vi):

	<u>Poverty Level</u>
<input checked="" type="checkbox"/> TANF (specify State "percent of poverty")	<u>133%</u>
<input checked="" type="checkbox"/> SNAP	
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	
Pregnant women and infants	<u>200%</u>
Children	<u>200%</u>
Other categorically eligible women	<u> </u> %

- c. The State agency uses documented eligibility for/participation in other means-tested programs to establish automatic WIC income eligibility (check all that apply and the poverty levels used for each):

	<u>Poverty Level</u>
<input checked="" type="checkbox"/> Free or Reduced-Price School Lunch	<u>185%</u>
<input type="checkbox"/> SSI	<u> </u>
<input type="checkbox"/> other State-provided health insurance (specify State "percent of poverty" maximum _____%)	<u> </u>
<input type="checkbox"/> FDPIR	<u> </u>
<input type="checkbox"/> other (specify): _____	<u> </u>

- d. Individuals are required to document that they or a family member are certified as eligible to receive TANF, Medicaid, or SNAP benefits or, under the State option, certified as eligible to receive benefits in State-administered programs by providing:

- ☒ program ID card or notice of eligibility

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

- ☒ documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty). (Program[s]: AllKids)

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

5. Income Eligibility Documentation

- a. **For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State requires (check all that apply):**

- ☒ Documentation of income information
☒ Signed statement that documentation of income information is not available and why
☒ Notation in the casefile if the applicant declares no income
☐ other (specify): _____

- b. **Exceptions to income documentation are made for the following:**

- ☐ The necessary information is not available
☒ The income documentation presents an unreasonable barrier to participation as determined by the State agency
☒ Those applicants with no income
☒ Those applicants who work for cash
☐ other (specify): _____

- c. **If the applicant does not supply income documentation at the certification appointment, and has at least one qualifying nutrition risk, local agencies are generally instructed to do the following:**

- ☒ Certification process is terminated and no food instruments/cash-value vouchers are provided; appointment rescheduled
☐ Temporary certification (not to exceed 30 days) is completed and food instruments/cash-value vouchers are provided. However, if applicant does not provide documentation within 30 days, applicant is determined ineligible.
☐ Other (specify): _____

- d. **The State agency requires ☐ State-wide, or at ☐ local agency (check one), the verification of applicant income information**

- ☒ No
☐ Yes (check all sources required, as appropriate):
☐ employer
☐ public assistance offices

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

- ☐ State employment offices (wage match, unemployment)
- ☐ Social Security Administration
- ☐ school districts/offices
- ☐ collateral contacts
- ☐ other (specify): _____

e. The State agency has specific policies that define actions to be taken for mid-certification changes in participant income circumstances.

☒ Yes ☐ No

f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies.

☐ Yes ☐ No ☒ Not Applicable

g. The State agency has specific policy that addresses income from benefits provided under certain regulatory Federal programs.

☒ Yes ☐ No

h. The State agency has specific policy to ensure that certain types of income, such as combat pay or FSSA payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.

☒ Yes ☐ No

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

6. In determining an applicant's income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base.

☒ Yes, State-wide ☐ No

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

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

☒ Yes, State-wide ☐ No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

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

- 8. The State agency defines the economic unit in accordance with Food and Nutrition Service regulations and policy instructions**

☒ Yes ☐ No (if not, why not): _____

Provide the definition of an economic unit used by the State agency in the Appendix or the appropriate citation in the Procedure Manual.

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

- 9. The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):**

- ☒ foster children
- ☐ divorced/legally separated parents; step parents
- ☐ absentee spouse (military hardship tours, etc.)
- ☐ cohabitation
- ☐ institutionalized applicants (including incarcerated applicants)
- ☒ homeless applicants
- ☒ minors ("emancipated" minors)
- ☒ separate economic units under the same roof
- ☐ striker/unemployed
- ☐ students away at school
- ☐ other (specify): _____

**ADDITIONAL DETAIL: Certification and Eligibility Appendix
and/or Procedure Manual (citation): IL WIC PPM CS-1**

10. Mid-Certification Disqualification

- a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification due to the fact that she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.**

☒ Yes ☐ No

- b. WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for one of these programs, eligibility must be determined**

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

based on WIC income guidelines and disqualification made only after all of these options are exhausted. The State ensures its policy and procedures comply with this requirement:

☒

Yes

☐

No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

1. Nutrition Risk Determination and Documentation

- a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply):

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

- b. The State agency authorizes local agencies to (check all that apply):

☒ conduct ☒ anthropometric and ☒ hematological measurements
☒ use medical referral data for ☒ anthropometric and ☒ hematological measurements
☐ conduct measurements only when medical referral data are unavailable

- c. The State agency uses only FNS-approved nutrition risk criteria, as referenced in Policy Memorandum #2011-5, WIC Nutrition Risk Criteria, and published on the FNS PartnerWeb , to document nutrition risk.

☒ Yes ☐ No

Please append a copy of the revised nutrition risk criteria in its entirety to this State Plan.

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

☐ Yes (list criteria): _____
☒ No

- e. Hematological risk determination:

The State agency requires (check one of the following):

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

- ☐ Bloodwork data to be collected at the time of certification (Statewide).
- ☒ Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.

The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in 246.7(e)(1)(ii)(B).

☒ Yes ☐ No

The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.

☒ Yes ☐ No

f. Anthropometric risk determination:

The State agency allows (check one):

- ☒ anthropometric data for certification to be no older than 60 days (Statewide)
- ☐ a shorter (less than 60 days) limit on age of anthropometric data for certification

g. Complete nutrition assessment:

(i) Local agencies are required to perform a complete nutrition assessment for all participants.

☒ Yes ☐ No (explain): _____

(ii) The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System MIS). :

☒ Yes ☐ No

If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below. _____

If no, the State agency assures quality of nutrition assessment by:

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

- ☐ requiring local agencies to submit forms for approval
- ☐ annually monitoring the locally developed forms during local agency reviews
- ☐ other (specify): _____

(iii) Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, MyPyramid Food Guide, AAP)

- ☐ Yes (specify): _____
- ☒ No (explain): Assessment is based on Risk Factor guidance

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

2. Documentation

a. The State agency requires documentation in the applicant's case file for all nutrition risk criteria used to establish WIC eligibility (check one) (as described in FNS Policy Memorandum #2008-4):

- ☒ Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
- ☐ Yes, with CPA discretion when to waive documentation requirement (no written policy)
- ☐ No (explain): _____

b. As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:

- ☒ all identified risk criteria are recorded
- ☐ a set number of criteria is recorded (maximum number is 10 _____ criteria)
- ☐ local agency personnel decide how many and which criteria are recorded
- ☐ other (specify): _____

c. The State agency requires verification for all nutrition risk criteria that require a physician's diagnosis.

- ☐ Yes
- ☒ No

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

3. Priority Assignments

a. Participants certified for regression

- ☐ remain in the same priority in which they were previously assigned
☐ are assigned to Priority VII, regardless of their initial priority at first certification
☒ other (specify): **no longer in use**

b. Participants may be certified for regression (check all that apply):

- ☐ a single six-month period
☐ one time following a certification period
☐ no policy, local agency discretion

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

- ☒ Priority III
☐ Priority IV
☐ Priority V
☐ Priority VI

d. Participants certified solely due to homelessness/migrancy are assigned to the following priority:

	IV	V	VI	VII
Pregnant Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Breastfeeding Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Postpartum Women			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Children		<input checked="" type="checkbox"/>		<input type="checkbox"/>

e. Attach a copy of any nutrition risk criteria that will be added, modified or deleted during the coming fiscal year. For each criterion, indicate:

- applicable participant category
- applicable priority level(s)
- whether a physician's diagnosis is required
- SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

ADDITIONAL DETAIL: Certification and Eligibility Appendix The state plans to implement the latest risk factor changes provided by FNS May 27, 2011.
and/or Procedure Manual (citation):

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

1. State Agency Referral Agreements and Coordination of Services

- a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):

	SNAP		IHS facilities
	TANF		Rural/migrant health centers
A	Medicaid		Hospitals
	SSI	A	Childhood immunization
	EPSDT		Immunization registries
A	MCH programs	A	Well-child programs
	Children with special health care needs program(s)		Child protective services
	Family planning		Children's health insurance
	other (specify): _____		Private physicians

- b. Formal agreements for coordination of services include:

☒ Responsibilities of each party

☒ Assurance that information is used for eligibility and/or outreach

☒ Assurance that information will not be shared with a third party

- c. The State agency requires local agencies to coordinate services with, and/or develop referral systems for, the following (check all that apply):

<input checked="" type="checkbox"/> SNAP	<input checked="" type="checkbox"/> children with special health care needs
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> schools
<input checked="" type="checkbox"/> SSI	<input checked="" type="checkbox"/> EFNEP
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> other food assistance program (TEFAP, FDPIR, CSFP, etc.)
<input type="checkbox"/> CHIP	<input checked="" type="checkbox"/> breastfeeding promotion
<input type="checkbox"/> IHS facilities	<input checked="" type="checkbox"/> child protective services
<input checked="" type="checkbox"/> MCH (clinics/facilities)	<input checked="" type="checkbox"/> Head Start
<input checked="" type="checkbox"/> EPSDT	<input checked="" type="checkbox"/> Early Head Start
<input checked="" type="checkbox"/> family planning	<input type="checkbox"/> Healthy Start
<input checked="" type="checkbox"/> prenatal care	<input checked="" type="checkbox"/> substance abuse programs
<input checked="" type="checkbox"/> postnatal care	<input type="checkbox"/> child abuse counseling
<input checked="" type="checkbox"/> immunization	<input checked="" type="checkbox"/> foster care agencies
<input checked="" type="checkbox"/> dental services	<input type="checkbox"/> homeless facilities
<input checked="" type="checkbox"/> private physicians	<input type="checkbox"/> other (specify): _____
<input checked="" type="checkbox"/> hospitals	
<input checked="" type="checkbox"/> well-child programs	
<input checked="" type="checkbox"/> rural/migrant health centers	

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

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

2. Local Agency Referral Procedures

- a. The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:

- ☒ State Medicaid Program, including presumptive eligibility determinations, where available
- ☒ child support services
- ☒ SNAP
- ☒ substance abuse counseling/treatment programs
- ☒ TANF, including presumptive eligibility determinations, where available
- ☒ other State-funded medical insurance programs (specify): AllKids
- ☒ other nutrition services (specify): food pantries, emergency funding, hospital dietitians and outpatient dietitians
- ☒ EPSDT Program
- ☒ Children's Health Insurance program(s)
- ☐ Other (specify): _____

- b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral with an *):

- ☐ State agency-developed referral forms
- ☒ local agency-developed referral form
- ☒ telephone call to referring agency
- ☒ verbal referral to participants
- ☐ automated client/participant information exchange
- ☒ written literature on referral programs
- ☒ follow-ups by staff to monitor
- ☒ maintain a list of local resources for drug and other harmful substance abuse counseling
- ☐ other (specify): _____

- c. Methods used by other health and social service programs to refer clients to the WIC Program include (check all that apply and indicate the primary method of referral with *):

- ☒ WIC Program referral form
- ☒ health/social program referral form
- ☒ telephone call
- ☒ verbal referral
- ☐ automated client/participant information exchange
- ☒ written literature on the WIC Program
- ☐ other (specify): _____

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

- d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):**

☒ Yes (check): ☒ Medicaid ☒ TANF ☒ MCH ☒ SNAP

☐ Yes, other (specify): _____

☐ No

- e. The State agency requires local agencies to monitor referrals to determine the extent of health or social services utilization in addition to State monitoring systems.**

☐ Yes ☒ No

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

- f. In order to facilitate referrals to the Medicaid Program, the State agency provides each local agency a chart showing the maximum income limits, according to family size, applicable to pregnant women, infants, and children up to age 5 under the Medicaid Program.**

☒ Yes ☐ No

- g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services.**

☒ Yes ☐ No

- h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.**

☒ Yes ☐ No

- i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:**

☒ food banks

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

- ☒ food pantries
- ☒ soup kitchens or other emergency meal providers
- ☒ SNAP
- ☒ Commodity Supplemental Food Program
- ☒ The Emergency Food Assistance Program
- ☐ Food Distribution Program on Indian Reservations
- ☐ other (specify): _____

j. **The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established.**

☒ Yes ☐ No

k. **The State agency ensures that when WIC is at maximum caseload, local agencies notify FNS of any waiting lists established.**

☒ Yes ☐ No

l. **The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:**

- ☒ food banks
- ☒ food pantries
- ☒ soup kitchens
- ☒ SNAP
- ☒ The Emergency Food Assistance Program
- ☐ Food Distribution Program on Indian Reservations
- ☐ other (specify): _____

m. **Immunization Screening and Referral**

The State agency assures that each local agency is meeting the requirements of WIC Policy Memorandum #2001-7, August 30, 2001: Immunization Screening and Referral, as follows:

- ☒ Screening children under the age of two using a documented immunization history:
 - ☐ Using the minimum screening protocol; or
 - ☒ Using a more comprehensive means, (specify): IL WIC PPM CS 3.15.7
- ☐ Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): _____ **or**
- ☐ Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater; **or**

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

- ☐ The State agency has been unable to formalize a coordination agreement with the State Immunization Program. Provide explanation of extenuating circumstances:

The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.

- ☒ Yes ☐ No (explain):

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

D. Processing Standards

1. Notification Standards

- a. The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request (at the local agency) for program benefits as the following (check all that apply):**

- | | |
|---|--|
| <input checked="" type="checkbox"/> pregnant women eligible as Priority I | <input checked="" type="checkbox"/> high-risk infants (optional) |
| <input checked="" type="checkbox"/> migrant farmworkers/family members | <input type="checkbox"/> homeless (optional) |
| <input type="checkbox"/> optional; please specify: _____ | |

- b. The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:**

- | | |
|---|---|
| <input checked="" type="checkbox"/> rural applicants | <input checked="" type="checkbox"/> employed applicants |
| <input type="checkbox"/> no special policies/procedures | |

- c. The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification**

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|--|

- d. Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for program benefits.**

- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

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

2. Processing Standards

- a. Processing standards begin when the applicant (check all that apply):**

- | |
|--|
| <input type="checkbox"/> telephones the local agencies to request benefits |
| <input checked="" type="checkbox"/> visits the local agency in person |
| <input type="checkbox"/> makes a written request for benefits |

- b. The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants.**

- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

D. Processing Standards

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

E. Certification Periods

1. Certification Period Standards

- a. (i) The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished (known as “extended certification”):

☒ Yes, at all local agencies ☐ Yes, at selected local agencies
☐ No

- (ii) The State agency authorizes local agencies to certify children for a period of up to one year provided that participant children receive required health and nutrition services:

☐ Yes, at all local agencies ☐ Yes, at selected local agencies
☒ No

- (iii) The State agency authorizes local agencies to certify breastfeeding mothers for a period extending up to the infant's first birthday or until breastfeeding is discontinued (whichever comes first), provided that there will be no decrease in health and nutrition services that the participant would otherwise receive during a shorter certification period:

☒ Yes, at all local agencies ☐ Yes, at selected local agencies
☐ No

- (iv) The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:

☒ Yes (describe) ☐ No

b. **Extended certification is an option for the following (check all that apply):**

☒ Priority I infants ☒ Priority II infants ☒ Priority IV infants
☒ Priority III Children ☐ Priority V Children
☒ Priority I Breastfeeding Women ☒ Priority IV Breastfeeding Women

c. **The State agency authorizes local agencies to shorten or extend the certification period up to 30 days in certain circumstances**

☐ Yes (If yes, provide citation indicating circumstances): _____
☒ No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

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

- 2. The State agency authorizes local agencies to disqualify an individual in the middle of a certification period for the following reasons (check all that apply):**

- ☒ participant volunteers the information that they are over income
- ☒ participant abuse
- ☒ family member found income ineligible at recertification
- ☐ failure to pick up food instruments/cash-value vouchers for _____ consecutive issuances
- ☐ other (specify): _____

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

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

- a. The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO):

Intra-State	Inter-State	WIC Overseas	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

- b. A participant ID card is provided which also serves as a VOC card:

☐ Yes ☒ No

- c. The State agency requires all local agencies to use a standardized Verification of Certification card:

☒ Yes ☐ No

- d. Verification of Certification Cards are issued to the following (check all that apply):

☒ all participants
☒ migrants
☒ homeless
☒ participants relocating during certification period
☒ persons affiliated with the military who are transferred overseas
☐ other (specify): _____

**ADDITIONAL DETAIL: Certification and Eligibility Appendix
and/or Procedure Manual (citation): IL PPM CS - 3.14.3**

2. The State agency requires all local agencies to include the following information on the Verification of Certification card (check all that apply):

☒ name of participant
☒ date certification performed
☒ date income eligibility last determined
☒ nutritional risk condition of the participant
☒ date certification period expires
☒ signature/printed or typed name of certifying local agency official
☒ name/address of certifying local agency
☒ identification number or some other means of accountability
☒ migrant status (non-resident)

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

☐ other (specify): _____

- 3. The State agency requires all local agencies to accept as valid all VOC cards from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:**

- ☒ participant name
- ☒ name and address of the certifying agency
- ☒ date the current certification period expires

**ADDITIONAL DETAIL: Certification and Eligibility Appendix
and/or Procedure Manual (citation): IL PPM CS - 3.14.3**

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

1. Dual Participation (WIC only or WIC/CSFP)

- a. The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies:**

☒ Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual)
☐ No

- b. The State agency has a written agreement with the Commodity Supplemental Food Program that includes specific procedures for the detection and prevention of dual participation (attach a copy of the agreement or provide a citation of where a copy is located):**

☒ Yes ☐ No ☐ Not applicable

- c. The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in close proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located):**

☐ Yes ☒ No ☐ Not applicable

- d. The State agency has established procedures to handle participants found in violation due to dual participation:**

☒ Yes (Please attach any descriptions of policy in Appendix or cite Procedure Manual)
☐ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): IL PPM CS - 18

2. Participant Rights and Responsibilities

- a. The State agency has uniform notification procedures that are used by all local agencies statewide:**

☒ Yes ☐ No

- b. The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form:**

☒ Yes ☐ No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

- c. The State agency has implemented a policy of disqualifying participants for not picking up food instruments/cash-value vouchers:**

☒ Yes ☐ No ☐ Not applicable

If yes, the policy is communicated to participants in the participant rights and responsibilities materials:

☒ Yes ☐ No ☐ Not applicable

- d. The State agency has developed special notification policies and procedures for the following:**

- ☒ applicant/participant who cannot read
- ☒ applicant/participant who speaks in a language other than English
- ☐ homeless
- ☐ migrants
- ☐ persons with disabilities
- ☐ other (specify): _____

- e. The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:**

- ☒ eligibility at each certification
- ☒ ineligibility at initial certification
- ☒ mid-certification disqualification
- ☒ expiration of a certification period
- ☒ waiting list status
- ☐ other (specify): _____

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

3. Fair Hearing and Sanction System

- a. The State has a law or regulation governing participant appeals:**

☒ Yes ☐ No

- b. The State agency has established statewide fair hearing procedures:**

- ☒ Yes; attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference below.
- ☐ No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

c. State or local agency actions against participants include (check all that apply):

- ☒ reclaiming the value of improperly received benefits
- ☐ disqualification from the program for up to one year
- ☐ suspension from the program mid-certification
- ☐ other (specify): _____

d. Appeal hearings are held at:

- ☐ WIC State agency parent agency
- ☐ other State agency or hearing board (specify): _____
- ☒ local WIC agency
- ☐ other (specify): _____

e. Statewide fair hearing procedures include (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> request for hearing | <input checked="" type="checkbox"/> local agency responsibilities |
| <input checked="" type="checkbox"/> denial or dismissal of request | <input checked="" type="checkbox"/> continuation of benefits |
| <input checked="" type="checkbox"/> rules of procedure | <input checked="" type="checkbox"/> responsibilities of hearing official |
| <input checked="" type="checkbox"/> fair hearing decision | <input type="checkbox"/> other (specify): _____ |
| <input checked="" type="checkbox"/> judicial review | |

f. State agency procedures require written notification for (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> appeal rights | <input checked="" type="checkbox"/> request for hearing |
| <input type="checkbox"/> denial or dismissal of request | <input checked="" type="checkbox"/> notice of hearing |
| <input checked="" type="checkbox"/> termination within certification period | <input checked="" type="checkbox"/> fair hearing decision |
| <input type="checkbox"/> judicial review | <input type="checkbox"/> other (specify): _____ |

g. The State agency has established timeframes to govern each step of the hearing process:

- ☒ Yes ☐ No

h. The State agency requires all local agencies to document any notification/correspondence in the participant's file:

- ☒ Yes ☐ No

i. The State agency has a written sanction policy for participants:

- ☒ Yes (If yes, provide appropriate citation below)
- ☐ No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

- j. The State agency has established procedures which determine the type and levels of sanctions to be applied against participants:**

☒

Yes

☐

No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix
and/or Procedure Manual (citation): IL PPM - CS 18**

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL

(Please indicate) State Agency: IL for FY 12

Food delivery/food instrument (FI)/cash-value voucher (CVV) accountability and control involves the production, issuance, redemption, and monitoring of automated and manual food instruments, and cash-value vouchers, through retail systems and the delivery of WIC Program foods by non-retail methods i.e., home delivery and direct distribution.

(Retail)

- A. Food Delivery and Food Instrument/Cash-Value Voucher Control Overview - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), and (a)(14)(xii):** describe the policies and procedures used in producing, monitoring and accounting for the use of food instruments and cash-value vouchers.
- B. Food Instrument/Cash-Value Voucher Pick-up and Transaction - 246.4(a)(11)(iii) and (a)(14)(vi):** describe the State agency's procedures for issuing food instruments and cash-value vouchers to participants, including procedures for verification, prorating food packages, training and proxy policies.
- C. Food Instrument/Cash-Value Voucher Redemption and Disposition - 246.4(a)(14)(vi):** describe the procedures used to reconcile food instruments and cash-value vouchers as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments and cash-value vouchers as either validly issued, lost or stolen, expired, duplicate, or not matching issuance records.
- D. Manual Food Instruments and Cash-Value Vouchers -, 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi) and (a)(14)(ix):** describe the procedures for issuing and accounting for manual food instruments and cash-value vouchers, including the procedures for documentation and disposition.
- E. Special Food Instrument and Cash-Value Voucher Issuance Accommodations - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), (a)(14)(ix), (a)(14)(xiv) and (a)(21):** describe alternatives to participant food instrument and cash-value voucher pick-up for issuance (e.g., mail or electronic issuance) and how the integrity of program services and fiscal accountability is ensured.
- F. Vendor Cost Containment System Certification – 246.4(a)(14)(xv), 246.12(g)(4)(vi):** describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

(Non-Retail)

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

- G. *Home Food Delivery Systems - 246.4(a)(11)(iii), 246.4(a)(14)(i), (a)(14)(vi), (a)(14)(vii) and (a)(14)(xii):*** describe how the State agency's home delivery system operates including but not limited to the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries and ensuring safe food delivery of WIC foods, if applicable.
- H. *Direct Distribution Food Delivery Systems - 246.4(a)(11)(iii), (a)(14)(i), and (a)(14)(vi), (a)(14)(vii), and (a)(14)(xii):*** describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of food safety, as applicable.

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

A. Food Delivery and Food Instrument/Cash-Value Voucher Control Overview

1. Food Instruments/Cash-Value Vouchers General

- a. The State agency uses the following types of food instruments and cash-value vouchers (check all that apply):**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Automated - point of certification | <input type="checkbox"/> Automated -central generation |
| <input type="checkbox"/> Manual - individual prescription | <input type="checkbox"/> EBT |
| <input type="checkbox"/> Pre-printed manual - standard prescription | <input type="checkbox"/> Other (specify): _____ |

- b. The State agency conducts food instrument and cash-value voucher inventories: (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):**

	Automated	Manual
	Daily	Daily
S	Weekly	Weekly
S	Monthly	Monthly
S	Yearly	Yearly
	Other (specify): _____	Other (specify): _____

- c. The automated food instrument and cash-value voucher contains/allows for the following information (check all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Local agency identifier |
| <input checked="" type="checkbox"/> Participant WIC ID number | <input type="checkbox"/> Vendor/farmer endorsement |
| <input type="checkbox"/> Countersignature for participant/proxy | |

Provide a facsimile or FI and CVV in Appendix or cite Procedure Manual:

- d. The State agency provides a toll-free number on the food instrument and cash-value voucher for participant/vendor/farmer inquiries:**

- ☒ Food Instrument ☒ Cash-value voucher ☐ Neither

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

2. Food Instrument/Cash-Value Voucher Accountability

- a. Food instruments/Cash-Value Vouchers are delivered to local agencies by:**

- | | |
|---|---|
| <input type="checkbox"/> State agency staff | <input type="checkbox"/> Local agency staff |
| <input type="checkbox"/> US Postal Service | <input type="checkbox"/> On-demand printing |
| <input checked="" type="checkbox"/> Contracted service (e.g., UPS, Purolator, etc.) | |
| <input type="checkbox"/> Other (specify): _____ | |

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

A. Food Delivery and FI/CVV Control Overview

- b. Food instruments and cash-value vouchers (blank stock and preprinted ready for issuance) are delivered to the local agency (check all that apply):**

Blank

- ☐ Not applicable
☐ Weekly
☐ Twice a month
☐ Once a month
☐ Once every two months
☒ Other (specify): on demand

Preprinted

- ☐ Not applicable
☐ Weekly
☐ Twice a month
☐ Once a month
☐ Once every two months
☐ Other (specify): _____

- c. The State agency uses the following procedures to ensure that unclaimed food instruments or cash-value vouchers are not being used fraudulently (check all that apply):**

- ☐ Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants
☐ Local agencies conduct an initial review to void food instruments or cash-value vouchers for participants known to have been terminated from the Program
☒ Inventories of food instruments/cash-value vouchers are not conducted by the same local agency staff responsible for issuing/voiding food instruments/cash-value vouchers
Procedures are in place to ensure the proper disposal of unused/duplicate/voided FVs and CVVs
☐ Other (specify): _____

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

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

- ☐ Manual Issuance ☐ Automated issuance
☐ Mailing ☐ Home food delivery
☒ Direct distribution ☒ Other (specify): limited quantity of

infant formula available through the Food Center Project

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

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

B. Food Instrument/Cash-Value Voucher Pick-up

1. Food Instrument/Cash-Value Voucher Pick-Up Policy and Procedures

a. Food instruments/cash-value vouchers are issued by (check all that apply):

	All Locals	Most Locals	Some Locals
Local agency director	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local agency nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local agency paraprofessional	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clerical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify): 			

b. The State agency utilizes a participant identification card:

☒ Yes ☐ Yes, with photo ☐ No

If yes, issuance is controlled numerically and each card is accounted for:

☐ Yes ☒ No

c. The State agency requires the following proof of receipt when issuing automated food instruments/cash-value vouchers:

- ☐ Participant/parent/caretaker/proxy signature block on register confirming receipt
- ☐ Carbon copy of food instrument/cash-value voucher
- ☒ Local agency staff initials
- ☐ Date of food instrument/cash-value voucher pick-up
- ☒ Stub with participant signature or initials
- ☐ Other (specify): _____

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

- ☒ Late FI/CVV pick-up
- ☐ Mid-month certification
- ☐ Certification due to expire within 30 days
- ☒ Other (specify): to meet individual needs fo

participant.

e. The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply):

- ☒ Authorized vendors/farmers
- ☒ FI transaction procedures
- ☒ Use of proxy
- ☐ Other (specify): _____
- ☒ Selecting WIC-approved foods
- ☒ Signature on FIs/CVVs
- ☒ Reporting problems/requesting assistance

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

B. Food Instrument/Cash-Value Voucher Pick-up

- f. The State agency requires local agency staff to provide participants with a list of authorized vendors/farmers:

☒ Yes ☐ No

- g. The State agency permits a participant to transact food instruments and cash-value vouchers with any authorized vendor or farmer in the State:

☒ Yes ☐ No

If “no,” the State agency will eliminate its vendor-specific system on (date): _____

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

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

- ☒ Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs/CVV for all homeless WIC participants in a facility
- ☐ Limits proxy to a specified number of FI/CVV pick-ups
- ☒ Limits proxy to a minimum age
- ☐ Limits proxy assignment to local WIC staff ☐ Other (specify): _____

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

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

C. Food Instrument/Cash-Value Voucher Redemption and Disposition

1. Food Instrument/Cash-Value Disposition Procedures

a. The State agency system assures 100% disposition of all issued FI's and CVVs

☒ Yes ☐ No

If no, specify the circumstances that prevent 100% disposition: _____

b. The State agency monitors each local agency's:

- ☐ Number of manual FIs/CVVs utilized
- ☐ Number of unclaimed FIs/CVVs
- ☒ Number of voided FIs/CVVs
- ☒ Number of redeemed FIs/CVVs with no issuance record

c. Local agencies are supplied with a report on the final disposition of its FIs/CVVs:

☒ Yes (specify period): Weekly ☐ No

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

2. Unclaimed, Voided, Prorated FIs/CVVs

a. The State agency requires local agencies to return "unclaimed/not picked up" FIs/CVVs:

☒ Not applicable ☐ Daily ☐ Weekly ☐ Monthly
☐ Other (specify): _____

b. The State agency requires local agencies to return "voided" FIs/CVVs:

☒ Not applicable ☐ Daily ☐ Weekly ☐ Monthly
☐ Other (specify): _____

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

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

C. Food Instrument/Cash-Value Voucher Redemption and Disposition

3. Lost/Stolen Food Instruments/Cash-Value Vouchers

a. The State agency requires local agencies to report lost/stolen FIs/CVV to (check all that apply):

- ☒ State agency
☐ State agency's banking institution
☒ Police department
☐ Other (specify): _____

b. Replacement/duplicate FIs/CVV are issued when FIs/CVV are reported lost:

- ☐ No
☒ Depends on the circumstances
☒ Yes (If FIs/CVV are reissued, it is done):
☐ Immediately
☒ Following notification of State agency/bank agency
☐ After a _____ day waiting period (specify number of days)

c. Replacement/duplicate FIs/CVV are issued when they are reported stolen:

- ☒ No
☐ Depends on the circumstances
☐ Yes (If FIs/CVV are reissued, it is done):
☐ Immediately
☐ Following notification of State agency/bank agency
☐ After _____ day waiting period (specify # days)

d. The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen FIs/CVV (check all that apply):

- ☒ Stops payment on the lost/stolen FIs/CVV
☐ Notifies vendor or farmer
☒ Other (specify): WIC PPM FD-5

Please provide a copy/citation for State agency's policy procedures that ensure that lost/stolen FIs/CVV cannot be redeemed. FD 5.2

e. The local agency documents in the participant's file that replacement FIs/CVV were issued:

- ☒ Yes
☐ No

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

C. Food Instrument/Cash-Value Voucher Redemption and Disposition

- f. The State agency monitors the level of reported lost/stolen FIs/CVV by local agency:**

☒ Yes ☐ No

- g. If it is established that lost/stolen FIs/CVV are transacted by the participant who reported them lost/stolen, the following actions are taken:**

☒ A claim for cash repayment is issued to participant
☐ Participant is disqualified
☒ Participant receives a warning
☐ Other (specify): _____

- h. If lost/stolen FIs/CVV are transacted by someone other than the participant, the following actions are taken:**

☒ Reported to police for investigation
☐ State agency or local agency does an investigation
☐ Other (specify): _____

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

4. FI's/CVV's Redemption Screening (7 CFR 246.12(k)(1))

- a. Describe in detail how the State agency sets maximum allowable reimbursement levels for use in screening food instruments for payment (including whether the State agency uses vendors' shelf prices to set maximum reimbursement levels and how reimbursement levels are linked to competitive price criteria). If the State agency sets maximum allowable amounts differently for above-50-percent vendors and regular vendors, please explain the different methods used.**

- (1) The State agency establishes maximum allowable reimbursement levels for:**

(a) Each peer group	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(b) Each food instrument or food category	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(c) Other (please specify)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

- (2) The State agency establishes maximum allowable reimbursement using:**

(a) Standard deviations	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(b) A percentage above the average redemption amount	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
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C. Food Instrument/Cash-Value Voucher Redemption and Disposition

If yes, specify the percentage and explain how the State agency determined that this percentage is appropriate.

(c) Other (please specify) _____

Yes ☐

No ☒

(3) The allowable reimbursement levels include a factor to reflect:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Wholesale price fluctuations
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Inflation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (please specify: _____)

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

Not Applicable	Pre-Edit Screen	Post-Edit Screen	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price exceeds price limitations (FI only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Altered purchase price
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor/farmer identification missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Invalid/counterfeit vendor/farmer identification
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transacted before specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Transacted after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Redeemed after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Altered dates
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Missing signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mismatched signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

c. When the payment amount on a food instrument exceeds the maximum allowable reimbursement amount, what action does the State agency take?

☐ Reimburses the vendor for amounts up to the maximum allowable amount
☒ Rejects the food instrument, but allow the vendor to resubmit
☐ Rejects the food instrument without allowing the vendor to resubmit
☐ Other (please specify): _____

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

C. Food Instrument/Cash-Value Voucher Redemption and Disposition

d. Where pre-edit screens are used, the proportion of FIs/CVV's reviewed include:

- ☒ All FIs/CVV's ☐ Percentage of FIs/CVV's (_____%)
☐ Other: (please specify): _____

e. The edit system(s) that screens for price limitations and vendor overcharges rejects food instruments based on:

Pre-edit

Post-edit

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Not To Exceed or Maximum Prices |
| <input type="checkbox"/> | <input type="checkbox"/> | Percentage above average (_____%) |
| <input type="checkbox"/> | <input type="checkbox"/> | Amount above average (\$____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____ |

f. The following actions are used to control against unauthorized stores redeeming FIs/CVV's:

- ☐ Provide up-to-date list of authorized vendors to participants at certification and/or FI issuance
- ☐ Recover vendor/farmer stamp when vendor/farmer is no longer authorized
- ☒ Conduct compliance buy to verify if unauthorized store redeems FIs/CVV's
- ☒ State agency or its banking institution checks vendor/farmer ID numbers on food instruments submitted for redemption against the authorized vendor/farmer list before paying vendors or farmers for FIs/CVV's submitted for redemption
- ☒ Inform all participants who might use the unauthorized store
- ☐ Other (specify): _____

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

5. Price Lists

a. Price list information is routinely collected from vendors:

- ☒ Yes ☐ No (Proceed to item #6)

b. Price list data are collected:

- ☐ Monthly
- ☒ Quarterly
- ☐ Semiannually
- ☐ Other (specify): _____

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

C. Food Instrument/Cash-Value Voucher Redemption and Disposition

c. Price data are collected by:

- ☐ State agency staff
- ☐ Local agency staff
- ☒ Reports are submitted by vendors
- ☐ Other (specify): _____

d. The data collected has food prices for (check all that apply):

- ☐ All brands and sizes of supplemental foods
- ☐ Highest price supplemental food items within food categories
- ☐ All authorized vendors
- ☒ A sample of authorized vendors (please describe the sampling method used)
- ☒ Other (specify): Statistically valid random sample of store types within regions.

e. The ☐ State agency/ ☐ local agency verifies price data provided by vendors:

- ☒ During routine monitoring visits
- ☐ Does not verify on a routine basis
- ☒ If the vendor is identified as a high-risk vendor
- ☒ Other (explain): During vendor price surveys

f. The ☒ State agency/ ☐ local agency analyzes price data:

- ☐ Manually on a routine or as needed basis
- ☒ On an ADP system and uses it to:
 - ☒ Generate estimated food instrument values
 - ☒ Help inform WIC staff on vendor selection decisions
 - ☐ Develop vendor peer groups
 - ☒ Flag individual food instruments that appear to be overcharges
 - ☐ Other (specify): _____

6. System to Detect Suspected Overcharges

a. Does the State agency screen for suspected overcharges:

- ☐ Yes, vendor claims are issued for overcharges.
- ☐ No, the State agency makes price adjustments to food instruments submitted for redemption at amounts above edit limits
- ☐ No
- ☒ Other (specify): All food instruments have pre-edit review to determine whether the vendors cost exceeds the Department's estimated value of the food instrument.

b. The following best describes how the vendor is billed for overcharges:

- ☐ Based on the vendor's reported prices

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

C. Food Instrument/Cash-Value Voucher Redemption and Disposition

- ☐ Based on redemption values of other vendors in the vendor's peer group
- ☐ Based on redemption values of all vendors
- ☒ Other (specify): IL does not bill for over charges

**c. To receive payment or appeal a claim for a vendor overcharge, the vendor must:
(Check all that apply)**

- ☐ Provide an updated price list
- ☐ Provide written justification for the higher prices
- ☐ Provide receipts
- ☒ Other (specify): State agency conducts pre-edit review on a maximum value Food Instrument. All Food Instruments that exceed the maximum value are rejected and must be re-submitted for payment.

**d. The following actions are taken when a vendor has chronic overcharging problems:
(Check all that apply)**

- ☐ Routine monitoring or remedial vendor training is conducted
- ☐ Vendor is designated as high-risk and scheduled for compliance investigation
- ☐ Vendor is provided with a written warning of potential sanction for overcharging
- ☐ Vendor is terminated for cause
- ☐ Vendor is sanctioned
- ☒ Other (specify): N/A The vendor does not receive payment when exceeding the maximum value of the Food Instrument in Illinois.

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

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

D. Manual Food Instruments/Cash-Value Vouchers

☒ **DOES NOT APPLY (PROCEED TO NEXT SECTION)**

1. Manual FIs/CVV Policy

a. Manual FIs/CVV are utilized for the following reasons:

- ☐ New participants
- ☐ Automated FIs/CVV not available
- ☐ Mutilated automated FIs/CVV
- ☐ Wrong food package on automated FI
- ☐ Wrong dollar amount on automated CVV
- ☐ Provide for the special needs of the homeless
- ☐ Food package tailoring
- ☐ Routine monitoring visits (i.e., educational buys) of vendors/farmers
- ☐ Compliance buys of vendors/farmers
- ☐ Special conditions, e.g., disasters
- ☐ Other (specify): _____

b. The State agency requires the following for completing the manual FI/CVV register:

- ☐ Participant/proxy signature
- ☐ Local agency staff initials
- ☐ Date of FI/VCC pick-up
- ☐ other (specify): _____

c. Manual FI's/VCC's have a "Not to Exceed Value" of:

- ☐ Same dollar amount for all manual food instruments \$_____
- ☐ Variable dollar amount depending on type of prescription on manual FI
- ☐ Variable dollar amount depending on participant category on manual CVV
- ☐ No limit
- ☐ Other (specify): _____

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

2. Manual FI/CVV Documentation and Disposition

a. A report containing the serial numbers of manual FIs/CVV issued by local agencies is sent to the State agency:

- ☐ Not applicable
- ☐ Weekly
- ☐ Monthly
- ☐ Other (specify): _____

b. Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual FIs/CVV issued and redeemed but for which no participant record currently exists by utilizing:

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL

D. Manual Food Instruments/Cash-Value Vouchers

- ☐ Turnaround documents to establish valid certification records
- ☐ Telephone calls to the State/local agency on irregularities
- ☐ Other (specify): _____

c. If the manual FI/CVV inventories do not achieve 100% reconciliation of all issued and unissued FIs/CVVs, the local agency (check all that apply):

- ☐ Reports the FI/CVV serial numbers to the State agency
- ☐ Provides the FI/CVV serial numbers to local vendors/farmers
- ☐ Other (specify): _____

(Provide a copy/citation of the State agency's prescribed procedures if the manual FI/CVV inventory cannot be reconciled).

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

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

E. Special FI/CVV Issuance Accommodations

1. Alternative FI/CVV Issuance

a. The State agency has implemented the following FI/CVV issuance policy (check all that apply):

- ☒ All participants are required to pick up FIs/CVVs at the clinic or local agency, except in unusual circumstances
- ☒ Participants/proxies are required to show identification at FI/CVV pick up
- ☐ FI/CVV are routinely mailed to participants except (1) when the participant is scheduled for nutrition education (including breastfeeding promotion and support activities) or a certification appointment and (2) in areas where Food Stamps are not mailed, as these areas are known to have experienced high mail issuance losses
- ☐ Benefits are provided electronically to a location such as a grocery store under certain conditions; thus participants may not always pick up FIs/CVVs at the clinic
- ☐ Other (specify): _____

2. Mailing Policy/Procedures

a. The State agency provides local agencies with guidelines/procedures for mailing FIs/CVVs to individual participants:

- ☒ Yes ☐ No

b. Policy requires participants to pick up FIs/CVVs whenever certification appointment is due or nutrition education (including breastfeeding promotion and support activities) is scheduled:

- ☒ Yes ☐ No

c. The State agency has implemented the following policy regarding mailing FIs/CVVs (check all that apply):

- ☐ FIs/CVVs are sent first class mail *(first class is considered *regular* mail)
- ☒ FIs/CVVs are sent registered mail
- ☐ FIs/CVVs are sent certified mail
- ☐ FIs/CVVs are sent restricted mail
- ☒ Return receipt is requested on FIs/CVVs sent certified mail
- ☐ Envelope specifies, "Do not forward, return to sender" or "Do not forward, address correction requested"
- ☐ Other (specify): _____

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ACCOUNTABILITY AND CONTROL**

E. Special FI/CVV Issuance Accommodations

- d. The State agency approves mailing FIs/CVVs under the following conditions
(check all that apply):**

	State- Wide	LA with SA Approval	Case by Case
Participant hardship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel-related issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Better clinic management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant convenience	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cost effectiveness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if other, specify): _____			

- e. When mailing FIs/CVVs, documentation of FI/CVV issuance is:**

- ☒ Signed by the participant at the following FI/CVV pick-up/visit
☐ Noted "mailed" and initialed/dated by local agency staff
☒ Signed and dated by local agency staff after return receipt is received
☐ Other (specify): _____

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

- 3. Participants who receive FIs/CVVs by mail are sent:**

- ☐ One month of FIs/CVVs
☒ Three months of FIs/CVVs
☐ Two months of FIs/CVVs
☐ Other (specify): _____

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

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

F. Vendor Cost Containment System Certification

If the State agency has authorized or plans to authorize any above-50% vendors, FNS must certify the vendor cost containment system. A State agency that has not yet received FNS certification must submit a request for certification that contains the following information.

☒ **DOES NOT APPLY (PROCEED TO SECTION G)**

1. Calculation of new competitive price levels

Describe how the State agency derived or will derive new competitive price levels for regular vendors, which exclude the prices of above-50-percent vendors.

2. Allowable reimbursement levels for regular vendors and above-50-percent vendors

a. Explain how the State agency will ensure that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.

b. The State agency plans to exempt above-50-percent vendors from the competitive price criteria and allowable reimbursement levels.

☐ Yes ☐ No

If yes, how many vendors will be exempted? _____

Are these vendors needed to ensure participant access to supplemental foods?

☐ Yes ☐ No

c. The State agency applies peer-group-specific maximum allowable reimbursement levels to food instruments during the food instrument redemption process.

☐ Yes ☐ No

If yes, describe the procedure or process used:

3. Describe the State agency's methodology for grouping above-50-percent vendors in its peer group system (i.e., separately or in peer groups with regular vendors) and the criteria the State agency uses to identify comparable vendors for each group of above-50-percent vendors.

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

F. Vendor Cost Containment System Certification

- 4. The State agency plans to exempt *non-profit* above-50-percent vendors from competitive price criteria and allowable reimbursement levels.**

☐ Yes ☐ No

If yes, provide the following information **in detail**:

- a. The reason the State agency has decided to exempt such vendors (i.e., the benefits to the program) and the number of non-profit vendors to be exempted;**

- b. The reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods;**

- c. How the prices of the non-profit vendors compare to those of other vendors in their geographic area that are subject to competitive price criteria and allowable reimbursement levels; and**

- d. How the State agency will establish the level of reimbursement for the non-profit above-50-percent vendors that it has exempted.**

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

☐ Yes ☐ No

If the State agency has not fully implemented the revised competitive price and allowable reimbursement methodologies, describe the current status of this effort and include the timetable for achieving full implementation.

- 6. The State agency plans to exempt *pharmacy* vendors from competitive price criteria and allowable reimbursement levels.**

☐ Yes ☐ No

If yes, the State agency has confirmed that these pharmacies provide **only** exempt infant formula and/or WIC-eligible medical foods to program participants.

☐ Yes ☐ No

- 7. Complete the three tables on the following pages to demonstrate that the State agency's procedure for establishing and implementing competitive price criteria and allowable**

**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY AND CONTROL**

F. Vendor Cost Containment System Certification

reimbursement levels ensures that average payments per food instrument or food item to above-50% vendors do not exceed average payments to regular vendors.

8. Attach a copy of the report(s) that the State agency will use to monitor average payments per food instrument to above-50% vendors and regular vendors. If the State agency does not have such a report, describe the State agency's plans to develop and implement a report(s) for monitoring purposes, including the report contents or fields.

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL
F. Vendor Cost Containment System Certification

Table 1. Data for WIC Vendor Cost Containment Certification – Overview

Please provide the following information on the regular vendors and the above-50-percent vendors authorized by the State agency as of June 30th. If data are not available through June 30th, the State agency should enter data for the period for which data are available, replacing “June” with the month to which the data are applicable.

1. How many authorized regular vendors did the State agency have as of June 30 th ?	1.
2. For all of these regular vendors combined, what was the total amount of WIC redemptions paid in June 30?	2.
3. How many above-50-percent vendors did the State agency have as of June 30 th ?	3.
a. Non-pharmacy above-50-percent vendors <ul style="list-style-type: none"> ▪ Number of <i>WIC-only</i> stores ▪ Number of other types of above-50-percent vendors (excluding pharmacies) b. Above-50-percent pharmacy vendors c. Total above-50-percent vendors (sum of a and b)	a. ▪ ▪ b. c.
4. What was the total amount of redemptions paid to these above-50-percent vendors in June? a. Non-pharmacy above-50-percent vendors b. Above-50-percent pharmacy vendors c. Total above-50-percent vendors	4. a. b. c.
5. How many peer groups of above-50-percent vendors (either separate peer groups or groups with regular vendors) has the State agency identified?	5.
6. How many above-50-percent vendors and regular vendors has the State agency authorized that do <u>not</u> meet competitive price criteria, but are needed to ensure participant access to supplemental foods?	6. above-50%: _____ regular vendors: _____

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL
F. Vendor Cost Containment System Certification

(Note: If the State agency has completed the peer group table in the Vendor Management section of this Guidance, skip the following table.)

Table 2: Data for WIC Vendor Cost Containment Certification – Peer Group Structure

Please describe all vendor peer groups and identify the regular vendors that are comparable to each group of above-50-percent vendors. The information provided should refer to the peer group system as structured to comply with the new vendor cost containment requirements.

Peer Group					Comparable Vendors Peer Group Number (Col6)
Peer Group No. (Col1)	Description (e.g., supermarkets, chain stores, pharmacies) (Column 2)	Number of Vendors in Peer Group			
		Regular Vendors (Col3)	Above-50% Vendors (Col4)	Total (Col5)	
1					
2					
3					
4					

Instructions:

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

Column 2 – Describe the vendors in the peer group.

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

Column 4 – Insert the number of above-50-percent vendors currently authorized.

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

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

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL
F. Vendor Cost Containment System Certification

Table 3: Data for WIC Vendor Cost Containment Certification – Average Payments to Vendors

Using the format below, provide the latest available redemption data for the ten (10) most frequently redeemed food instrument types. Then indicate how these amounts have changed or will change with the implementation of the revised competitive price criteria and allowable reimbursement amounts. Prepare a separate table for each group of above-50-percent vendors identified in Table 2.

Chart for: Above-50-Percent Vendors in Peer Group No. _____

Food Instrument Type/Number and Description (1)	Number of Food Instruments Redeemed (2)	Average Redemption Price and Standard Deviation Per Food Instrument for (Insert Month & Year)				Difference in Average Redemption Prices Between Above-50% Vendors and Comparable Regular Vendors (5)	Average Redemption Price Per Food Instrument for (Insert Month & Year)	
		Above-50% Vendors (3)		Comparable Regular Vendors (4)			Above-50% Vendors (6)	Comparable Regular Vendors (7)
		Price	Std. Dev.	Price	Std. Dev.			

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL
F. Vendor Cost Containment System Certification

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Instructions:

Begin by identifying the above-50-percent vendors to which the data in the chart refer. Insert the peer group number for the above-50-percent vendors and write it on the line at the top of the chart. All data in the chart should pertain only to the above-50-percent vendors in the peer group and the comparable regular vendors. Complete a separate table for each group of above-50-percent vendors and comparable regular vendors identified in the table 2.

- Column 1 – Insert the food instrument (FI) type or number and list the foods included on the FI. Include no more than two infant formula food instrument types, but complete the chart using the next most frequently redeemed food instrument types.
- Column 2 – For each type of FI identified in column 1, insert the number of food instruments redeemed (paid) in June (the calendar month). If the State agency implemented competitive price criteria and allowable reimbursement levels that comply with the new vendor cost containment requirements before June, then select the calendar month before the State agency applied the new competitive price criteria and allowable reimbursement levels.
- Columns 3 & 4 – Insert the average food instrument redemption amount and the standard deviation for the above-50-percent vendors and for the regular vendors that the State agency has identified in Table 2 as comparable vendors. As an alternative to providing average payments to comparable regular vendors, the State agency may enter average payments to all regular vendors. If the State agency provides data for all regular vendors rather than average payment to comparable vendors, indicate this on the table or in the accompanying narrative.
- Column 5 – Subtract the amount in column 4 from the amount in column 3 and enter the difference here. If the amount in column 3 is less than that in column 4, enter the difference as a negative dollar amount.
- Column 6 – Insert the average food instrument redemption amount for above-50-percent vendors *after* the State agency has applied the revised competitive price criteria and allowable reimbursement levels. If the State agency has implemented new competitive price criteria and allowable reimbursement levels before submitting its request for certification to FNS, then the data in column 6 should be actual redemption data for the above-50-percent vendors and comparable regular vendors. Insert the calendar month(s) to which the data pertain. If the State agency does not have actual redemption data, then the State agency must estimate the new average redemption amounts.
- Column 7 – Insert the average redemption amounts for the corresponding group of comparable vendors. If the State agency has not yet implemented its revised methodologies, insert the target date to which the estimated average redemption amounts would apply. In the narrative that accompanies this data, discuss in detail the rationale for the State agency's estimated average redemption amounts in columns 6 and 7. The average redemption amount for above-50-percent vendors may not exceed the average redemption amount for comparable vendors.

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL

G. Home Food Delivery Systems

☒ **DOES NOT APPLY (PROCEED TO NEXT SECTION)**

1. Home Food Delivery Systems Overview

a. Home delivery vendors include (check all that apply):

- ☐ Dairies
- ☐ Private delivery service doing WIC business only
- ☐ Private delivery service
- ☐ Other (specify): _____

b. Participants who receive home food delivery:

- ☐ Are notified in writing of the types and quantities of foods
- ☐ Are issued FIs/CVV's that they sign and provide to the vendor when the food is delivered
- ☐ Indicate by authorized signature on a FI/CVV, receipt or signature document, the supplemental foods received
- ☐ Other (specify): _____

c. Supplemental foods may be delivered:

- ☐ Only to the participant of record
- ☐ To the participant of record or proxy of record
- ☐ To any adult at home during time of delivery
- ☐ To anyone at home at the time of delivery
- ☐ Other (specify): _____

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

2. Documentation

a. The forms verifying delivery are reconciled against vendor invoices:

- ☐ Weekly
- ☐ Monthly reconciliation of the signed FIs/CVV's or other signed receipts or signature documents from participant or proxies.
- ☐ Other (specify): _____

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL

G. Home Food Delivery Systems

- b. Signatures of participants who sign the food receipt document/ FIs/CVV are compared to the signature on file.**

☐ No

☐ Yes, sample

☐ Yes, 100%

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

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL

H. Direct Distribution Food Delivery Systems

☐ **DOES NOT APPLY**

1. Direct Distribution Food Delivery - General

a. The State agency uses a direct distribution food delivery system to:

- ☒ Distribute all of its WIC Program foods
☐ Distribute only exempt infant formula and/or medical foods
☐ Distribute (specify): _____

b. The State agency uses:

- ☐ Warehouse not used
☐ One central warehouse, deliveries directly to local agencies
☐ One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies
☒ Other (specify): Catholic Charities (Arch Diocese of Chicago)

c. Warehouses are operated by:

- ☐ State agency ☐ Local agency
☐ Other state or public agency ☐ Under contract with a private business
☒ Other (specify): Catholic Charities (Arch Diocese of Chicago)

d. Warehouses used for storage of WIC foods are also used to store other FNS program commodities (Please specify which commodities):

- ☐ Yes ☒ No

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

2. Food Distribution

a. Foods are distributed to participants:

- ☒ Grocery store fashion
☐ Pre-packaged
☐ Other (specify): _____

b. Participants receiving food are required to sign:

- ☐ A register once for all foods received
☐ A register/form for each food item received
☒ Other (specify): run not-for-profit stores

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/ CASH-VALUE VOUCHER (CVV) ACCOUNTABILITY AND CONTROL

H. Direct Distribution Food Delivery Systems

c. Foods are distributed to participants:

- ☐ Monthly
☒ Other (specify): when participant comes to Food Center with their non-negotiable food coupons

d. Participants with limited access to facilities used for distribution have available to them:

Services provided by:

	Local Agency	Other Sources
Home delivery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cost-free transportation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
(if other, specify): <u>Catholic Charities authorized on specific occasions</u>		

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

3. Warehouse Insurance and Inspectors

a. Insurance for the warehouse covers (check all that apply):

- ☒ Theft ☒ Fire ☒ Infestation ☒ Spoilage
☐ Other (specify): _____

b. Warehouses are inspected by a public authority responsible for enforcing:

- ☒ Fire safety laws and regulations (specify date and grade of last inspection): _____
☒ Sanitation laws and regulations (specify date and grade of last inspection): _____
☐ Other (specify): _____

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

X. MONITORING AND AUDITS

(Please indicate) State Agency: **IL** for FY **12**

Monitoring and audits involves State agency efforts to review local agency activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

A. Monitoring - 246.19(b): requires State agencies to establish a management evaluation system.

B. Audits - 7 CFR 3052: describe State agency audit responsibilities.

X. MONITORING AND AUDITS

A. MONITORING

☐ **DOES NOT APPLY (PROCEED TO NEXT SECTION)**

1. Local Agency Monitoring Activity (to be updated each year)

a. Local agencies/clinics monitored:

57 number of local agencies monitored last annual period
102 number of clinics monitored last annual period
39 number of local agencies to be monitored this current annual period
60 number of clinics to be monitored this current annual period

Specify last annual period, from: 07/01/09 to 06/30/10 (month/day/year – month/day/year;
must be applied consistently)

Specify current annual period, from: 07/01/10 to 06/30/11 (month/day/year – month/day/year;
must be applied consistently)

b. Number of local agencies required to submit Corrective Action Plans (CAPs) to redress deficiencies identified during monitoring last year: 57 (Number)

c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.

☒ Yes ☐ No

If the State agency uses a tracking device, it shows (check all that apply):

- ☒ date of most recent review for each local agency
- ☒ date of last review for each local agency
- ☒ number of clinics reviewed in most recent review for each local agency
- ☒ listing of findings for most recent review of each local agency
- ☒ date of State agency notice of findings in most recent review for each local agency
- ☒ date of local agency corrective action plan in most recent review for each local agency
- ☒ outcome of corrective action plan

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

- ☒ no-shows by category
- ☒ administrative costs claimed
- ☒ financial reports
- ☒ priorities served
- ☒ caseload
- ☒ racial/ethnic
- ☒ staff/participant ratios
- ☒ participant nutrition surveillance data for participants in that local agency
- ☒ other (specify): Nutrition ed plan and health outcome data

ADDITIONAL DETAIL: Monitoring & Audits Appendix

X. MONITORING AND AUDITS

A. MONITORING

and/or Procedure Manual (citation):

2. Local Agency Monitoring Procedures

a. The State agency uses an established protocol when it monitors local agencies.

☒ Yes ☐ No

If yes, attach in Monitoring and Audits Appendix or specify location in Procedure Manual below:

This monitoring protocol includes:

- ☒ advance notification of monitoring visit
- ☒ determination of timeframes for conducting the review
- ☒ designation of local agency staff to assist State agency staff during review
- ☒ discussion of review findings on-site with local agency
- ☒ specified time frame for providing written review report
- ☒ specified time frame for local agency submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
- ☒ instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
- ☒ evaluation of adequacy of corrective action
- ☒ follow-up with local agency to ensure corrective action measures are implemented
- ☒ written notification of closure of the review
- ☐ other (specify):

b. Monitoring of local agencies is conducted by (check all that apply):

- ☒ State WIC staff
- ☒ district or regional staff
- ☐ other health programs
- ☐ other (specify):

c. Specialists in the following areas monitor the areas of their expertise:

- ☒ certification and eligibility determination
- ☒ caseload management
- ☒ nutrition services
- ☒ breastfeeding promotion and support
- ☒ targeting and outreach policies
- ☒ financial management of administrative funds
- ☒ food delivery system
- ☒ vendor management
- ☒ civil rights
- ☒ Information Systems security
- ☐ other (specify):

X. MONITORING AND AUDITS

A. MONITORING

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review:

d. The State agency uses a standard local agency/clinic review form.

☒ Yes ☐ No

(If yes, please ensure that it is included in the monitoring and audits appendix if it is not included in the procedure manual or elsewhere in the State Plan.)

If yes, the review form covers the following areas:

- ☒ an assessment of local agency management
- ☒ an assessment of patient flow
- ☒ certification case file reviews, including procedures for determining adjunctive income eligibility
- ☒ caseload management
- ☒ training of local agency and clinic staff
- ☒ nutrition education
- ☒ breastfeeding promotion and support
- ☒ targeting and outreach policies
- ☒ financial management of administrative funds
- ☒ validation of staff time spent on WIC
- ☒ food instrument accountability
- ☒ vendor training and monitoring, if these functions are delegated to local agency
- ☒ civil rights compliance
- ☐ other (specify):

e. The State agency has developed procedures for local agencies to use when they evaluate:

- ☒ their own operations
- ☒ subsidiary/satellite operations (e.g., county health department clinic)
- ☒ subcontractors (e.g., community action program, hospital)
- ☐ homeless facilities/institutions
- ☐ other (specify):

If yes, these procedures include a monitoring tool.

☒ Yes ☐ No

If yes, all local agencies are required to follow these procedures.

- ☒ Yes
- ☐ No (specify basis for exemptions):

X. MONITORING AND AUDITS

A. MONITORING

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

3. Use of Local Agency Review Data

- a. The State agency analyzes the results of local agency monitoring visits to determine whether deficient areas are common among its local agencies.**

☒ Yes ☐ No

- b. The State agency utilizes local agency review data to (check all that apply):**

- ☒ identify outstanding operational approaches that could be shared with other local agencies
☒ track individual local agency performance
☒ compare administrative costs/expenses among local agencies
☒ compare staffing and organization among local agencies
☐ other (specify):

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

X. MONITORING AND AUDITS

B. AUDITS

Do not include management evaluations or other reviews conducted by FNS regional offices or by WIC State agencies. This section concerns the audits conducted under 7 CFR 3052, and audits conducted by USDA's OIG.

1. Audits (Federal, State, and Local)

a. Number of audits conducted during FY-10: See Appendix (2) State FY2010 Fiscal/Administrative Monitoring, Analysis of WIC Providers for listing of those audited for response in section b below).

b.	Entities audited (includes both State and local agencies)	Auditor(s)	Period of Audit	Status/disposition of audit at this time (management decision, final action, etc.)
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

c. Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$500,000 or more in Federal funds during the fiscal year, etc.)

Entities not audited (includes both State and local agencies)	Reason Entity Not Audited
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

X. MONITORING AND AUDITS

B. AUDITS

2. Audit Management Decision

a. Methods used by the State agency to ensure that corrective action is taken on audit findings include (check all that apply):

- ☒ State agency has a copy of the corrective action plan on file.
- ☒ State agency tracks audits to determine if the same problems are recurring from year to year.
- ☐ Local agency must file periodic reports.
- ☒ State agency contacts local agency by phone or in writing periodically.
- ☒ State agency visits local agency.
- ☐ Other (specify):

b. State agency actions taken to ensure that all claim amounts are recovered include (check all that apply):

- ☐ Local agency files periodic reports.
- ☒ State agency contacts local agency by phone or in writing.
- ☒ State agency monitors receipt of a check in the amount of an audit claim.
- ☒ State agency establishes and employs billing/offsetting of account procedures.
- ☐ Other (specify):

c. State agency accounting procedures for claim amounts recovered:

- ☒ Recovered claim amounts from prior fiscal years are returned to FNS.
- ☒ Recovered claim amounts are reallocated if collected within the same fiscal year.
- ☐ Claim amounts are verified with local agency.
- ☐ Other (specify):

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

3. Availability of Audit Reports

a. The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.

- ☒ Yes ☐ No, copies are retained by:

X. MONITORING AND AUDITS

B. AUDITS

- b. Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:**

- ☐ Detailed breakdown of each audit finding is tracked separately.
- ☒ Individuals are assigned to monitor each audit.
- ☒ One individual is assigned to monitor all audits.
- ☐ Other (specify):

- c. The State agency maintains a listing of all planned audits for the coming Fiscal Year.**

- ☒ Yes ☐ No

(Indicate recent FYs which included WIC in A-133 audits):

- d. The State agency ensures WIC participation in A-133 and other audits by (check all that apply):**

- ☒ developing a tracking system that monitors the status of each audit
- ☐ establishing a contact person for each audit
- ☒ including this audit requirement in the local agency contract
- ☒ other (specify): mailing report packet and mailing funding notifications.

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

XI. CIVIL RIGHTS

(Please indicate) State Agency: IL for FY 12

The Civil Rights section of the State Plan should cover the training of State and local staff on issues, rules and regulations related to civil rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with civil rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling civil rights complaints.

A. Administration - 246.4(a)(17): describe the procedures the State will use to comply with the civil rights requirements described in 246.8, including the processing of discrimination complaints.

B. Public Notification Requirements and Nondiscrimination Notification - 246.8(a)(1): describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants in an appropriate language (246.8(c)) through WIC Program materials.

C. Compliance Review and Monitoring Activity - 246.8(a)(2): describe the policies and procedures used to monitor and review local agencies to verify that they are in compliance with civil rights laws and regulations.

D. Data Collection and Reporting - 246.8(a)(3): describe the methods used to collect and monitor racial/ethnic data in compliance with title VI of the Civil Rights Act of 1964.

E. Complaint Handling - 246.4(a)(16): describe the policies and practices used to ensure civil rights complaints are handled properly at the State and local level.

XI. CIVIL RIGHTS

A. Administration

- 1. The State agency designates an individual to coordinate, implement, conduct training and enforce civil rights efforts.**

☒ Yes ☐ No

- a. The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations and instructions:**

	State Agency	Local Agency
Briefing for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handouts for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Memos and updates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by civil rights coordinator	<input type="checkbox"/>	<input type="checkbox"/>
Presentations by staff other than WIC Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If other, specify: USDA Midwest Region provided training		

- b. Civil rights training is provided annually.**

State agency staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Local agency staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

- c. Civil rights training includes the following:**

	State Agency	Local Agency
Collection and use of racial/ethnic data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Effective public notification systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance review techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resolution of noncompliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for language assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conflict resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If other, specify:		

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

XI. CIVIL RIGHTS

A. Administration

2. The State agency has copies of the following materials on file:

- ☒ FNS Instruction, 113-1
- ☒ Title VI (1964), 7 CFR 15
- ☒ Title IX, Education Amendments, 7 CFR 15a (sex discrimination)
- ☒ Section 504, Rehabilitation Act of 1973, 7 CFR 15b
- ☒ Racial/Ethnic data collection policy and reporting requirements
- ☒ Age Discrimination Act of 1975, 45 CFR Part 91 (draft)
- ☒ Americans with Disabilities Act, 28 CFR Part 35
- ☒ Civil Rights Restoration Act of 1987

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

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

☒ Yes ☐ No

(Refer to FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities)

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

XI. CIVIL RIGHTS

B. Public Notification Requirements and Nondiscrimination

1. Public Notification

a. The State agency requires its local agencies to include the nondiscrimination policy statement and civil rights complaint procedure on the following (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> outreach letters to the general public | <input checked="" type="checkbox"/> radio announcements |
| <input checked="" type="checkbox"/> program information letters | <input checked="" type="checkbox"/> publications |
| <input checked="" type="checkbox"/> program information brochures | <input checked="" type="checkbox"/> posters |
| <input checked="" type="checkbox"/> program information bulletins | <input checked="" type="checkbox"/> newsletters |
| <input checked="" type="checkbox"/> newspaper announcements | <input type="checkbox"/> referral material |
| <input checked="" type="checkbox"/> internet | <input checked="" type="checkbox"/> television announcements |
| <input type="checkbox"/> letters of invitation in the public | <input checked="" type="checkbox"/> application forms (including computer-based forms) |
| <input type="checkbox"/> hearing process | <input type="checkbox"/> Other (specify): |
| <input checked="" type="checkbox"/> certification forms to be signed by participants | |

b. The State agency requires that the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute be displayed in the following places frequented by applicants and participants:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | clinic waiting rooms |
| <input type="checkbox"/> | food instrument issuance offices |
| <input type="checkbox"/> | group/individual nutrition education areas |
| <input type="checkbox"/> | test kitchens |
| <input type="checkbox"/> | warehouse distribution centers |
| <input type="checkbox"/> | other (specify): |

c. Check the group categories that the State agency and its local agencies publicly inform of the following information (check all that apply; see key below):

- | 1 | 2 | 3 | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | availability of program benefits |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | eligibility criteria for participation |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | location of LA/clinics operating WIC Program and (800) telephone numbers |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | hours of service of LA/clinics operating WIC Program |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | rights and responsibilities |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | nondiscrimination policy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | civil rights complaint procedure |

1 = general public

2 = grassroots/community organizations that deal with potentially eligible minorities

3 = potential eligibles/applicants/participants

XI. CIVIL RIGHTS

B. Public Notification Requirements and Nondiscrimination

- d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure Manual citation of materials used):

☒ annually ☐ more frequently

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

2. Nondiscrimination Notification

a. The State agency or local agency:

- ☒ provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- ☒ appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- ☒ all rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.

b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

M	VT	PT	BS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spanish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	French
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific (specify):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal (specify):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign Interpreter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): Arabic, Bosnian, Hindi, Polish & Russian

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

XI. CIVIL RIGHTS

C. Compliance Review and Monitoring Activity

1. Compliance Review

a. Civil rights reviews of local agencies are conducted:

- ☐ separately
- ☐ in conjunction with another department, organization or service
- ☒ as part of an overall review
- ☐ other (specify):

b. The State agency reviews all of its local agencies for civil rights compliance with the nondiscrimination laws and regulations when it does its reviews.

- ☒ Yes ☐ No

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

2. Monitoring Activity

a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:

- ☒ Review of the racial/ethnic enrollment and/or participation data
- ☐ Review of denied applications
- ☒ Review of waiting lists
- ☒ Review of complaints
- ☐ Review of participant survey
- ☒ Participant interviews
- ☐ Other (specify):

b. The State agency checks for the following in local agency applications:

- ☐ the local agency has corrected all past substantiated civil rights problems or noncompliance situations
- ☒ the Civil Rights Assurance is included in the State-Local Agency Agreement
- ☐ a description of the racial/ethnic makeup of the service area is included in the application
- ☐ appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of people with limited English proficiency (LEP) reside

XI. CIVIL RIGHTS

C. Compliance Review and Monitoring Activity

c. The State agency checks for the following in its civil rights reviews of its local agencies:

- ☒ case records include racial/ethnic data
- ☐ where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population
- ☒ the local agency has conducted civil rights training for its staff
- ☒ the project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- ☒ program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- ☒ the nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public
- ☒ racial/ethnic data are collected by actual count and maintained on file for 3 years
- ☒ the local agency has corrected all past substantiated civil rights problems or noncompliance situations
- ☒ civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1: XV

**ADDITIONAL DETAIL: Civil Rights Appendix
and/or Procedure Manual (citation): IL WIC PPM A-5**

XI. CIVIL RIGHTS

D. Data Collection and Reporting

1. Data Collection

a. The State agency ensures the following when collecting civil rights data:

- ☒ all racial/ethnic categories are collected and reported as part of the program participant characteristics report
- ☒ racial/ethnic data definitions are in accordance with current OMB guidance and WIC policy, and clinic procedures are in place to ensure the data is collected accurately
- ☒ data reported on participant characteristics include the number of persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits
- ☐ collected racial/ethnic data and records are accessible only to authorized personnel

b. The State agency maintains a civil rights file which retains collected racial/ethnic data for three years.

- ☒ Yes ☐ No

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

2. The State agency instructs its local agencies to obtain a participant's racial/ethnic category by (check all that apply):

- ☒ allowing self-identification by participant (must be used at participant's request)
- ☒ visual identification/sight assessment by local agency staff
- ☐ local agency staff personally know participant's racial/ethnic category
- ☐ other (specify):

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

XI. CIVIL RIGHTS
E. Complaint Handling

1. The State agency ensures the following:

- ☒ WIC Program applicants and participants are informed where and how they may file a complaint of discrimination.
- ☒ all local agency staff are trained in discrimination complaint procedures
- ☒ all written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff.
- ☒ complaints alleging discrimination based on race, color, national origin or age are forwarded to the Secretary of Agriculture in Washington DC through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)
- ☒ complaints alleging discrimination based on sex or disability are forwarded to the FNS regional civil rights office (for those State and local agencies without an FNS-approved grievance procedure in place).
- ☐ complaints alleging discrimination based on sex or disability are processed by State and/or local agencies under a grievance procedure approved by FNS.

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

2. The State agency uses a discrimination complaint form it has developed for acceptance of a complaint.

- ☒ Yes ☐ No

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

3. The State agency establishes and ensures that local agencies implement specific timeframes concerning discrimination complaints:

- ☒ An individual has the right to file a complaint within 180 days of the alleged discriminatory action.
- ☒ All complaints are processed and closed within 90 days of receipt.

**ADDITIONAL DETAIL: Civil Rights Appendix
and/or Procedure Manual (citation): IL WIC PPM A-5**