

2016
WIC STATE PLAN
ALABAMA

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GOALS and OBJECTIVES

GOALS AND OBJECTIVES

CHAPTER I: VENDOR MANAGEMENT

Goal

Ensure authorized WIC vendors are in compliance with Alabama WIC Program policies and procedures.

Objectives

1. Provide annual vendor training.
2. Publish a bi-monthly e-newsletter on the web site.
3. Provide training materials and support to authorized WIC vendors to ensure program compliance.
4. Disseminate all program changes/updates to the vendor community in a timely manner.
5. Continue efforts to strengthen Program Integrity through monitoring vendors, conducting investigations on those vendors at highest risk of fraud and abuse, and following up on complaints.

CHAPTER II: NUTRITION SERVICES

Goal

Improve participant health by developing innovative approaches to nutrition education and breastfeeding.

Objectives

1. Continue to implement a biannual area nutrition education plan for FY 2015-16 with additional state level support to promote MyPlate and selected messages from the 2010 Dietary Guidelines for Americans to help women and children in Alabama achieve good health and healthy weight.
2. Develop/revise Spanish translations of appropriate existing WIC publications for clinic use.
3. Conduct a Fruits & Veggies – More Matters (Month) campaign involving all WIC clinics to communicate to participants the health benefits of eating more fruits and vegetables.
4. Continue to meet with the Alabama Obesity Task Force to implement the AOTF State Plan.
5. Continue to address the problem of overweight in the WIC population.
6. Encourage a statewide increase in the number of SNE contacts offered and explore new approaches for providing SNEs.
7. Continue efforts to develop and implement an interactive website for WIC promotion, information distribution, nutrition education, breastfeeding support, program referral, staff development, and other applications.

GOALS AND OBJECTIVES

8. Promote use of wichealth.org to provide online nutrition education to Alabama WIC participants and automate documentation of online education completed via an interface between wichealth.org and the Crossroads WIC computer system.
9. Use of computer kiosks in clinics to increase accessibility to online nutrition education via wichealth.org.
10. Continue to provide training to meet the needs identified by Area Nutrition Directors and/or State Office staff.
11. Continue to support and enhance the actions of the Value Enhanced Nutrition Assessment Implementation Plan.
12. Continue to provide WIC training for staff including state, area, and local clerical, nutrition and nursing personnel working with the WIC Program.
13. Continue efforts to increase breastfeeding initiation and duration rates among participants.
14. Continue expansion of the Breastfeeding Peer Counselor Program.

CHAPTER III: INFORMATION SYSTEMS (IS)

Goal

Utilize the Crossroads Computer System to effectively provide quality services in a timely manner.

Objectives

1. Continue to participate in the consortium with North Carolina, West Virginia, and Virginia during the warranty period for the Crossroads State Agency Model (SAM) Project.
2. Implement food instrument changes as needed.
3. Continue to update Crossroads as needed to reflect the revised USDA policies.
4. Participate in the Crossroads User Group.
5. Test and implement system design changes identified during testing and implementation in FY 2015.

GOALS AND OBJECTIVES

CHAPTER IV: ORGANIZATION AND MANAGEMENT

Goal

Increase efficiency while facing increasing Program requirements.

Objectives

1. Continue to provide on-going support and assistance to county and area staff for improving clinic efficiency and productivity.
2. Continue to develop spreadsheets and reports to assist area staff with budget and priority issues.

CHAPTER V: NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

Goal

Continue to monitor clinic expenditures to achieve covering all WIC cost.

Objectives

1. Continue to work with Area management to ensure clinic costs are within budget and quality services are maintained.
2. Continue to monitor cost accounting quarterly.

CHAPTER VI: FOOD FUNDS MANAGEMENT

Goal

Manage available resources that maximize effectiveness.

Objectives

1. Continue to work with formula manufacturers and vendors to streamline the ordering/billing process, and to reduce formula costs.
2. Continue to analyze and monitor food costs through food package review, formula purchase reports, and vendor monitoring.

CHAPTER VII: CASELOAD MANAGEMENT

Goal

Improve methods to maintain and/or increase caseload.

Objectives

1. Monitor reports to ensure adequate participation and show rates for maintaining caseload and productivity of staff.
2. Continue to utilize reports, phone calls, reminders, letters, etc. in order to increase participation rates.
3. Support area/clinic plans for maintaining caseload or increasing caseload as funds allow.

GOALS AND OBJECTIVES

CHAPTER VIII: CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

Goal

Improve quality in delivery of services to WIC participants in Alabama by enhancing nutrition assessment.

Objectives

1. Continue to explore methods and resources for increasing clinic efficiency to better enable clinic staff in providing quality nutrition services.
2. Continue to evaluate the nutrition assessment protocols to ensure that VENA guidelines are being met.
3. Continue to strengthen provider competencies per Value Enhanced Nutrition Assessment Plan.

CHAPTER IX: FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL

Goal

Continue to monitor Food Instrument issuance and redemption to ensure accountability according to regulations.

Objectives

1. Continue to enhance the accountability of food instrument issuance through quality assurance measures.
2. Continue to work with WIC vendors and participants as well as the Contract bank to ensure that vendors and participants are redeeming food instruments correctly.
3. Continue to monitor MIS programming for state food prescription changes as well as formula name/package size changes and make enhancements as needed.

CHAPTER X: MONITORING AND AUDITS

Goal

Evaluate the quality of care and services provided to participants through an effective and comprehensive monitoring system.

Objectives

1. Continue to maintain an ongoing management evaluation system to evaluate the quality of patient care, evaluate compliance with federal guidelines and agency policies, and to assist in policy development and training needs.

GOALS AND OBJECTIVES

CHAPTER XI: CIVIL RIGHTS

Goal

Ensure that all staff receives comprehensive Civil Rights training to include customer service to prevent Civil Rights problems or complaints.

Objectives

1. Continue to require completion of Civil Rights training module online.
2. Update Civil Rights training module to include enhancement to the customer service aspect.
3. Continue to maintain a copy of the certification of completion.
4. Continue to monitor through QA that staff Civil Rights training and Program policies are being followed.

CHAPTER XIII: EBT IMPLEMENTATION

Goal

Ensure the Alabama WIC program continues efforts towards successful implementation of e-WIC.

Objectives

1. Ensure Crossroads enhancements for e-WIC implementation move forward.
2. Continue educating Area and Local Clinic staff about e-WIC.
3. Involve additional State WIC office staff in the e-WIC implementation plans and building an Alabama Approved Product List (APL).
4. Strengthen efforts to prepare authorized WIC vendors for e-WIC implementation.
5. Continue ADPH Information Technology (IT) staff involvement in the WIC EBT Technical Documents Workgroups.

ACCOMPLISHMENTS

Accomplishments

Fiscal Year 2015

Electronic Benefit Transfer (EBT)

The Alabama Department of Public Health submitted their Implementation Advance Planning Document (IAPD) on September 11, 2014, and received FNS approval of the IADP on February 2, 2015. Alabama received notification from FNS on April 29, 2015, that the funding request in the IADP was approved.

State Agency Model (SAM) Consortium

Alabama continues to participate in the USDA funded State Agency Model (SAM) Crossroads Consortium project with North Carolina, Virginia, and West Virginia. The model web-based WIC Management Information System roll-out was completed October 2014.

Outreach

FY 2015 outreach efforts continued to be directed toward in-reach, i.e. customer service, clinic efficiency, appointment reminders (phone and mail), and reduced wait time for participants, in order to increase participation rates.

Each Public Health Area was offered the opportunity to apply for “mini-grant” funds to conduct individual creative outreach efforts. Examples of the funded projects included:

- Creating monthly calendars with nutrition activity sheets to be mailed to families with child participants
- Grocery store tours for guidance in selecting WIC approved foods
- Creating vegetable gardens at clinic sites with family participation and giving child participants “starter” kits and seeds to grow their own vegetables at home
- Customer Service Training provided by professional group and development of customer service standards for each clinic position

A statewide media campaign was implemented which included:

- Social/digital media targeting women of child bearing age and families with young children
- Community targets (daycare centers and hair/nail salons) for print materials
- Print ads in parenting/community magazines

CHAPTER I

VENDOR AND FARMER MANAGEMENT

I. VENDOR AND FARMER MANAGEMENT

(Please indicate) **State Agency:** Alabama for FY 2016

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

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

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

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

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

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

F. Vendor Sanction System – 7 CFR 246.4(a)(14)(iii) and (v) and 246.12(h)(5): 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)(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/Farmers' Market Authorization – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers' markets to accept CVVs/CVBs, describe the authorization process.

K. Farmer/Farmers' Market Agreements – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers' markets to accept CVVs/CVBs, describe the State agency's agreement with the farmers/farmers' markets and attach a sample farmer/farmers' market agreement.

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

L. Farmer/Farmers' Market Training – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers' markets to accept CVVs/CVBs, describe the training provided to the authorized farmers/farmers markets.

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

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

1. Number and Distribution of Authorized Vendors

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

- Yes No

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

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

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

2. Vendor Application Periods

a. The State agency considers applications:

- On an on-going basis
- Annually in (month) for a new agreement that begins (month) (day)
- Every two years (specify month): (month)
- Every three years (specify month): (month)
- Any time there is a participant access need
- The state is currently under a:
- Federal Moratorium (specify time-frame): _____
- State Moratorium (specify time-frame): _____
- Other (specify): _____

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

3. Vendor Selection and Authorization

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

Required criteria:

- A competitive price criterion based on:
- Vendor applicant price lists
- WIC redemption data
- A State agency standard drawn from a price survey
- A standard drawn from another source (specify): _____
- Other (specify): See Below:

All applicants' price surveys are compared to the current Maximum Allowable Reimbursement Level (MARL). Applicants' prices must not be higher than the current MARL in place for their peer group.

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

Optional criteria:

- A requirement to stock a full range of foods in addition to WIC supplemental foods
- A location necessary to ensure adequate participant access* (Provide State agency's definition of participant access here, or citation from Vendor Handbook/Procedure Manual):

- Redemption of a minimum number/volume of food instruments and CVVs/CVBs
- Satisfactory compliance with previous vendor agreement
- Certification by an approved State or local health department
- Proof of authorization as a SNAP retailer, including SNAP authorization number
- Hours of operation which meet State agency criteria (specify): Minimum of 8 Hours Per Day and 6 Days Per Week
- Lack of previous WIC sanctions
- Other criteria (specify):
Minimum 1,000 Square Feet of Retail Space, Less than 50% of total sales food sales from the redemption of WIC Food Instruments, 60% Staple Foods Requirement
- Not applicable (explain):

b. Explain how the State agency develops and uses the competitive price criteria identified in item 3a to select vendors for authorization. See Attachment for the Answer to This Question

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

- Yes No Alabama Does Not Authorize Pharmacies

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

- Yes No

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

- At authorization
- 6 months after authorization
- Annually
- Other (specify): During contract renewal - every other year.

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

- Use the WIC-6
 Collect food sales data from the vendor
 Collect food sales data from another agency (specify): _____
 Other (specify): _____

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

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

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

- Yes No

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

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

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

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

- Yes; please provide list No

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

- Yes; please provide list No

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

- Yes; please explain: No; please explain:

Alabama imposes a State sanction on any vendor found treating WIC customers differently than non-WIC customers. This action is detected during routine monitoring visits, compliance investigations, or based on customer complaints.

g. On-site pre-authorization 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

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

- Yes No

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

Chapter XVII of the Alabama WIC Procedure Manual includes the Alabama WIC Vendor Application Packet

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

4. Vendor Peer Groups

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

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

Yes No

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

Yes No

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

- WIC sales volume
- Gross food sales volume
- Number of cash registers
- Square footage of store
- Type of store
- Location of store
 - Local agency service areas Zip codes
 - City, county or regional divisions Unique economic location (e.g., rural island, single metro area)
 - Urban/suburban/rural 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. For State agencies with more than four peer groupings, please attach a chart containing this Peer Group Description and list the Appendix citation here: _____

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

Yes; date FNS approved exemption: _____ No

(1) If "yes," the State agency's exemption was based on 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.
- Other (specify): _____

(2) Based on the latest available data for the current fiscal year (which covers the period from _____ to _____), the State agency:

- Does not have any above-50-percent vendors; data source: _____
- Paid above-50-percent vendors _____ percent of the total annual WIC redemptions to date; data source: _____

(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

Peer Group No. (1)	Vendor Peer Groups			Comparable Vendors Peer Group Number (6)	
	Description (e.g., supermarkets, chain stores, pharmacies) (2)	Number of Vendors in Peer Group			
		Regular Vendors (3)	Above-50% Vendors (4)		Total (5)
1	Type 1: Chain store with own wholesaler	267		267	
2	Type 2: Major Independent – 5 or more cash registers	266		266	
3	Type 3: Minor Independent – 3 to 4 cash registers	133		133	
4	Type 4: Small – 1 to 2 cash registers	37		37	

Instructions:

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

Column 2 – Describe the vendors in the peer group; include all factors and definitions checked in question 4c. (e.g., urban = counties with >100000 residents OR suburban = counties with >10,000 residents OR rural = counties with <10,000 residents)

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

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

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

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

The State agency makes this assessment—

Annually Every three years

Biennially Other (please specify): _____

Provide date of most recent FNS approval: 10/01/2014

See attachment for the description of how we assess the effectiveness of our peer group system.

5. Semiannual Shelf Price Collection

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

Yes; date FNS approved exemption: _____ No

6. Vendor Agreements

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

All vendors have a written agreement with the State agency

A standard vendor agreement is used statewide

Vendor agreements are subject to the State's procurement procedures

Vendor agreements/handbooks are subject to the State's Administrative Procedures Act

A nonstandard vendor agreement is used for:

Military commissaries

Pharmacies that only provide exempt infant formula and/or WIC-eligible medical foods

All pharmacies

Home food delivery contractors

Mobile stores

Other (specify): _____

Vendors are authorized for a period of 2 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

Chain stores sign a master agreement that includes multiple locations

Chain stores sign an agreement for each store location

Other (specify): _____

I. Vendor Management

A. Vendor Selection and Authorization

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

A vendor applicant submits a price survey as part of the Alabama WIC Vendor Application. During the authorization process State WIC staff thoroughly review the price survey to ensure that the vendor applicant meets the competitive price criteria. The individual food items prices submitted by the vendor applicant are compared to the current Maximum Allowable Reimbursement Levels (MARLS) for the appropriate peer group. The vendor is notified if there are food item prices that are over the MARLS. If the vendor applicant will not agree to charge the current maximum allowed price or less than the current maximum allowed price, then their application will be denied.

I. Vendor Management

A. Vendor Selection and Authorization

4. Vendor Peer Groups

f. Describe the process the State agency uses at least every three years to assess the effectiveness of its peer group system and competitive price criteria to enhance system performance. (7CFR246.12(g)(4)(ii)(C).

Alabama assesses peer group effectiveness by comparing current price maximums with the current market prices, analyzing National averages for specific WIC food items, and analyzing cost containment data. Identifying vendors that are charging significantly higher or lower prices than their peers can be an indication of an ineffective peer group. A statistically significant difference in the MARLS within peer groups in comparison to National averages or current market environment can be an indicator that the peer group system in place is not effective. State agency staff occasionally conduct site visits to one store within each peer group to verify current market prices for WIC items. Additionally, the State WIC Office receives information regarding wholesale and market pricing from the Alabama Grocer's Association upon request.

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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: Semiannually
- Maintenance of records in addition to the required inventory records. If so, specify types of records:
Tax Reports, Financial Statements, and Other Records Sufficient for Establishing Food Sales
- Submission of food instruments and CVVs/CVBs within a shorter timeframe than required by program regulations. If so, specify timeframe: _____
- Redemption of a minimum number/volume of food instruments and CVVs/CVBs
 - Minimum hours of operation
- Other (specify all): Use of WIC Service Mark, Square Footage Requirement, Applicable State Required Contract Clauses

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

- Yes No

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

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

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

Chapter XVII- 89 of the Alabama WIC Procedure Manual --- Alabama WIC Vendor Contract

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): Return Procedures, No Issuing Rain Checks, Price Survey Submissions, Importance of Vendor Contract Store Monitoring and Compliance Activities, Coupons and Store Promotions, How to Order Materials
If any topics are not included in the annual vendor training, explain why.

I. VENDOR MANAGEMENT

B. Vendor Training

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 video conference
- Vendor hotline
- State or local agency website
- Other (specify): Alabama Grocers Association Website and Publications

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

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

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

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

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

Chapter XII 12.6 Vendor Training Chapter XII Attachment 1 -3 Chapter XVII - 62 Alabama WIC Program Vendor Training Checklist

2. Delegation of Vendor Training

a. The State agency delegates its vendor training to:

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

Alabama WIC Program Vendor Procedure Handbook



Effective October 1, 2015 - September 30, 2017

ALABAMA DEPARTMENT OF PUBLIC HEALTH
Bureau of Family Health Services/Division of WIC
Vendor Management Branch



STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

Dear Authorized WIC Vendor:

The purpose of the Alabama WIC Program Vendor Procedure Handbook is to help you understand program requirements. This handbook is considered part of the Alabama WIC Vendor Contract. It outlines the proper procedures for transacting and processing food instruments and cash value vouchers. Authorized WIC vendors are required to carefully read and ensure compliance with the procedures and regulations outlined in this handbook. Previous versions of the vendor handbook are obsolete.

It is the vendor's responsibility to carry out the terms of the Alabama WIC Vendor Contract, procedures in this handbook, and any policy changes implemented during the contract period. A clear understanding of these documents ensures compliance with program requirements. Noncompliance with the procedures and regulations may result in contract termination or disqualification from the program.

If you have questions about the information in the Alabama WIC Vendor Contract or the Alabama WIC Program Vendor Procedure Handbook, call the State WIC Office. Contact information for the State WIC Office can be found in the back of this handbook.

You and your employees are an important part of the WIC program because you ensure only Alabama WIC approved foods are being purchased. Working together, the goals of the Alabama WIC Program can be met.

Sincerely,
The Alabama WIC Division
Vendor Management Branch



Stop

Take the time to

Obey the rules and

Please read your handbook!!

**ALABAMA WIC PROGRAM
VENDOR PROCEDURE HANDBOOK
ALABAMA DEPARTMENT OF PUBLIC HEALTH**

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INTRODUCTION TO WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children funded by the United States Department of Agriculture (USDA). The mission of the WIC Program is to improve the health and nutritional status of women, infants, and children during critical times of growth and development. In Alabama, WIC services are provided in the local county health departments and administrated by the Alabama Department of Public Health and some private local agencies.

Local clinics certify individuals for participation in the WIC Program. Women applying for WIC must be either pregnant, had a baby in the past six months, or breast-feeding. Infants up to one year of age and children up to five years of age are also eligible to apply. Applicants must have proof of residency in Alabama, proof of identity, and proof of income. In addition to meeting income requirements, the participant must also have a nutritional risk, as determined by a health professional. Once certified, participants receive nutrition counseling, breastfeeding support, health care and social service referrals, and supplemental foods.

Currently, 132,000 of Alabama's women, infants, and children participate in the WIC Program resulting in over \$100,000,000 being spent at authorized WIC vendors across the state. Everyone that works for an authorized WIC vendor plays an important role in ensuring Alabama's participants receive only WIC approved foods. Foods provided by the WIC Program are good sources of nutrients. These foods include milk, eggs, cheese, fruit juice, fortified cereal, peanut butter, dried beans, peas, whole grain bread, brown rice, and fresh fruits and vegetables. Infants receive infant cereal and infant foods at the appropriate age. For infants up to one year of age who are not breastfed, iron fortified infant formula is provided.

Participants are issued food instruments and cash value vouchers. Food instruments specify the types and quantities of foods allowed for purchase. Cash value vouchers specify the dollar amount of fresh fruits and vegetables allowed for purchase. The food instruments and cash value vouchers are good for a specific 30 day period. These food instruments and cash value vouchers can only be redeemed at vendors authorized by the State WIC Office.



WIC APPROVED FOODS

Always refer to the Alabama WIC Approved Foods Brochure for detailed pictures.

The following is a description of Alabama WIC approved foods:

MILK – Least expensive brand available at time of purchase.



- Individuals must get the type of milk (whole, 1%, or fat free) that is listed on the food instrument.
- Individuals can select any combination of gallon or ½ gallon sizes equal to the quantity listed on the food instrument. Quarts are only allowed for buttermilk.

Lactose Free Milk –The health needs of our participants are a priority. Lactose free milk is allowed, even though it will not be specified on the food instrument. Calcium enriched, lactose reduced or lactose free milk is WIC approved and does not have to be specified on the food instrument.

WIC customers must get the type (whole, 1%, or fat-free) that is listed on their food instrument of calcium enriched, lactose reduced or lactose free milk. If your store does not stock the type of milk printed on the food instrument in lactose free, the WIC customer may purchase the type of lactose free milk that is available.

The following milk is approved but must be specified on the food instrument:

- Evaporated (canned milk), 12 oz. can, Carnation and Pet brands only.
- Dry milk (powdered), 9.6 oz. box.
- Ultra High Temperature, 8 oz.
- Buttermilk, 1 quart. (Least expensive brand available at the time of purchase.)



NO flavored, acidophilus treated, condensed, or organic milk is allowed.



Soy Milk – Must be specified on the food instrument. These brands and varieties in ½ gallon refrigerated carton: 8th Continent brand, Original or Vanilla and Silk brand Original only.

(No chocolate, complete, DHA omega-3, fat free, light, or organic. No quarts or twin packs.)



EGGS – 1 dozen carton, large white only. No brown eggs, specialty eggs, Egglard's Best, or organic.

CHEESE – Least expensive brand available at the time of purchase of any of the following: Cheddar, Colby, Monterey Jack, Mozzarella, Processed American, and Swiss.



- WIC customers must purchase cheese in a 16 oz. package. The WIC customer **is not** allowed to purchase two 8 oz. packages.
- Cheese may be low fat, low cholesterol, low sodium, sliced, hoop or block. Individually wrapped slices are allowed as long as they meet WIC approved criteria. For example, the slices cannot be “cheese food”.
- **NO** cheese food, spread, product, or imitation. **NO** string, shredded, mixes, cubes, sticks, or cheese from a deli. **NO** peppers or other added ingredients allowed.

JUICE – Must be 100% juice without added sweeteners. Juice may contain added calcium. Only the following juice products are WIC approved. **NO** fruit punch, fruit drink, or drink ades.

11.5 – 12 oz. frozen concentrate: Dole Pineapple, Seneca Apple, Welch’s Grape and White Grape, Old Orchard – all flavors (green lid only). Any brand of orange juice.

48 oz. containers: Lucky Leaf Apple, Seneca Apple, Juicy Juice – all flavors, Northland Cranberry. Any 48 oz. orange, grapefruit, or orange grapefruit.

64 oz. containers: Libby’s Pineapple Juice, Juicy Juice – all flavors, Lucky Leaf Apple, Northland Cranberry Juice Blends – all flavors, Seneca Apple, Welch’s Grape, White Grape, and Red Grape, White House Apple. Any 64 oz. brand orange juice.

64 oz. refrigerated container – 100% orange juice only, in plastic jug or carton.



CEREAL – The total ounces of cereal authorized will be specified on the food instrument. Individuals may select any combination of cereals less than or equal to the amount specified. Only the following cereal brands are WIC approved:

14 to 36 oz. Boxes or Bags Only	
Kellogg’s Corn Flakes Kellogg’s Frosted Mini Wheats Originals Kellogg’s Rice Krispies Kellogg’s Special K Original	Malt O Meal Strawberry Cream Mini Spooners Malt O Meal Mom’s Best Naturals Quick Oats Malt O Meal Mom’s Best Naturals Old Fashioned Oats
General Mills Cheerios General Mills Multi-Grain Cheerios General Mills Corn Chex General Mills Kix General Mills Dora the Explorer	Post Great Grains Banana Nut Crunch Post Honey Bunches of Oats Crunchy Honey Roasted Post Honey Bunches of Oats Whole Grain Vanilla Bunches Post Honey Bunches of Oats with Crispy Almonds
	Quaker Instant Grits Original

PEANUT BUTTER – Any brand 16-18 oz. May be chunky, creamy, crunchy, or low sodium. **NO** whipped, spreads, reduced fat, omega-3, organic, combinations with jelly, honey, etc.

DRIED BEANS OR PEAS – 16 oz. bag, any brand. **NO** added flavorings.



WHOLE GRAINS

WHOLE WHEAT and WHOLE GRAIN BREADS – Only 16 oz. packages of the following brands are WIC approved:

Bimbo 100% Whole Wheat

Sara Lee Classic 100% Whole Wheat

Roman Meal Sungrain 100% Whole Wheat

Wonder 100% Whole Wheat

Nature's Own 100% Whole Grain

Pepperidge Farm Stone Ground 100% Whole Wheat

Nature's Own 100% Whole Wheat w/ Honey

WHOLE WHEAT TORTILLAS – Only 16 oz. package of the following brands are WIC approved:

Celia's, Don Pancho, Mission, La Banderita, MiCasa.



CORN TORTILLAS – Only 16 oz. package of the following brands are WIC approved:

Celia's, Don Pancho, Mission, La Banderita, La Burrita.

BROWN RICE – 14 oz. - 16 oz. bag or box. Any brand regular, instant, or boil-in-bag. **NO** seasoned, white, frozen, gourmet blends, or organic.

INFANT FORMULA – Only allow the purchase of the formula listed on the food instrument. The WIC food instrument lists the brand, size, form (Powder, Concentrate, and Ready to Feed), and quantity to purchase. **No substitutions allowed. See page 16 for additional information regarding infant formula.**

DRY INFANT CEREAL – 8 oz. container, Gerber or Beech-Nut. **NO** organic, DHA, fruit, or other additives.

- Barley, Oatmeal, Rice, Multigrain, and Whole Wheat.

INFANT FRUITS AND VEGETABLES – Any 2nd stage, single ingredient only, in these sizes and brands:

- 4 oz. jar: Beech-Nut Classics
- 2-pack of 4 oz. (Net 8 oz Package) : Gerber



NO added sugars, starches, salt (sodium), DHA, or organic.

INFANT MEAT – 2.5 oz. container, Gerber or Beech-Nut, plain meat with broth or gravy. **NO** DHA or organic.



CANNED TUNA – 5 oz. can. Any brand, light, chunk style, packed in water. **NO** smoked, other flavorings, diet, or solid white.



CANNED SALMON – 14.75 oz. can. Any brand pink salmon. **NO** red or sockeye.

FRESH FRUITS AND VEGETABLES – Any variety of fresh fruits and vegetables - whole or cut. Organic fresh fruits and vegetables are allowed.

Individual servings of fresh fruit, such as cantaloupe, melons, strawberries, etc., and mixed fruit are allowed.



Items Not Allowed for purchase with the Cash Value Voucher:

- Canned, frozen, or dried fruits and vegetables.
- Edible blossoms or flowers (Broccoli, cauliflower, and artichokes are allowed.)
- Herbs and spices.
- Items for purchase on a salad bar.
- Ornamental and decorative fruits and vegetables such as chili peppers on a string, gourds, or painted pumpkins.
- Bagged lettuce/salad greens with dressing and/or croutons.
- Fruit baskets or party trays.
- Nuts, including peanuts.
- No fruit/nut/grain mixtures.

CASHIER BASICS



ALABAMA WIC IDENTIFICATION FOLDER

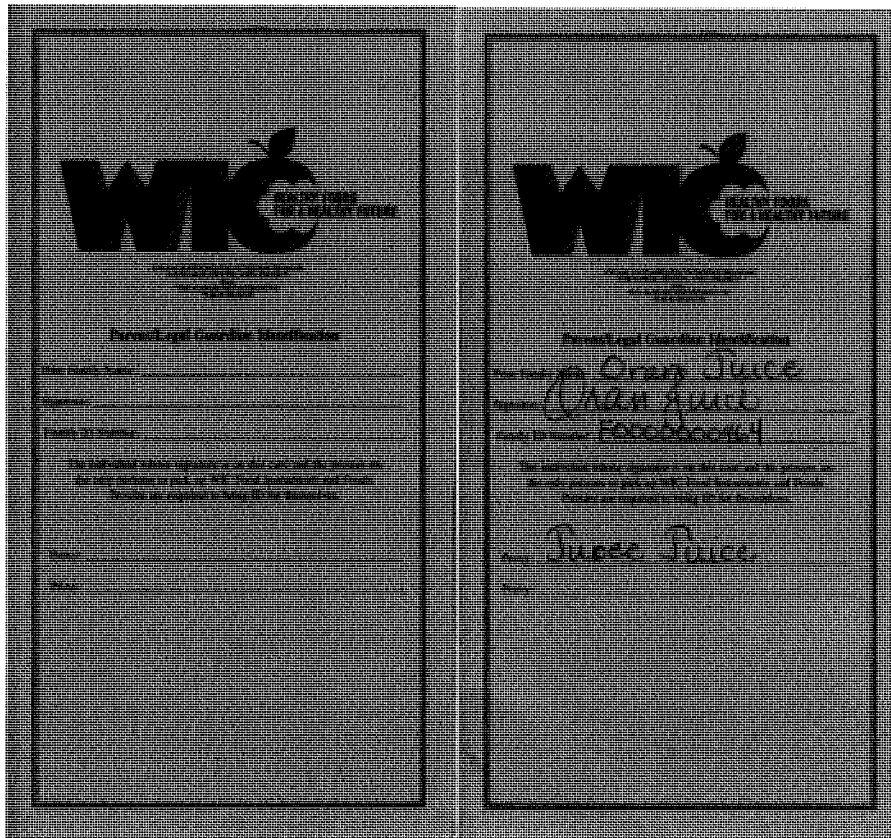
Each Alabama WIC Participant receives a WIC Identification (ID) Folder that must be presented prior to completing all WIC transactions. The Alabama WIC ID Folder is an orange tri-fold document with the name and signature of one of the following; Parent or Legal Guardian. In addition, there could be up to two proxies names printed on the WIC ID Folder. Proxies are individuals authorized to redeem food instruments and cash value vouchers on behalf of the Participant. Not all Participants have proxies.

Cashiers must request the WIC ID Folder prior to beginning a WIC transaction. If the individual cannot present the WIC ID Folder the cashier should not complete the transaction.

After the signature is obtained on the food instrument or cash value voucher the cashier will compare the signature for the Parent/Legal Guardian as their signature is on the signature line. The Parent/Legal Guardian is not required to show additional forms of identification as their name is on the signature line.

Proxies can be asked to show an additional form of personal identification as their signature is not available for comparison on the WIC ID Folder. The identification does not have to contain a picture but it must contain a signature for comparison. The name of the person presenting as a proxy must be printed on the WIC ID Folder.

Sample WIC ID Folder



FOOD INSTRUMENTS

WIC food instruments are similar to other negotiable checks and if not transacted properly will be rejected by the WIC contract bank. Food instruments must be deposited in the bank for the vendor to receive reimbursement.

There are two types of food instruments:

Computer Generated

- Computer generated food instruments will have all the information printed and will not include handwritten information.
- The majority of food instruments will be computer generated.

Alabama Department of Public Health		WIC Program		1000023750
CRAN JUICE Family ID: F0000000000000			First Day To Use Aug 20, 2014	Last Day To Use Sep 19, 2014
4 Cans 1/2 or 1/4 of Full-Price Size 4 Gallons Eggs - Large Only 1 Carton Peanut Butter (16 to 18 oz.) 1 Carton Dry Macaroni (16 oz.)			Vendor Stamp	Pay Exactly
Our Mission: Promote healthy & nutritious eating patterns and the whole family. First Day to Use: Aug 20, 2014			\$ _____ Computed Amount	
Authorized Signature "Printed ID"				

⑈1000023750⑈ ⑆2222222222⑆ ⑆1111111111⑆

Manual

- Manual food instruments are preprinted documents issued at the local clinic and contain some handwritten information.
- Manual food instruments are issued when the computer is not operational.

Alabama Department of Public Health WIC Program		Family ID	Participant ID	Class
Family Name: <i>Jane Doe</i>		F000000000	P000000000	010
Child Brand/Type: <i>Enfamil AR paid</i> amt: <i>29</i> amt: <i>7</i>			01/01/15	01/31/15
Vendor Stamp: <i>VENUE</i> <i>STAMP</i>			Pay Exactly	
\$ _____ Computed Amount				
Authorized Signature "Printed ID"				

CASH VALUE VOUCHERS

The cash value voucher is similar to the WIC food instrument and should be transacted the same way. Unlike the food instrument, cash value vouchers have a set dollar amount and only fresh fruits and vegetables can be purchased. There are two types of cash value vouchers.

Computer Generated

- Computer generated cash value vouchers will have all the information printed on them, including the dollar amount of fresh fruits and vegetables authorized for purchase. The computer generated cash value voucher will not contain handwritten information.
- The majority of cash value vouchers will be computer generated.

Alabama Department of Public Health		WIC Program		1000023757
GRAN JUICE Family ID: F00000000454		First Day To Use Sep 20, 2014	Last Day To Use Oct 19, 2014	
Fresh Fruits and Vegetables—Not to Exceed \$12.00 No Cash Back Whole or Cut-Organic Allowed See AL WIC Approved Foods Brochure Cannot Use at Farmers Markets or Roadside Stands Get moving! Physical activity is important for young children and the whole family. First Day to Use: Sep 20, 2014		Vendor Stamp	Pay Exactly	
			\$	
			Corrected Amount	
		Must be deposited within 60 days of first day of use		
		Authorized Signature **Present ID**		
⑈ 10000 23757 ⑈ ⑈ 2222222222 ⑈		⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈ ⑈		

Manual

- The manual cash value voucher is not a separate document, but is shown at the bottom of the manual food instrument. The dollar amount of fresh fruits and vegetables allowed for purchase is pre-printed and will be circled.

Alabama Department of Public Health WIC Program		Family ID	Participant ID	Class
Family Name Jane Doe		F00000000	P000000012	010
Similar to...		First Day To Use		Last Day To Use
Similar to...		7/01/15		7/31/15
Vendor Stamp/Type		Pay Exactly		
Vendor Stamp		Corrected Amount		
Must be deposited within 60 days of first day of use				
Authorized Signature		WIC BENEFICIAL SIGNATURE		
<p>See AL WIC Approved Foods Brochure</p> <p>Amount is Pre-Printed and Will Be Circled</p>				

ACCEPTING WIC FOOD INSTRUMENTS

Checking out a WIC customer requires a little more time and attention. Cashiers must always treat WIC customers with the same courtesy and respect as all other customers.

When a WIC customer redeems a food instrument, the following must take place:

1. **The customer presents the food instrument to the cashier.**

See example of a food instrument on page 8.

If the WIC customer is using more than one food instrument, each food instrument is treated as a separate transaction.

2. **The cashier must check the WIC customer's WIC ID Folder at the beginning of the WIC transaction and retain the ID folder for signature comparison at the end of the transaction.** See example of the ID folder on page 7. The cashier cannot continue with the transaction if the WIC customer does not have the WIC ID Folder.

Compare the name on the WIC ID Folder with the name on the food instrument. The name at the top of the food instrument is the WIC Family Name and must be on the WIC ID Folder.

WIC transactions cannot be completed without the WIC ID Folder.

3. **The cashier must check the "First Day to Use" and "Last Day to Use" dates on the food instrument to be certain that the food instrument is being redeemed on or between these dates.**

NEVER accept food instruments prior to the first date to use or past the last date to use. **NEVER** accept food instruments if dates are altered.

4. **The cashier must verify that the customer is only receiving the Alabama WIC approved foods specified on the food instrument.** See the Alabama WIC Approved Foods Brochure for a complete listing of approved foods.

5. **Do not charge the WIC Program for items not received.**

WIC customers may buy less than the amount indicated on the food instrument but they cannot go over the maximum quantity listed on the food instrument.

If the WIC customer chooses not to purchase an item specified on the food instrument, draw a line through the item. Do not charge the WIC Program for the unwanted item. Food instruments for infant formula are the exception. On a food instrument for infant formula, the WIC customer must get the total number of containers listed. See page 16 for more information on infant formula.

6. Always enter the total amount of purchase prior to obtaining the customer's signature.

The cashier must enter the total retail cost of the WIC foods received by the WIC customer in the "Pay Exactly" block on the food instrument. Tax is not charged on a WIC transaction.

Any amount charged to the WIC Program for authorized supplemental foods that is more than the price submitted on the vendor's price survey is a vendor overcharge and a claim will be made for the overage. See Administrative Responsibilities Section for additional information.

If the cashier makes a mistake entering the "Pay Exactly" amount, a correction is made by drawing one line through the incorrect amount. Enter the correct amount, in the corrected amount box. Make the correction before obtaining the WIC customer's signature.

Only one correction is allowed. Do not write anything at the bottom of the food instrument.

7. The cashier will end the transaction by obtaining the Parent/Legal Guardian or proxy's signature. The "Pay Exactly" amount must be entered **before** obtaining the WIC customer's signature. Asking the WIC customer to sign prior to entering the "Pay Exactly" amount is a violation of the Alabama WIC Program.

Failure to obtain the WIC customer's signature will result in lost revenue for your store.

Food instruments can only be signed using blue or black ink.

Those who are unable to write should be asked to make their "mark" in the authorized signature block. The cashier must write "witnessed by" and initial beside the mark.

NOTE: If the WIC customer has signed the food instrument before presenting it to the cashier, instruct them to return to their local WIC clinic.

8. Signature Comparison – The signature on the food instrument must be compared to the signature on the WIC ID Folder.

A proxy can be asked to show additional identification; however, for the Parent/Legal Guardian, the WIC ID Folder is all that is needed because their signature is available for comparison. The proxy name must be printed on the WIC ID Folder or the transaction cannot be completed.

9. Provide the WIC customer with their receipt.

ACCEPTING CASH VALUE VOUCHERS

Cash value vouchers can only be used at authorized WIC vendors. They cannot be used at Farmers Markets or roadside stands.

To process a cash value voucher the cashier will follow the same steps as the WIC Food Instrument except for the following:

1. Cash value vouchers may only be used for the purchase of Alabama WIC approved fresh fruits and vegetables.
2. Cash value vouchers have a set "Not to Exceed" dollar amount.
 - If the total price of Alabama WIC approved fresh fruits and vegetables selected by the WIC customer is **less than** the dollar amount of the cash value voucher, the cashier will enter the lower price in the "Pay Exactly" block on the voucher. **No change** is given to the WIC customer.
 - If the total price of the Alabama WIC approved fresh fruits and vegetables selected by the WIC customer is **more than** the "Not to Exceed" dollar amount printed on the voucher, the WIC customer can choose to pay the difference with cash or another form of payment.
 - If the WIC customer pays with SNAP benefits, no tax is charged on the overage. If the WIC customer pays with credit, debit, or cash, then tax is charged on the overage.
 - An amount that is **more than** the voucher "Not to Exceed" dollar amount should **never** be entered in the "Pay Exactly" block. The bank will reject the voucher if the "Pay Exactly" amount is more than the voucher "Not to Exceed" dollar amount.

Alabama Department of Public Health		WIC Program		1000023757
CRAN JUICE Family ID: F00000020464		First Day To Use Sep 20, 2014	Last Day To Use Oct 18, 2014	
Fresh Fruits and Vegetables—Not to Exceed \$12.00 No Cash Back <small>Whole or Cut-Offs are Allowed See AL WIC Approved Foods Brochure Cannot Use at Farmers Markets or Roadside Stands Get Medical/Physical activity is important for young children and the whole family. First Day to Use: Sep 20, 2014</small>		Vendor Stamp	Pay Exactly	13.27
		Must be deposited within 60 days of first day of use		Corrected Amount
				12.00
Authorized Signature **Present ID**				
#1000023757* K22222222222* 11111111111*				

INFANT FORMULA

The Alabama WIC Program promotes breastfeeding, but in cases where breastfeeding is not the option chosen, iron fortified infant formula is provided. The quantity, formula name, size, and type (Powder, Concentrate, and Ready to Feed) will be specified on the WIC food instrument.

At the request of a health care provider, specialized formula is available through the WIC Program. The State of Alabama does not require vendors to stock all special formulas; however, at times the local clinic or a WIC customer may request you, as a vendor, to stock a special formula.

Alabama authorized WIC vendors and vendors applying for WIC authorization **must** purchase infant formula from a list of approved sources maintained by the State WIC Office. The list will be updated periodically and is available on the Alabama Department of Public Health website: www.adph.org in the WIC section, click on Vendor Management and then select Wholesalers-Distributors, Manufacturers, and Retailers Authorized to Sell in Alabama.

Vendors must adhere to the following procedures regarding infant formula:

- Train all cashiers to compare the formula specified on the WIC food instrument with the formula the WIC customer has selected for purchase. Allowing the WIC customer to purchase formula other than that specified on the food instrument will result in lost revenue.
- **NO** substitutions are allowed.

WIC customers cannot substitute another brand of formula if the brand specified on the food instrument is out of stock.

WIC customers cannot substitute another container size or type of formula. For example, if the food instrument specifies 13 oz. can of concentrated formula, it cannot be substituted for a 12.9 oz. can of powder formula.

- Formula food instruments cannot be partially filled. If your formula inventory does not allow you to fill a formula food instrument completely do not attempt to fill the food instrument.

Rain checks and IOUs are not allowed and must never be provided.

- **NEVER** allow a WIC customer to purchase a formula other than the brand, container size, or type of formula specified on the food instrument. Customers attempting to do so should be reported to the local clinic or State WIC Office.
- **NEVER** allow a WIC customer to exchange formula for another type of formula or for cash. If a cashier allows a WIC customer to purchase an incorrect formula and the WIC customer attempts to return the incorrect formula to the store they must be instructed to return to the local clinic.

LEAST EXPENSIVE BRAND

The Alabama WIC Program requires participants to purchase the **least expensive brand** available on the shelf **at the time of purchase** for milk and cheese. Vendors cannot require the participant to purchase the least expensive brand available of any other WIC food item.

If the store brand is the least expensive brand but it is not available; the participant must be allowed to purchase the next least expensive brand available on the shelf at the time of purchase.

Milk Example

When a WIC customer's food instrument specifies one quart of buttermilk they must select the Least Expensive Brand on the shelf at the time of the purchase.



Cheese Example

WIC customers can select the least expensive brand on the shelf at the time of purchase of their choice of any of the following Alabama WIC approved cheeses: Cheddar, Colby, Monterey Jack, Mozzarella, Processed American, and Swiss. 16 oz. package only. Cheese may be low fat, low cholesterol, low sodium, sliced, hoop or block.



MANUFACTURER AND STORE PROMOTIONS

WIC customers must be allowed to participate in manufacturer and store promotions.

Vendors are not allowed to offer incentives, promotional items or services specifically for WIC customers or to encourage WIC participants to shop in a particular store. Grocery delivery and customer transportation are not allowed.

The following are examples of promotions and specials that WIC customers are allowed to participate in:

Buy One Get One Free Promotions

If an item is buy one get one free, one item must qualify for WIC, but the free item does not have to be a WIC approved item.

In addition, the free product does not count towards the number of items or ounce limits listed on the WIC food instrument.



Buy One Get One At a Reduced Price Promotions

If an item is buy one get one at a reduced price, BOTH items have to be WIC approved and count toward the number of items or ounce limits listed on the WIC food instrument. The WIC Program is charged full price for the first item and the reduced price for the second item.

Manufacturer or Store Coupons

Manufacturer's coupons are deducted from the total WIC purchase and the discounted total is entered in the "Pay Exactly" block.

The extra food items obtained from coupons **do not** count toward the number of food items or the ounce limits specified on the food instrument or the dollar amount specified on the cash value voucher. Tax on the coupon amount **only** may be added to the discounted total.



Store Savings Cards or Customer Reward Cards

WIC customers are allowed to utilize store saving and customer reward cards used by regular customers.

NOTE: Contact store management if you have cash register programming issues relating to store promotions. The State WIC Office cannot instruct store employees on how to program cash register systems.

RETURNS and EXCHANGES

Store employees should **never** provide WIC customers with refunds or gift cards. WIC customers can only exchange items purchased with WIC food instruments/cash value vouchers if the item is defective, spoiled, or outside the sell/use date.

LOST WIC ID FOLDER

If a WIC ID Folder is found, store personnel should turn in the lost WIC ID Folder to the manager on duty. The manager should keep the WIC ID Folder in a secure place, and make key personnel aware of its location.

If the WIC customer returns to the store to claim a lost WIC ID Folder, store management may return the WIC ID Folder once they have verified the name. In some instances, the WIC customer may not have a picture ID.

If the ID folder is unclaimed after 48 hours, store management is responsible for returning the ID folder to the local WIC clinic.

Lost ID folders may have unspent food instruments and/or cash value vouchers stored in them. Unused food instruments and cash value vouchers should be returned along with the WIC ID Folder.

Store personnel should never contact WIC customers directly. If store personnel have any questions about returning lost WIC ID Folders, they should contact the State WIC Office.

PAYMENT PROCESSING



VENDOR PAYMENT

A vendor applicant cannot transact WIC food instruments and cash value vouchers until all pre-authorization procedures are completed and the vendor is authorized. This includes a pre-authorization site visit, completion of training, and receipt of signed contracts. The State WIC Office notifies vendors when the vendor is authorized to accept food instruments and cash value vouchers.

The Department will make payment to authorized WIC vendors upon receipt of validly transacted and redeemed WIC food instruments and cash value vouchers.

The Alabama WIC Program will not reimburse an out of state vendor for redeemed food instruments and cash value vouchers unless the vendor is authorized by the Alabama WIC Program.

The Department shall deny payment, either partially or fully, to a Vendor for improperly transacted or redeemed WIC food instruments and cash value vouchers. The Department may establish a claim for payments already made on improperly transacted WIC food instruments and cash value vouchers or may offset future payments for the claim. The Department will provide the Vendor with an opportunity to justify or correct a claim.

Each authorized WIC vendor is issued their own unique vendor ID number by the State WIC Office. In order to be processed for payment, the food instrument and cash value voucher must have the vendor ID number stamped in the block marked "Vendor Stamp". The vendor ID number is not transferrable and must only be used for WIC food instruments and cash value vouchers redeemed at the location listed in the Alabama WIC Vendor Contract. If the store is sold the new owner must complete the application process and if approved will be issued a new vendor ID number. Vendors who violate this will be subject to applicable sanctions.

Food Instruments and cash value vouchers are handled the same as a check. The vendor must deposit, and the contract bank must receive all food instruments or cash value vouchers no more than 60 days from the "First Day to Use" date. The Department shall have no obligation to pay any WIC checks submitted outside of this timeframe.

The WIC banking contractor reviews food instruments and cash value vouchers for errors. If an error is detected the food instrument or cash value voucher will be returned to the bank of first deposit.

Having store personnel review food instruments and cash value vouchers for errors **prior** to deposit can help prevent loss of payment and return check fees. When store personnel identify cashier errors it is important to conduct follow up training with all store personnel involved in the transaction. This is imperative to prevent future occurrences.

Many financial institutions charge their customers for items that are returned. Banking fees incurred by a vendor, be it a Department or vendor error, **will not** be reimbursed by the Alabama WIC Program. Vendors cannot recover bank charges from the Alabama WIC Program, WIC participants, or proxies.

PAYMENT PROCESSING:

WIC VENDOR STAMP

- Each authorized WIC vendor is issued their own unique vendor ID number by the State WIC Office. In order to be processed for payment, the food instrument and cash value voucher must have the vendor ID number stamped in the block marked "Vendor Stamp". The Alabama WIC Program's banking contractor will not honor food instruments or cash value vouchers that are missing the vendor stamp.
- Make sure the Vendor Stamp is stamped in the appropriate block using **black ink** and is **legible**. The use of gel/invisible ink is not allowed. If gel/invisible ink is used the food instrument/cash value voucher will reject.
- **Always** ensure the vendor number is legible. Food instruments and cash value vouchers are not negotiable unless the vendor number is stamped in the space provided and legible.

Vendors must ensure the vendor stamp is used only for the purpose and in the manner authorized by the Alabama WIC Vendor Contract. The vendor assumes full responsibility for any unauthorized use of the vendor stamp. "Loaning" the vendor stamp to other stores or using the vendor stamp to validate food instruments or cash value vouchers accepted at another store is a violation that will result in disqualification from the Alabama WIC Program. Vendors are encouraged to keep the stamp in a secure place to avoid fraudulent use.

- **Stamp Maintenance:** Regular cleaning of the rubber element with alcohol and a cotton swab will provide a clearer stamp on the food instruments and cash value vouchers. Ink for self-inking stamps can be purchased at a local office supply store.
- **Replacement Stamps:** If your vendor stamp is lost, damaged, or badly worn, you can request a replacement by submitting a Replacement Stamp Request Form to the State WIC Office. The form is available on our website: www.adph.org/WIC. Allow a **minimum** of 14 days to receive a replacement stamp.

SIGNATURE

The food instrument or cash value voucher must be signed by the Parent/Legal Guardian or proxy after the total retail cost is entered in the "Pay Exactly" block. Food instruments and cash value vouchers can only be signed using blue or black ink.

If a cashier fails to obtain the signature at the time of the transaction, it is **FRAUD** to sign the food instrument or cash value voucher and submit it for payment.

TIMEFRAME

The vendor must deposit, and the contract bank must receive all food instruments or cash value vouchers no more than **60 days** from the "First Day to Use" date.

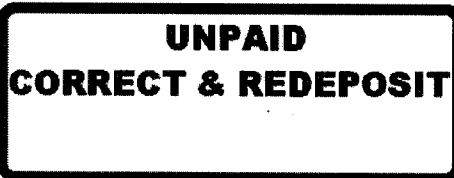
NON-PAYMENT OF WIC FOOD INSTRUMENTS AND CASH VALUE VOUCHERS

WIC Banking Contractor: The WIC Program's banking contractor will return improperly transacted food instruments and cash value vouchers to the bank of first deposit. When a WIC food instrument or cash value voucher is returned to the vendor, it will have at least one error stamped on it. There are two categories of rejected food instruments and cash value vouchers; Non - Fatal Errors "REDEPOSIT POSSIBLE" and Fatal Errors "DO NOT REDEPOSIT."

Non Fatal Errors may be corrected on the first rejection and re-deposited by the vendor. If a food instrument or cash value voucher is returned for a non fatal error, it may be corrected and re-deposited in the vendor's bank within 60 days of the "First Day to Use" date.

Fatal Errors cannot be re-deposited. The only appealable fatal error is Amount Over Maximum. See the Appeal for Payment section on page 24 for additional information.

NON FATAL ERRORS REDEPOSIT POSSIBLE

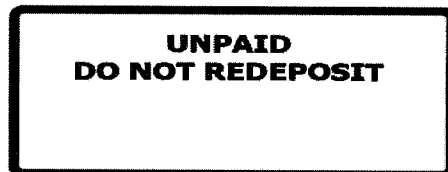


If a food instrument or cash value voucher is returned for the following reason, it may be corrected and re-deposited in the vendor's bank within 60 days of the "First Day to Use" date to receive payment:

- **Vendor Stamp Missing or Illegible:** Vendor stamp was not legible or was missing. If food instruments or cash value vouchers are returned for this reason, stamp the food instrument or cash value voucher and re-deposit within 60 days from the "First Day to Use" date.

If the number does not appear legible (clear) or a number did not come through, take a black pen and trace over the illegible information to ensure the vendor number can be read prior to re-depositing.

FATAL ERRORS DO NOT REDEPOSIT



If a food instrument or cash value voucher is returned for one of the following reasons, the food instrument or cash value voucher cannot be re-deposited:

- **Amount Over Maximum:** Each food instrument and cash value voucher has a maximum dollar value that will be paid by the WIC contract bank. If the amount entered in the “Pay Exactly” block exceeds the maximum amount allowed, the food instrument or cash value voucher will be rejected.
- **Redeemed Prior to the First Day to Use:** The food instrument or cash value voucher was accepted prior to the “First Day to Use” date.
- **Stale Dated (Deposited Too Late):** Deposit was made over 60 days from the “First Day to Use” date on the food instrument or cash value voucher.
- **Signature Missing:** Parent/Legal Guardian or proxy’s signature was not in the signature block at time of deposit.
- **Altered:** Changes or writing appears on food instrument or cash value voucher. (Exception is drawing a line through items not received by the participant or correcting a “Pay Exactly” amount.)
- **Invalid Vendor:** Vendor number is not on file as an authorized Alabama WIC vendor.

ENCODING ERROR

DO NOT submit Food Instruments or Cash Value Vouchers for Appeal if they are returned by the bank of first deposit as an “Encoding Error”.

As the depositor follow these steps to correct the encoding error:

1. Find the original deposit showing the correct amount.
2. Take the food instrument or cash value voucher to the Bank of First Deposit as they are responsible for reversing the charges, correcting the amount, and resubmitting the food instrument or cash value voucher for processing.
3. Redeposit must be made within 60 days of the “First Day to Use” date.

REMINDERS:

- Ensure cashiers are **properly trained**.
- Review food instruments and cash value vouchers **before depositing** to ensure the vendor stamp is legible.
- Vendors who continually present improperly processed food instruments and cash value vouchers will be issued the applicable sanction. The sanction schedule is part of the WIC Compliance Section of this handbook and the Alabama WIC Vendor Contract.

APPEAL FOR PAYMENT

Appeals for payment will only be considered for food instruments or cash value vouchers that are rejected for Amount Over Maximum.

Alabama WIC Program Appeal Request Form

All requests must be made in writing using the Alabama WIC Program Appeal Request Form. The form is available on our website: www.adph.org/WIC.

The form must be completed in its entirety and submitted to the Department within 90 days of the "First Day to Use" date printed on the food instrument or cash value voucher.

This includes providing the following information in the appropriate space:

- A detailed explanation of how the error occurred.
- The steps that have been taken to prevent the error from occurring in the future.

The following documents must be submitted with the appeal form:

- **Copy of the Food Instrument or Cash Value Voucher** - A copy of each food instrument or cash value voucher from the bank of first deposit showing the rejection stamp.
- **Copy of the Receipt or Journal Transaction** - A copy of the receipt or journal transaction must be included with the appeal form for each food instrument or cash value voucher.

Appeal Approval/Denial

Submitting an appeal request form does not guarantee approval of payment. Consideration will be given to the documentation submitted.

Incomplete appeal request forms or appeals that do not include the food instrument/cash value voucher and/or the receipt/journal transaction will be returned unprocessed.

If the appeal is approved, the WIC Program will: Send a check for full or partial payment to the vendor.

If the appeal is denied, the WIC Program will: Return the appeal request form with the denial reason indicated.

Processing of appeal forms can take four to six weeks.

Inquiries Regarding Appeals

Telephone requests for appeal will not be accepted; however, telephone requests for general information are welcomed. Remember, it is good business practice to keep a copy of all items being mailed, including the front and back of the food instrument(s) or cash value voucher(s).

Administrative Responsibilities



VENDOR CONTRACT

- The Alabama WIC Vendor Contract is a legal, binding agreement between the Vendor and the Alabama Department of Public Health. It is imperative that as an authorized WIC vendor you carefully review your contract and are familiar with its content.
- The Alabama WIC Program is a federally funded program that is governed by United States Department of Agriculture (USDA) Federal Regulations and state requirements. Authorized vendors are required to adhere to all rules, policies, and procedures of the Alabama WIC Program.
- Authorized WIC vendors will be notified in writing of any program changes that occur during the contract period.

MINIMUM STOCK REQUIREMENTS

- Authorized WIC vendors must maintain the minimum stock of WIC approved foods at all times, regardless of the number of WIC transactions at any given time. A complete list of the Minimum Stock Requirements can be found at the end of this handbook.

These requirements allow for a WIC participant to fill a food instrument/cash value voucher and not deplete inventory should another participant present the same type food instrument/cash value voucher. Failure to maintain minimum quantities will result in termination of the Alabama WIC Vendor Contract.

- If at any time a WIC representative determines the vendor does not meet the Minimum Stock Requirements, the vendor will be required to show official documentation that the item is on order and scheduled for delivery. Failure to have such documentation on hand or provide documentation within 24 hours of the request will result in termination of the Alabama WIC Vendor Contract.
- Food items must be within the manufacturer's product eligibility dates to count towards the minimum stock requirement. Expired food items will not count towards the minimum stock requirement.

PRICE SURVEY REQUIREMENTS

- The Alabama WIC Program is federally required to collect shelf prices of authorized vendors. This requirement is met through the submission of a price survey. The State WIC Office mails price surveys to each authorized WIC vendor, twice a year, with the due date specified.
- If the price surveys are not returned by the due date, a fine will be imposed.

- Data provided on the price survey is used to to calculate price maximums for WIC approved food items and evaluate cost competitiveness among vendors.
- Shelf price **increases** of **more than** 10 cents from the latest price survey on WIC approved food items (excluding eggs), should be reported immediately in writing, using the WIC Vendor Price Increase Request Form available on our website: www.adph.org/WIC. Vendors are not required to submit price increases for eggs due to the weekly fluctuation in egg prices. Vendors are required to notify the State WIC Office if eggs rise significantly due to unforeseen events such as the Avian Bird Flu outbreak of 2015.

TIPS for Completing the Price Survey

- Fill out the price survey accurately and completely, following all directions carefully.
- Do not report sale prices. If an item is on sale report the store's regular (non-sale) price.
- If you do not stock the item or size listed put N/A.
- Report prices only for the sizes indicated on the survey.
- Never estimate or project prices.
- Review for accuracy and ensure the information provided is legible prior to submission.

COMPETITIVE PRICE CRITERIA

As established by USDA Federal Regulations, the state agency must use cost containment criteria in evaluating the prices charged for supplemental foods. The vendors selected to participate in the WIC Program will be those that offer the most competitive prices. Since food costs have a major impact on the number of women, infants, and children served, these measures enable the largest number possible to benefit from this valuable program.

All authorized WIC vendors are placed into a specified peer group based on store type and number of cash registers. A maximum allowable reimbursement level is set for each WIC approved food item. The competitive price determination for individual food items will be computed by peer group using the most recent shelf prices submitted by authorized vendors. The competitive pricing structure for the Alabama WIC Program establishes four peer groups:

Peer Group	Description
1	Type 1: Chain store with own wholesaler
2	Type 2: Major Independent - 5 or more cash registers
3	Type 3: Minor Independent - 3 to 4 cash registers
4	Type 4: Small – 1 to 2 cash registers

VENDOR STATUS CHANGES

Changes in Ownership, Store Closing, and Termination of Contract

- The vendor must notify the State WIC Office, in writing, at least 15 days prior to any changes in information including, but not limited to, name of store, ownership, management, business structure, or store closing. Written notification must include the effective date of change or store closure.

In the event that ownership changes, the WIC contract is no longer valid. The State WIC Office must be notified, in writing, 15 days before the store is sold. Vendor contracts are not transferable. If the new owner wishes to become an authorized WIC vendor, they must submit an Alabama WIC Vendor Application.

Once the State WIC Office is notified of the change in ownership, you will receive written notification on depositing your final food instruments and cash value vouchers. You will also receive instructions on returning the vendor stamp to the State WIC Office.

Should the Alabama WIC Program discover that a change in ownership has already occurred, the vendor authorization number will be immediately terminated. All food instruments/cash value vouchers submitted for payment will be returned unpaid.

- Vendors may voluntarily end their Alabama WIC Vendor Contract by notifying the State WIC Office in writing at least 30 days prior to the effective date. Upon receipt of such notice, you will be sent written notification on depositing your final food instruments and cash value vouchers. You will also receive instructions on returning the vendor stamp to the State WIC Office.

Upon the effective date of store closing, the vendor contract and vendor stamp number provided to the store will be terminated. Any food instruments/cash value vouchers submitted for payment after the effective date will be returned unpaid. If, for any reason, there is a change in the effective date, written notification must be provided to the State WIC Office.

NOTE: If a store name change occurs, but ownership remains the same, the State WIC Office must be notified, in writing, of the change; however, a new vendor contract is not required.

Changes in Store Location

- Vendors must notify the State WIC Office, in writing, at least 15 days prior to any changes in location. Each store is authorized based on the ownership and street address that exists at the time of authorization; therefore, the WIC Vendor Contract is not transferable to another location.

If the change in location is five miles or more from the original store site, the vendor must submit an updated application and sign a new Alabama WIC Vendor Contract.

If the change in location is less than five miles from the original store location, the vendor must only submit an updated application. A new Alabama WIC Vendor Contract is not required.

Regardless of the distance, a site visit will be conducted by the State WIC Office to ensure the store continues to meet the WIC Program Criteria for Participation.

Temporary Closure Due to Natural Disaster

- Vendors shall notify the State WIC Office of any situation that occurs which negatively impacts participants' access to shop at an authorized store location, including but not limited to, natural disasters, fire, or any other adverse action which significantly reduces the store's normal operating hours.

Under no circumstances shall a store accept WIC food instruments or cash value vouchers while its status is considered "temporarily closed".

For emergency situations outlined above, vendors must send written notice within 72 hours of the qualifying event, through one of the following methods:

Facsimile Transmission: Attn: Vendor Management Branch 334-206-2914

or

U.S. Mail: Alabama Department of Public Health
 Bureau of Family Health Services – WIC Division
 The RSA Tower – Suite 1300
 P.O. Box 303017
 Montgomery, AL 36130-3017

Telephone notification to 334-206-5673 or 1-888-942-4673 may be made as a last resort, if none of the other means are practical.

In the written notice sent to the State WIC Office, the vendor must include the following information:

Name of the store;

Name of the contact person, store's WIC vendor number; active day-time telephone number; and

Brief description of the emergency/event that has occurred that necessitated the store being unavailable for participant access. An approximate date of when the store will resume normal operations.

- After a temporary closure, vendors shall request, in writing, to the State WIC Office that the store's WIC vendor number be reactivated. This request must be submitted at least 15 days in advance. A site visit will be conducted to ensure the store continues to meet the WIC Program Criteria for Participation.

VENDOR TRAINING

- In accordance with USDA Federal Regulations governing the WIC Program, authorized WIC vendors must receive training annually. At contract renewal, a face-to-face training will be provided. Alternative training methods are used during noncontract renewal years. Vendors are notified by the local WIC clinic when training is scheduled. At least one substitute training date will be made available.
- Attendance/Participation at vendor training is **mandatory**.
- WIC vendor training is presented in a train-the-trainer format; therefore, it is important that the individuals selected to attend are those that are responsible for daily WIC operations. It is strongly recommended that the vendor have at least two store representatives present during the training session. It is the vendor's responsibility to ensure cashiers and other staff are trained on WIC Program requirements.
- Vendors will be provided with a WIC Employee Training Acknowledgement Form. This document must be on file for all store personnel. Failure to provide this form as proof of employee training on WIC procedures is a violation of the WIC Program. If detected the applicable sanction will be assessed and continued violations will result in disqualification from the WIC Program.

WIC ACRONYM AND LOGO

- A WIC authorized vendor is not permitted to use the acronym "WIC" or the WIC logo, including close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name under which it does business, if different. In addition, signs promoting the business, as well as advertisements and educational materials aimed at customers, may not use the acronym "WIC" or the WIC logo. Any form of marketing or advertising of the store that gives an impression that the business is owned, operated, approved, favored, or endorsed by the Alabama WIC Program is prohibited. This includes the use of the wording "WIC Only." The Alabama WIC Program only allows the use of State WIC Office issued signage. W.I.C. lettering on the building or outdoor signage is prohibited.
- The Alabama WIC Program provides "WE ARE WIC APPROVED!" Window Clings (ADPH.WIC.269) to notify the general public that a retailer is an authorized WIC vendor. These items are available through the State WIC Office at no cost.
- It is a direct violation of the Alabama WIC Vendor Contract and the USDA Federal Regulations that govern the WIC Program for any vendor to use the WIC acronym or the WIC logo, including close facsimiles thereof, in a prohibited manner. Violators will have their Alabama Vendor Contract terminated and are subject to an injunction by the USDA.

SHELF LABELS

- The Alabama WIC Program has available a State WIC Office approved shelf label to identify food items as Alabama WIC approved. These shelf labels are to be placed at the exact spot that contains the WIC approved food item and are provided to authorized vendors at no cost.
- Applying shelf labels directly on the WIC approved food item is strictly prohibited.
- Authorized WIC vendors also have the opportunity to use their own shelf labels. These shelf labels must be approved by the Alabama WIC Program Director **prior** to use.

Vendors must submit the final artwork/graphic image of the proposed shelf label, along with a written request for consideration of approval, to the State WIC Office. The request must include the proposed size, color, and any other distinguishing features. All requests must be submitted at least 45 days prior to the intended use date. A decision will be sent by the State WIC Office within 30 days of receipt of request.

The proposed shelf label and request can be submitted via email or regular mail:

Email: wic@adph.state.al.us

U.S. Mail: Alabama Department of Public Health
Bureau of Family Health Services – WIC Division
The RSA Tower – Suite 1300
P.O. Box 303017
Montgomery, AL 36130-3017

- Store personnel are responsible for monitoring the use of all posted shelf labels, regardless of the source, to ensure they **accurately and consistently** identify WIC approved foods.

INCENTIVES

The Alabama WIC Program prohibits the use of incentives to entice WIC participants to shop in a particular store. Vendors who use advertisements to solicit the business of WIC participants, and/or offer incentives or delivery services will be subject to contract termination.

Incentives are defined as any item, service, or gimmick used to solicit the patronage of a WIC participant. Incentives include free or complimentary gifts (such as but not limited to diapers), free deli meals, and other free services, etc. offered exclusively to WIC participants.

VENDOR COMMUNICATIONS

- **IMPORTANT:** Correspondence sent by the State WIC Office typically requires some type of **follow up action** to be taken by either the store owner or manager. The State WIC Office strongly encourages there be a system in place to ensure communication from the

Alabama WIC Program is forwarded to the appropriate person and/or shared with store personnel.

It is the policy of the State WIC Office that any communication sent via certified mail may also be sent via first-class mail service. If the certified letter is returned by the post office as unclaimed or refused, then the vendor shall be deemed to have received the first-class letter three days after the letter was placed in the United States mail.

- Any correspondence to the State WIC Office should be sent to:

Alabama Department of Public Health
Bureau of Family Health Services – WIC Division
The RSA Tower – Suite 1300
P.O. Box 303017
Montgomery, AL 36130-3017

You are encouraged to maintain a copy of any documentation sent to the State WIC Office.

- When you call the State WIC Office at (334) 206-5673, ask to speak to a member of the Vendor Management staff, and always write down the name of the person you spoke to, along with date, time, guidance provided, and any other relevant information given in case further follow up is needed.

VENDOR INFORMATION PUBLICATION (VIP)

- The VIP is an e-newsletter for Alabama WIC Vendors.
The VIP is an educational tool used to inform WIC vendors and other interested parties about WIC Program changes, compliance issues, food instrument processing tips, cashier reminders, and alerts. The newsletter is published at least bi-monthly and is available on the Department's website.

Retailers are encouraged to take the following actions, after receiving the VIP:

1. Share a copy with store personnel, i.e., cashiers, bookkeepers, customer service managers.
 2. Post a copy of the VIP in a central location for others to read.
 3. Use the VIP as a resource when conducting cashier and store personnel training.
- During the non-contract renewal year, a special edition of the VIP is published and mailed to all authorized WIC vendors along with an acknowledgment form. This form must be completed and returned to the State WIC Office to fulfill the annual training requirement.

CONFIDENTIALITY

In accordance with USDA Federal Regulations governing the WIC Program, 7 CFR §246.26 (e), the Alabama WIC Program may release for general information the name, address, authorization status, phone number, website, email address and store type (e.g. grocery store, chain store, independently owned store).

NON-DISCRIMINATION REGULATIONS

Alabama WIC Vendor Contract Requirement

DISCRIMINATION CLAUSE

Vendor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, creed, color, religion, national origin, age, sex, or disability, as defined in the above laws and regulations. Vendor shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with the Rehabilitation Act of 1973 or the Americans With Disabilities Act of 1990.

USDA Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

WIC Compliance



WIC COMPLIANCE

The Alabama WIC Program takes program fraud and abuse very seriously. In accordance with USDA Federal Regulations governing the WIC Program authorized WIC vendors found to be in violation of the Alabama WIC Vendor Contract or engaging in fraudulent activities shall be sanctioned accordingly. A complete sanction schedule can be found at the end of this handbook and in the Alabama WIC Vendor Contract.

There are two levels of sanctions: federally mandated sanctions and state sanctions. Federal Regulations require mandatory sanctions be imposed for the violations outlined in section 7 CFR 246.12 of Federal Regulations governing the WIC Program. These two levels of violations are not all inclusive. The Department may sanction a vendor for a combination of violations or any other violation of the terms of the contract.

Sanctions may include monetary claims, fines, termination of a WIC Vendor Contract, disqualification of a vendor from the program, and civil money penalties. WIC Program violations can also result in criminal penalties and disqualification from the Supplemental Nutrition Assistance Program (SNAP). Vendor sanctions assigned in the preceding contract period may impact a vendor's subsequent authorization. Violations of the WIC Program which occurred during the previous contract period, if any, may be carried over and used as a basis for imposition of a sanction, termination, or disqualification under any subsequent contracts.

METHODS OF INVESTIGATION

WIC Program violations can be detected during routine monitoring visits, compliance investigations, inventory audits, and reviewing program reports. If a violation is detected the State WIC Office must impose the applicable sanction. When the Department identifies errors in the Vendor's food instruments submitted for payment or redeemed food instruments, the Department shall establish a claim against a vendor. The vendor must pay any claim assessed by the State WIC Office by the due date specified in the notification or the Alabama WIC Vendor Contract will be terminated.

Routine monitoring is an overt, on-site monitoring visit during which program representatives identify themselves to vendor personnel.

- Authorized WIC vendors are subject to routine monitoring visits at any time for compliance to WIC requirements. During the monitoring visit, the WIC representative will be verifying minimum stock, checking product expiration dates of all WIC approved foods and verifying shelf prices.
- They will ask to see all food instruments and cash value vouchers, infant formula invoices, and interview employees to determine their knowledge of WIC Program requirements. All records pertinent to this monitoring visit must be available for review by the representative upon request.
- If the WIC representative documents any noncompliance during the monitoring visit, the vendor will receive the appropriate sanction for the violation.

- Monitoring visits are a good time for store employees to ask the WIC representative any questions or express concerns that they may have regarding the WIC Program.

Compliance investigations consist of a series of undercover buys to detect noncompliance. When violations are detected, the State WIC Office may impose sanctions, up to and including, disqualifying the Vendor from participation in the Alabama WIC Program. In cases where a pattern must be established to impose a sanction, the State WIC Office will notify the vendor, in writing, upon the first act of non-compliance. The vendor will not be notified when it is determined that such notification would jeopardize the investigation.

An **inventory audit** is the official examination and documentation of a WIC vendor's inventory, accounts, and records to determine whether the vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on the food instruments redeemed by the vendor during a given time period.

Reviews of program reports are conducted to identify vendors who are out of compliance with program rules and regulations.

OVERCHARGING

Vendor overcharging is intentionally or unintentionally charging more for supplemental food provided to a WIC customer than a non-WIC customer or charging more than the current shelf price for supplemental food provided to a WIC customer. Vendor overcharging is NOT charging more than the maximum allowable reimbursement level. A vendor can charge less than the maximum allowable reimbursement level and still overcharge the WIC customer.

VENDOR DISQUALIFICATION

Disqualification periods are determined by the type of violation. Program violations are separated into categories by the seriousness of the violation. Each category lists the sanction that will be imposed for the corresponding violation. In the event of a disqualification, it is unlawful to sell, assign or otherwise transfer ownership to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns to avoid disqualification.

- Disqualification from SNAP shall result in an automatic disqualification of the same duration from the WIC Program. When a vendor is disqualified from SNAP or another State's WIC Program, the Alabama WIC Program will disqualify the vendor for the same length of time. In accordance with federal regulations the disqualification may begin at a later date. The disqualification is not subject to an administrative or judicial review under the WIC Program.
- Civil Money Penalties may be imposed in lieu of disqualification in cases where the Department determines that the disqualification shall result in inadequate participation access. The Department shall determine there is inadequate participant access if geographic barriers or other conditions make participant access unreasonably difficult and no authorized WIC vendors are within ten miles of the violative vendor.

APPEALS

Upon receipt of notice for certain sanctions, the vendor may request a full administrative review before an impartial hearing officer. The said notification will detail the vendor's responsibility regarding the appeals process.

The formal administrative hearing regarding adverse actions taken against WIC vendors must adhere to the Hearing of Contested Cases rules found in Chapter 420-1-3 of the Alabama Administrative Code unless those rules are contrary to this Chapter or Part 246, Title 7 of the Code of Federal Regulations.

A full administrative review includes the opportunity to be represented by legal counsel at your own expense, examine the evidence upon which the action is based prior to the administrative hearing, present evidence and witnesses, and confront and cross-examine adverse witnesses.

Appealing an action does not relieve a vendor that is permitted to continue program operations while its appeal is in process from the responsibility of continued compliance with the terms of any written agreement with the Department. The WIC Director shall allow a vendor to continue in the WIC Program while an administrative review is in process, except for a vendor disqualified due to a trafficking conviction and a vendor disqualified based upon a SNAP disqualification, which is not subject to an administrative or judicial review under the program.

COMPLAINT PROCESS

At the State WIC Office, we are very concerned about program abuse and take all complaints seriously. WIC customers are not allowed to verbally abuse store employees or violate the proper procedures for processing food instruments or cash value vouchers.

If you suspect a WIC customer or another vendor is abusing the Alabama WIC Program, contact the State WIC Office at 1-888-942-4673.

Investigations are conducted on all complaints received. Due to the confidential nature of WIC investigations, no information can be released as to the outcome.

IMPORTANT WIC TRANSACTION REMINDERS:

- Always check the WIC ID Folder.
- Always verify the food instrument and cash value voucher is within valid dates.
- Always verify only Alabama WIC approved foods are being purchased.
- Never allow the substitution of unauthorized food items.
- Never issue a rain check if you do not have enough stock, on hand, to fill a WIC food instrument.
- Never charge for food items that the WIC customer does not receive.
- Never charge sales tax on WIC transactions.
- Always provide the WIC customer with a receipt.

CATEGORIES OF VENDOR VIOLATIONS OF ALABAMA WIC PROGRAM SANCTION SCHEDULE

Program violations are separated into categories by the seriousness of the violation. Each category lists the period of disqualification or fine for the violations and specifies whether warnings are given. Civil money penalties may be imposed in lieu of disqualification in cases where the DEPARTMENT determines that disqualification shall result in inadequate participant access. Vendor may be subject without prior warning to sanctions, including fines, disqualifications, and civil money penalties in lieu of disqualification, in accordance with Department's sanction schedule. For Category I through Category IV the vendor will receive a monetary penalty or disqualification for a second or subsequent offense that occurs within two years of the notice of the first violation.

Category VIII MANDATORY PERMANENT DISQUALIFICATION

1. Convicted of trafficking in food instruments or cash value vouchers or selling firearms, ammunition, explosives, or controlled substances as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802) in exchange for food instruments or cash value vouchers.
2. Permanent disqualification from the Supplemental Nutrition Assistance Program (SNAP).

Category VII MANDATORY DISQUALIFICATION FOR SIX YEARS

1. One incidence of buying or selling food instruments or cash value vouchers for cash (trafficking).
2. One incidence of selling firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. 802, in exchange for food instruments or cash value vouchers.

Category VI MANDATORY DISQUALIFICATION FOR THREE YEARS

1. One incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for food instruments or cash value vouchers.
2. *A pattern of claiming reimbursement for the sale of an amount of a specific WIC food item that exceeds the vendor's documented inventory of that WIC food item for a specific period of time.
3. **A pattern of vendor overcharges.
4. **A pattern of receiving, transacting and/or redeeming food instruments or cash value vouchers outside of authorized channels, including the use of an unauthorized vendor or an unauthorized person.
5. **A pattern of charging for supplemental food not received by the participant.
6. **A pattern of providing credit or non-food items, other than alcohol, alcohol beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. 802, in exchange for food instruments.

Category V MANDATORY DISQUALIFICATION FOR ONE YEAR

1. **A pattern of providing unauthorized food items in exchange for food instruments or cash value vouchers, including charging for supplemental foods provided in excess of those listed on the food instrument.
2. A pattern of an above-50-percent vendor providing prohibited incentive items to WIC participants.

Category IV Warning on First Offense; On Second or Subsequent Offense, Disqualification for One Year.

1. Entering false information on a food instrument or cash value voucher.
2. Requiring a participant to make a cash purchase to redeem a food instrument or cash value voucher.

Category III Warning on First Offense; On Second Offense, \$400.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for 12 Months.

1. Failing to properly process a food instrument or cash value voucher, which includes not checking a participant's WIC ID card, requiring participants to sign a food instrument or cash value voucher before first entering the purchase amount, failing to obtain a signature at the time of the WIC transaction, or accepting a food instrument or cash value voucher outside of the valid dates to use.
2. Issuing a rain-check or IOU when unable to fill a WIC food instrument or cash value voucher.
3. Failing to mark the price of a WIC-approved food on the shelf or item.
4. Stocking a WIC-approved food outside of the manufacturer's expiration date.
5. Attempting to seek restitution from a participant for a food instrument or cash value voucher returned not paid.
6. Contacting a WIC participant regarding an improperly processed food instrument or cash value voucher.
7. Failing to provide the quantity or type of infant formula specified on the food instrument.
8. Requiring a separate check-out lane for WIC participants or failing to offer a WIC participant any courtesy offered to other customers, including, but not limited to, a promotional opportunity, bonus card, coupon, or additional free product.
9. Threatening or abusing, either verbally or physically, a WIC participant or WIC personnel in the conduct of official WIC business.

Category II Warning on First Offense; On Second Offense, \$300.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for Nine Months.

1. Failure to submit a vendor price survey within the specified time frame.
2. Requiring additional ID from a person who has signed the WIC ID folder.
3. Allowing the purchase of a WIC food in an unauthorized container size.

Category I Warning on First Offense; On Second Offense, \$200.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for Six Months.

1. Allowing the exchange of a WIC food item other than items that are defective, spoiled, or outside their sell/use date at time of redemption.
2. Allowing a refund for a returned food item.
3. Requiring the purchase of a specific brand if more than one WIC-approved food brand is available and allowed by the State WIC Program.
4. Failure to provide a WIC participant a cash register receipt.
5. Failure to provide employee training on WIC procedures.

*A pattern for this violation can be established during a single review where a vendor's records indicate that the vendor's redemptions for a specific food item exceeds the documented inventory for a two month audit period.

**A pattern for compliance investigations is defined as committing the same violation two (2) or more times during a compliance investigation which consists of at least three (3) buys.

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2015 – SEPTEMBER 30, 2017**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		STORE TYPE 1 - 3	STORE TYPE 4
INFANT FORMULA Similac Advance (Milk Based)	13 oz. Concentrate	34 Cans	Must supply upon request.
Similac Soy Isomil (Soy Based)	13 oz. Concentrate	34 Cans	Must supply upon request.
Similac Advance Powder	12.4 oz. Powder	20 Cans	20 Cans
INFANT CEREAL	8 oz. Container; Gerber or Beech-Nut	10 Containers (2 varieties 4 must be rice)	8 Containers (2 varieties 4 must be rice)
INFANT FRUITS & VEGETABLES	4 oz. jars; Beech Nut Classics Or 2 Pack 4 oz. (Net 8 oz. package); Gerber 2 nd Stage; Single Ingredient Only	64 – 4 oz. Jars 32 – 8 oz. Packages	32 – 4 oz. Jars 16 – 8 oz. Packages
MILK , Whole Least Expensive Brand	Calcium Enriched Lactose Free Lactose Reduced No organic allowed.	4 Gallons	2 Gallons
MILK, Fat Free, 1% Lowfat, Reduced Fat Least Expensive Brand	Calcium Enriched Lactose Free Lactose Reduced No organic allowed.	12 Gallons	8 Gallons
EGGS	Dozen, Large White Only (No brown eggs, specialty eggs or Egglard's Best.) 16 oz. Package	6 dozen (Cartons of 12)	4 dozen (Cartons of 12)
CHEESE Least Expensive Brand	Processed American, Cheddar, Colby, Monterey Jack, Mozzarella and Swiss (No cheese food, spread, product, imitation. No string, shredded, mixes, cubes, sticks, or cheese from deli. No peppers or other added ingredients.)	6 - 16 oz. Packages (Must stock 2 of the 6 varieties)	4 - 16 oz. Packages (Must stock 2 of the 6 varieties)

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2015 – SEPTEMBER 30, 2017**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS		
		Store Type 1 – 3	Store Type 4	
<p>CEREAL</p> <p>See the Alabama WIC Approved Foods Brochure for details.</p> <p>14 to 36 oz. boxes or bags only.</p> <p>Total number of ounces allowed will be specified on the food instrument.</p>	<p>General Mills Cheerios**, Multi-Grain Cheerios**, Corn Chex, Kix**, Dora the Explorer Kellogg's Corn Flakes, Frosted Mini Wheats **, Rice Krispies, Special K Post Great Grains Banana Nut Crunch**, Honey Bunches of Oats Crunchy Honey Roasted, Honey Bunches of Oats Whole Grain Vanilla Bunches **, Honey Bunches of Oats with Crispy Almonds</p> <p>Quaker Instant Grits Original (box)</p> <p>Malt-O-Meal Strawberry Cream Mini Spooners**, Mom's Best Naturals Quick Oats**, Mom's Best Naturals Old Fashioned Oats**</p> <p style="text-align: center;">**Whole Grain Cereals</p>	<p>18 Boxes (Must stock 6 different varieties and 3 of the varieties must be whole grain)</p>	<p>9 Boxes (Must stock 3 different varieties and 1 of the varieties must be whole grain)</p>	
BROWN RICE	<p>14 - 16 oz. Bag or Box. Any brand, regular, instant, or boil-in-bag.</p>	<p>6 14 - 16 oz. Bags or Boxes</p>	<p>4 14 - 16 oz. Bags or Boxes</p>	
48 oz. JUICE	<p>Lucky Leaf Apple, Seneca Apple, Juicy Juice – all flavors, Northland Cranberry Juice. Any 48 oz. brand orange, grapefruit, orange/grapefruit.</p>	<p>8 Containers</p>	<p>6 Containers</p>	
64 oz. JUICE	<p>Libby's Pineapple Juice, Juicy Juice – all flavors, Lucky Leaf Apple, Northland Cranberry Juice Blends – all flavors, Seneca Apple, Welch's Grape, White Grape, and Red Grape, White House Apple. Any brand 64 oz. orange juice.</p>	<p>10 Containers</p>	<p>8 Containers</p>	
64 oz. Refrigerated Container	<p>100% Orange Juice Only</p>			

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2015 – SEPTEMBER 30, 2017**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		STORE TYPE 1 - 3	STORE TYPE 4
PEANUT BUTTER	16 – 18 oz. Container. Any brand Chunky, Creamy, Crunchy, or Low Sodium. No whipped, spreads, reduced fat, omega-3, organic, combinations with jelly, honey, etc.	8 Containers	6 Containers
WHOLE WHEAT AND WHOLE GRAIN BREADS	16 oz. Package. WIC approved brands only. 100% whole wheat and 100% whole grain. See Alabama WIC Approved Foods Brochure for Alabama WIC approved brands.	12 – 16 oz. Packages	6 – 16 oz. Packages
FRESH FRUITS AND VEGETABLES	See Alabama WIC Food Brochure for information on approved fresh fruits and vegetables.	Must stock a total of \$48 retail value, including 4 varieties of fresh fruits and 4 varieties of fresh vegetables.	Must stock a total of \$36 retail value; 3 varieties of fresh fruits and 3 varieties of fresh vegetables.
As an Alabama authorized WIC vendor you are not required to stock the following items however, if a participant presents a food instrument with any of the following WIC approved items you are required to order the approved products for the participant.			
FOOD ITEM	DETAILS		
INFANT MEAT	2.5 oz. Container; Gerber or Beech-Nut Plain meat with broth or gravy.		
SPECIAL MILK	Evaporated Milk, 12 oz. Can Carnation and Pet brands only Dry Milk (Powdered), 9.6 oz. Box Ultra High Temperature, 8 oz. Buttermilk, 1 quart - Least Expensive Brand		
SOY MILK 8 th Continent, Original or Vanilla Only Silk, Original Only	Does not include twin packs.		

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2015 – SEPTEMBER 30, 2017**

DRIED BEANS OR PEAS	16 oz. Bag. Any brand. No added flavorings.		
11.5 or 12 oz. FROZEN JUICE	Dole Pineapple, Seneca Apple, Welch's Grape and White Grape, Old Orchard – all flavors with green lids. Any brand 12 oz. orange juice.		
6 oz. JUICE Cans, Ready-to-Use	Citrus juices only.		
CANNED FISH	<p>Tuna 5 oz. Can, any brand light, chunk style, packed in water. No smoked, other flavorings, diet, or solid white.</p> <p>Salmon 14.75 oz. Can. Any brand pink salmon. No red, sockeye.</p>		
WHOLE WHEAT AND CORN TORTILLAS	16 oz. Package. WIC approved brands only. See Alabama WIC Approved Foods Brochure for Alabama WIC approved brands.		

NOTES

Materials Available from the State WIC Office

The items below can be ordered directly from the State WIC Office:

Alabama WIC Vendor Procedure Handbook – The Alabama WIC Vendor Procedure Handbook ensures that vendors are in compliance with regulations and procedures.

Alabama WIC Approved Foods Brochure – This detailed food brochure includes pictures and descriptions of Alabama WIC approved food items. A copy of this brochure must be available for store personnel. Each participant is given a brochure during their local clinic visit.

Alabama WIC Window Clings – A window cling identifying the vendor as an authorized WIC vendor.

Alabama WIC Shelf Labels – Shelf labels are used to identify products as Alabama WIC approved. Utilizing shelf labels assists participants in easily identifying Alabama WIC approved products. In accordance with federal regulations shelf labels are never to be affixed directly on a WIC approved product.

Alabama WIC Vendor Training DVD – The Alabama WIC Vendor Training DVD must be used to train store personnel. The DVD is divided into chapters with a specific chapter to be used for training new cashiers.

Alabama WIC Program Cashiers Training Guide – The Alabama WIC Program Cashiers Training Guide is specifically designed for use in training new cashiers regarding program requirements and conducting a WIC transaction.

State WIC Office Contact Information

State WIC Office Vendor Management staff are available to assist vendors when questions or problems arise.

Contact Information:

State WIC Office

Telephone: 334-206-5673

Fax: 334-206-2914

1-888-WIC-HOPE

(1-888-942-4673)

Mailing Address:

Alabama Department of Public Health
Bureau of Family Health Services – WIC
Division

The RSA Tower – Suite 1300

P.O. Box 303017

Montgomery, AL 36130-3017

Website: adph.org/WIC

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WIC NUTRITION PROGRAM

Women, Infants and Children

Women, Infants and Children (WIC) is a supplemental nutrition program for pregnant women, breastfeeding women, women who had a baby within the last six months, infants, and children under the age of five. One must meet income requirements and have a nutritional risk that proper nutrition could help to improve.

Do You Qualify for WIC?
To see if you may qualify, you must:

- meet income guidelines;
- be a resident of Alabama; and
- be seen by a health professional at the WIC clinic.

If you think you may qualify, please call your county health department to make an appointment. At the WIC appointment, you will need to bring all three of the following:

- Proof of residency (a document with your street address on it, such as a lease or bill)
- Proof of identity (a driver's license, birth certificate)
- Proof of income (pay stubs) or proof of enrollment in a state program (automatic income eligibility if currently enrolled in TANF, Food Stamps, or Medicaid)



Prepared by
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADPH-WIC-264/Rev.05.15.ch

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I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

1. Vendor Complaints

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

- No; please explain: _____
- Yes, complaints are received through the following:
- A toll-free number handled by State agency staff
 - A standard complaint form which the complainant sends to:
 - State agency
 - Local agency or clinic
 - Online system; include link here: Via a general WIC e-mail available on the WIC website.
 - Other (specify): Local clinic staff accept complaints which they enter in Crossroads as Customer Service Issues.

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

- No; please explain: _____
- Yes, complaints are received through the following:
- A toll-free number handled by State agency staff
 - A standard complaint form which the complainant sends to:
 - State agency
 - Local agency or clinic
 - Online system; include link here: Via a general WIC e-mail available on the WIC website.
 - Other (specify): Local clinic staff accept complaints which they enter in Crossroads as Customer Service Issues.

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

- Yes, please explain: Complaints are entered into Crossroads and followed up by either local or State WIC staff.
- No; please explain: _____

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

Procedure Manual Chapter XIII Section 13.4

2. Identifying High-Risk Vendors

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

- Low-variance* Complaints against vendors
- High-mean value* Other (specify all): Analysis of Vendor Volume and other TIP Indicators
- New vendor (* = mandatory)

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

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

c. Identify the type(s) of food instruments and used in the high-risk vendor analysis. (Check all that apply):

- A full monthly food package for a:
 Woman Infant Child Other (specify): _____
- Standard food instrument type with multiple food items (e.g., milk, cheese, and cereal)

I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

- Standard food instrument type with a single food item
- Constructed food instrument (State agencies with nonstandard food instruments)
- CVVs/CVBs
- Other (specify): _____

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

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

e. Vendor redemption patterns are generally compared to:

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

Attach additional information from your MIS, detailing how the State agency conducts the high risk vendor analysis and how the State agency ranks vendors when more than 5% of authorized vendors are high risk.

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

Procedure Manual Chapter XIII, Section 13.3, C, 2.

I. VENDOR MANAGEMENT

D. Routine Monitoring

1. Routine Monitoring Visits

a. Routine monitoring visits are conducted by:

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

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

- Check the vendor's inventory of supplemental foods and/or inventory records to determine if the vendor meets the State agency's requirements for the minimum variety and quantity of supplemental foods
- Check the vendor's inventory of non-supplemental foods and/or inventory records to provide information on whether the vendor is an above-50-percent vendor
- Determine whether the vendor accepts forms of payment other than WIC food instruments, such as cash, personal checks, and credit cards, to provide information on whether the vendor is an above-50-percent-vendor
- Check the vendor's invoices of infant formula to ensure that the infant formula is obtained only from the State agency's list of infant formula manufacturers registered with the Food and Drug Administration, and infant formula wholesalers, distributors, and retailers licensed under State law
- If the vendor is an above-50-percent vendor, check its stock of incentive items to ensure that such items have been approved by the State agency
- Obtain the vendor's shelf prices and/or validate the vendor's price list
- Review food instruments in the vendor's possession for vendor violations
- Compare food instruments in the vendor's possession with shelf prices to test for vendor overcharges
- Review use of shelf tags and signage
- Review expiration dates on supplemental foods
- Compare prices of supplemental foods with similar items not approved as supplemental
- Observe food instrument transactions

I. VENDOR MANAGEMENT

D. Routine Monitoring

- 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 all): Provide the Alabama WIC Program Vendor Procedure Handbook and WIC Approved Food Brochures

c. Generally, routine monitoring visits are conducted on each vendor (check all that apply):

- Annually
- Twice a year
- As needed (specify)
- Other (specify) Meet or Exceed the Federal Requirement

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

- Random selection
- Complaints
- Periodic/scheduled training
- Other (specify): _____
- Periodic/scheduled review

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

- Less than 5 percent; explain reason: _____
- 5 percent
- More than 5 percent (specify): 6%

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

Procedure Manual Chapter, XII, Section 12.8 A and Chapter XII Attachment 12-6 Alabama WIC Vendor Monitoring Guide

I. VENDOR MANAGEMENT

E. Compliance Investigations

1. Investigative Practices

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

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

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): _____

I. VENDOR MANAGEMENT

E. Compliance Investigations

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 Citation the Procedure
Manual reference: WIC Procedure Manual Chapter XII, Section 12.8

No; specify: _____

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

Yes **No**

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

The State agency compares data on the prevalence of vendor violations detected among high-risk versus non-high-risk vendors.

The State agency discards a high-risk vendor identification criterion if compliance investigations of high-risk vendors identified by the criterion result in no vendor violations after _____ months.

Investigative procedures and training are reevaluated if compliance investigations of high-risk vendors result in the detection of no vendor violations.

Other (specify): _____

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

693

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

Compliance Buys: 76

Inventory Audits: 0

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

Compliance Buys: 76

Inventory Audits: 0

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

Yes **No; explain reason:** _____

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

348

(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 and/or Procedure Manual (Citation): Alabama WIC Procedure Manual Chapter XII, Section 12.8

I. VENDOR MANAGEMENT

E. Compliance Investigations

2. Compliance Buys

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

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

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

- Yes; explain: The food instrument type is tailored to the reason for the investigation.
- No; explain: _____

c. Compliance buys are usually conducted by:

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

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

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

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

- Two
- Other (specify): _____

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

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

Yes No

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

Yes; if a standard form is used please attach

No; please explain:

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

Yes; specify how many: 3 No; please explain: _____

The same violation occurs 2 or more times during an investigation which consists of at least 3 buys.

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

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

\$ _____ Cost per compliance buy

Unknown

Not applicable

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

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

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

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

Suspicion of vendor exchanging cash for food instruments (trafficking)

Inconclusive compliance buy results

Complaints

Other (specify): Store is not readily accessible for a compliance buy due to suspicion of strangers or other circumstances which would hinder the possibility of a successful compliance buy.

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

On-site inventory audits

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

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

Other (specify): _____

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

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

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

Receipts for an Inventory Audit cover a 60-day period.

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

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

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

- Yes; please describe: _____
- No

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

- Yes; please describe: The Compliance Unit tracks status of all investigations on an Excel spreadsheet.
- No

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

I. VENDOR MANAGEMENT

F. Vendor Sanction System

1. Definitions

a. How does the State agency define a pattern of violations?

A pattern is defined as committing the same program violation on two or more occasions during a compliance investigation which must consist of at least 3 separate compliance buys.

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

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

The Alabama WIC Program Vendor Procedure Handbook included as an appendix to the state plan contains the complete sanction schedule. Alabama WIC Procedure Manual, Chapter XVII. The complete sanction schedule is part of the Alabama WIC Vendor Contract.

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 checked="" type="checkbox"/>	Application of above-50-percent criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ for WIC violations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ for SNAP CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other WIC sanctions, e.g., fine or CMP
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial based on circumvention of sanction
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Application of peer group criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termination due to ownership change
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termination due to location change
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termination due to ceasing operations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termination for other causes
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ for trafficking/illegal sales conviction
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DQ/CMP due to another State agency's mandatory sanction
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CMP based on SNAP DQ
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial based on no SNAP authorization

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

Alabama WIC Procedure Manual, Chapter XIV Administrative Appeals

2. Administrative Review Procedures

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

Yes; please indicate: No

Hearing of Contested cases rules found in Chapter 420-1-3 of the AL Administrative Code.

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> State Administrative Procedures Act | <input type="checkbox"/> State health department regulation |
| <input type="checkbox"/> State law pertaining to WIC only | <input type="checkbox"/> State WIC regulation |
| <input type="checkbox"/> State health department law | <input type="checkbox"/> Other (specify): _____ |

I. VENDOR MANAGEMENT

G. Administrative Review of State Agency Actions

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

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

c. Administrative reviews are conducted by:

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

d. The following procedures are followed for administrative reviews:

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

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

- WIC staff person assigned to case
- WIC State agency Vendor Manager
- WIC State Agency Director
- Legal counsel (State Attorney General or General Counsel's office)
- Legal counsel (paid by WIC Program funds)
- Other (specify all): Alabama Department of Public Health's Office of General Counsel

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

Alabama WIC Procedure manual, Chapter XIV Administrative Appeals

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

Alabama WIC Procedure Manual, Chapter XIV Administrative Appeals

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, 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 appropriate FNS office:

Once a year

Regularly, at intervals of less than one year (specify): _____

Periodically, as changes occur

Upon request

Other (specify): _____

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

Yes No

Investigators verify SNAP open investigations in STARS and communicate with the field office as needed.

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): In accordance with federal regulations.

No

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

SNAP - WIC Information Sharing Agreement Follows This Section

**MEMORANDUM OF UNDERSTANDING (MOU) FOR INFORMATION SHARING
BETWEEN THE WIC STATE AGENCY
AND
THE FOOD AND NUTRITION SERVICE (FNS)**

In order to promote cooperation and reduce vendor/retailer abuse in both the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the WIC State Agency, the Food and Nutrition Service (FNS) Special Nutrition Program (SNP) and Retailer Operations Division (ROD) Investigative Analysis Branch (IAB) enter into a Memorandum of Understanding. The undersigned parties agree to the following:

I. Responsibilities of FNS ROD IAB

- A. Provide the WIC State Agency with the name, title, and address of the FNS ROD IAB office where information on violative WIC vendors should be sent.**

Name/Title: **Marchee M. Briant, Section Chief, IAB Area 4
USDA, Food and Nutrition Service**

Address: **3101 Park Center Drive, Suite FO-46
Alexandria, VA 22302**

Telephone: **(856) 845-8256**

Fax: **(856) 845-8848**

E-mail: **marchee.briant@fns.usda.gov**

- B. Provide the WIC State Agency with copies of written notifications to retailers of all SNAP sanctions no later than 15 days after a retailer's right to appeal a SNAP sanction has either expired or been exhausted. Such notices shall include the name of the store owner, the full name of the store and full store location address, FNS Number, the type of sanction imposed and the effective date of the sanction.**
- C. Include the following statement on charge letters, letters of determination and final notices: "If you are an authorized vendor under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), you may be disqualified from the WIC Program as a result of your disqualification from SNAP. In accordance with the current law governing both the SNAP and the WIC Program, such a WIC Program disqualification is not subject to administrative or judicial review under the WIC Program. A civil money penalty (CMP) from the Supplemental Nutrition Assistance Program may also result in a WIC Program disqualification, but such a disqualification would be subject to administrative and/or judicial review."**
- D. Provide the WIC State Agency, upon request, with information on specific SNAP authorized retailers that is not available to the WIC State Agency through the FNS Store Tracking and Redemption Subsystem (STARS) database.**

II. Responsibilities of the FNS SNP

- A. Facilitate communications between the WIC State Agency and the appropriate FNS ROD IAB office.**
- B. Monitor the effectiveness of this memorandum of understanding.**

III. Responsibilities of the WIC State Agency

- A. Provide FNS ROD IAB with the name, title, and address of the WIC State Agency where all information on violative SNAP retailers should be sent.**

Name/Title: Stacey Neumann
Agency: Alabama Department of Public Health
Address: 201 Monroe Street
RSA Tower Suite 1300
Montgomery AL 36130

Telephone: 334 - 206-5673
Fax: 334-206-2918
E-mail: stacey.neumann@adph.state.al.us

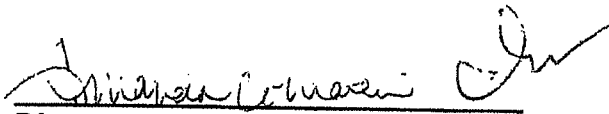
- B. Provide the FNS ROD IAB office with copies of written notifications to vendors of all WIC sanctions no later than 15 days after a vendor's right to appeal a WIC sanction has either expired or been exhausted. Such notices shall include the name of the store owner, the full name of the store, full store location address, the type of sanction imposed and the effective date of the sanction.**
- C. Include on all disqualification notices to WIC vendors the following statement:
"This disqualification from WIC may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program (SNAP) per Section 278.6(e)(8) of the SNAP regulations. Such disqualification may not be subject to administrative or judicial review under the Supplemental Nutrition Assistance Program."**

IV. The undersigned parties further mutually agree that:

- A. Information exchanged in accordance with this agreement must be disclosed and used only in direct connection with the administration and enforcement of WIC and SNAP regulations and procedures, except that such information must be disclosed to the Comptroller General of the United States and other authorized officials for audit and examination authorized by law. Under no circumstances should such information be disclosed to any State personnel who are not directly involved in the management of vendors in the WIC Program, other public or private agencies, or to**


private citizens or enterprises not directly involved in State agency vendor management. The protected information includes all information exchanged about retailers/vendors, as well as about investigations of retailers/vendors, such as the identities of investigators and investigative aides.

- B. Information received by the WIC State agency on SNAP investigations must not be disclosed to local agencies unless specific prior approval has been given by FNS ROD IAB.
- C. Information exchanged in accordance with this agreement is subject to the Federal Freedom of Information Act.
- D. Any of the offices listed below may terminate this MOU with 30 days advance notice to the other party. This MOU will remain in effect until such notice is given.



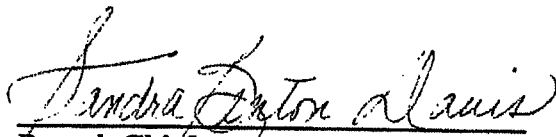
Director
WIC State Agency

2/4/2014
Date



Branch Chief
Investigative Analysis Branch
FNS Retailer Operations Division

November 20, 2013
Date



Branch Chief
Women, Infant and Children Program
FNS Special Nutrition Program

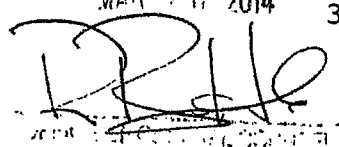
February 25, 2014
Date



State Health Officer

3/25/2014
Date

APPROVED AS TO FORM AND
COMPLIANCE WITH APPLICABLE
RULES AND REGULATIONS
DEPT. OF PUBLIC HEALTH

MAR 20 2014 3


State Health Officer

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor selection and authorization
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor training
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Routine monitoring
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance investigations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory audits
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corrective actions and sanctions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal investigations
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor appeals/administrative reviews
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federal and/or State WIC regulations
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention of vendor fraud and abuse
<input checked="" type="checkbox"/>	<input 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: Convened on an as needed basis.
- No vendor advisory council

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

3. Reporting vendor information to TIP:

a. How does the State agency submit vendor information to The Integrity Profile?

- Manually (one vendor at a time)
- Upload text file
- Upload XML Schema

b. By what date does the State agency submit this information for the previous fiscal year?

TIP Report for FY 2015 Submitted January 14, 2015

c. Describe how the State agency ensures that this information is accurate:

The state agency has a Quality Assurance Coordinator that monitors the TIP information for accuracy throughout the FY.

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

I. VENDOR MANAGEMENT

J. Farmer/Farmers' Market Authorization

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

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

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

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

3. The State agency considers applications:

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

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

I. VENDOR MANAGEMENT

K. Farmer/Farmers' Market Agreements

1. Agreement periods are for:

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

2. Agreements are:

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

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

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

I. VENDOR MANAGEMENT

K. Farmer/Farmers' Market Agreements

4. Agreement provisions include:

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

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

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

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

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

I. VENDOR MANAGEMENT

L. Farmer/Farmers' Market Training

1. Farmer/farmers' market training includes:

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

I. VENDOR MANAGEMENT

L. Farmer/Farmers' Market Training

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

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

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

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

4. The State agency delegates training to:

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

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

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

- Yes No

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

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

- Yes No

If yes, provide the link to the training: _____

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

I. VENDOR MANAGEMENT

M. Farmer Monitoring

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

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

2. Monitoring includes:

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

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

I. VENDOR MANAGEMENT

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

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

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

2. Farmers/farmers' markets may administratively appeal:

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

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

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

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

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

CHAPTER II

NUTRITION SERVICES

II. NUTRITION SERVICES

(Please indicate) State Agency: Alabama for FY 2016

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

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

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

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

II. NUTRITION SERVICES

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

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

Yes No

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

Yes No

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

Yes No

- d. (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): All 3 answers above

- 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):

1.a. Section 4.4.A, 1.b. Section 4.4.A, 1.c. Section 4.4.B, 1.d.(i) Section 4.7, Attachments 4-7 & 4-8, 1.d.(ii) Section 4.7, Attachments 16-1 & 16-2, 1.e Sections 4.2 & 4.6.A.1

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

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

Yes No

II. NUTRITION SERVICES

A. Nutrition Education

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

- State-developed questionnaire issued by local agencies
- Locally-developed questionnaires (need approval by 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 participants themselves at least two (≥2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:

- Local agency addresses in annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify): _____

II. NUTRITION SERVICES

A. Nutrition Education

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

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

The minimum nutrition education standards address:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Number of contacts | |
| <input checked="" type="checkbox"/> Protocols | <input checked="" type="checkbox"/> Documentation |
| <input checked="" type="checkbox"/> Breastfeeding promotion and support | <input checked="" type="checkbox"/> Referrals |
| <input checked="" type="checkbox"/> Information on substance abuse prevention | <input checked="" type="checkbox"/> Care plans |
| <input checked="" type="checkbox"/> Counseling methods/teaching strategies | <input checked="" type="checkbox"/> Exit counseling |
| <input checked="" 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): Online contacts relevant to participant's needs

e. An individual care plan is provided based on:

- | | |
|---|---|
| <input type="checkbox"/> Nutritional risk | <input type="checkbox"/> CPA discretion |
| <input type="checkbox"/> Priority level | <input type="checkbox"/> Participant request |
| <input type="checkbox"/> Healthcare provider's prescription | <input checked="" type="checkbox"/> Other: <u>An individual care plan is provided for all participants.</u> |

II. NUTRITION SERVICES

A. Nutrition Education

f. Individual care plans developed include the following components:

Must Include	May Include	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Individualized food package
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Identification of nutrition-related problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nutrition education and breastfeeding support
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A plan for follow-up
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Referrals
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Timeframes for completing action plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation of completing action plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	Paraprofessionals (non B.S. degree with formal WIC training by SA or LA)
<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify): <u>Physicians</u>

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

- No
- Yes (If yes, check the applicable conditions below):
- Proxy is spouse/significant other
 - Proxy is parent of adolescent prenatal participant
 - Proxy is neighbor
 - Only for certain priorities (specify): _____
 - Other (specify): Proxies are designated by the participant at certification/subsequent certification.

II. NUTRITION SERVICES

A. Nutrition Education

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

No

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

Proxy is grandparent or legal guardian of infant or child participant

Proxy is neighbor

Only for certain priorities (specify): _____

Other (specify): Proxies designated by the parents/caregivers at initial certification can receive nutrition education at subsequent nutrition education contacts & at subsequent certifications.

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

3.a. Section 4.6.a, Section 4.7 & 16.2, Attachments 16-1 & 16-2, Attachment 18-1, Clinical Protocol Manual-WIC section

Continued on Attachment

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

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

Yes No

If applicable, list other agencies:

A written material sharing agreement exists between the relevant agencies

Yes No

II. NUTRITION SERVICES

A. Nutrition Education

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

	English	Spanish	Other languages (specify):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Specific nutrition-related 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"/>	_____
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of 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.

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

- Content Reading level/language Graphic design Cultural relevance
- Other: _____

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

- Yes No

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

- Yes No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
 4.b. WIC Publications and Forms (Appendix), 4.c. Section 4.4.A.3. Reading level/language: Written criteria and formulas for determining reading level are on file. Continued on Attachment.

WIC Publications and Forms

June 2015

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC-100	Do You Need Additional Information		Doc. Library
WIC-100S	Do You Need Additional Information		Doc. Library
WIC - 104	WIC Referral/Medical Information Form		Doc Library
WIC - 111a	WIC Formula Prescription for Infants		Doc Library & adph.org/wic
WIC - 111b	WIC Formula Prescription for Child and Woman		Doc Library & adph.org/wic
WIC - 112	Formula Log/Issuance Sheet		Doc Library
WIC - 114	Hospital Special Formula Notification		Doc Library & adph.org/wic
WIC – 115/115S	Letter of Support (Spanish on Back)		Doc Library
WIC – 116/116S	No Proof Form (Spanish on Back)		Doc Library
WIC - 118/118S	What to Bring to Your Appointment (Spanish on Back)	Pads of 100	Doc Library
WIC - 123	WIC Fact Sheet		Doc Library
WIC - 123S	WIC Fact Sheet (Spanish)		Doc Library
WIC - 126	How WIC Helps	Packs of 50	
WIC - 126S	How WIC Helps (Spanish)	Packs of 50	
WIC - 140	Postcard - Reminder	Packs of 100	
WIC - 154/154S	Mom-To-Be (Spanish on Back)		Doc Library
WIC – 155CR	ID Folder	Packs of 25	
WIC – 155CRS	ID Folder Insert (Spanish)	Packs of 25	
WIC - 156	Warning Insert	Packs of 100	
WIC - 157/157S	Who is Eligible for WIC (Spanish on Back)	Packs of 100	Doc Library
WIC - 158	Get Growing with WIC Infant Record Card	Packs of 100	
WIC - 159	How WIC Works for You	Packs of 100	
WIC - 159S	How WIC Works for You (Spanish)	Packs of 100	
WIC - 160	We Missed You/Card	Packs of 100	
WIC - 161	How WIC Works for You/Poster	Single Poster	

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 205	WIC Is Good for You and Your Children/Card	Packs of 100	
WIC - 209	Budget Smart for a Healthy Start/Card	Packs of 100	
WIC - 210	Every Child Deserves Nutritious Food/Card	Packs of 100	
WIC - 211	Balance Your Child's Nutrition Budget/Card	Packs of 100	
WIC - 227	Manual Food Instrument Inventory		Doc Library
WIC - 280	Listeriosis	Packs of 100	
WIC - 280S	Listeriosis (Spanish)	Packs of 100	
WIC - 290	Dental Tip Card	Packs of 100	
WIC - 290S	Dental tip Card (Spanish)	Packs of 100	
WIC - 304	Breastfeeding in the Hospital	Packs of 100	
WIC - 304S	Breastfeeding in the Hospital (Spanish)	Packs of 100	
WIC - 305	Breastmilk the Best Milk	Packs of 100	
WIC - 308	Nutrition During Breastfeeding	Packs of 100	
WIC - 308S	Nutrition During Breastfeeding (Spanish)	Packs of 100	
WIC - 330	Breastfeeding Supply Accountability Form	Packs of 100	
WIC - 331	Patient Clinic Issuance and Inventory Forms for Non-Returnable Breastfeeding Items	Packs of 100	Doc Library
WIC - 333	Breast Pump Loan/Release Form	Packs of 100	
WIC - 351	Requisition Breastfeeding Resources Form	Packs of 100	Doc Library
WIC - 401	WIC Operations – Equipment/Supply Request Form		Doc Library
WIC - 402	Record Destruction Request Form		Doc Library
WIC - 403	Coloring Book/Fruits & Veggies – More Matters	Packs of 100	
WIC - 404	What's On Your Plate?	Packs of 100	

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 404S	What's On Your Plate? (Spanish)	Packs of 100	
WIC - 405	Let's Eat for the Health of It – Build a Healthy Plate	Packs of 100	
WIC - 405S	Let's Eat for the Health of It – Build a Healthy Plate (Spanish)	Packs of 100	
WIC - 406	Let's Eat for the Health of It – Cut Back on Solid Fats, Added Sugars and Salt	Packs of 100	
WIC - 406S	Let's Eat for the Health of It – Cut Back on Solid Fats, Added Sugars and Salt (Spanish)	Packs of 100	
WIC - 407	Let's Eat for the Health of It – Eat the Right Amount of Calories for You	Packs of 100	
WIC - 407S	Let's Eat for the Health of It – Eat the Right Amount of Calories for You (Spanish)	Packs of 100	
WIC - 408	Let's Eat for the Health of It – Be Physically Active Your Way	Packs of 100	
WIC - 408S	Let's Eat for the Health of It – Be Physically Active Your Way (Spanish)	Packs of 100	
WIC - 411	Calcium for Strong Bones and Teeth	Packs of 100	
WIC - 411S	Calcium for Strong Bones and Teeth (Spanish)	Packs of 100	
WIC - 412	You Need Vitamin A	Pads of 100	
WIC - 412S	You Need Vitamin A (Spanish)	Pads of 100	
WIC - 413	You Need Vitamin C	Pads of 100	
WIC - 413S	You Need Vitamin C (Spanish)	Pads of 100	
WIC - 414	Iron You Need It!	Packs of 100	
WIC - 414S	Iron You Need It! (Spanish)	Packs of 100	
WIC - 415	Be Snack Wise	Packs of 100	
WIC - 415S	Be Snack Wise (Spanish)	Packs of 100	
WIC - 416	Less Salt in Your Diet	Pads of 100	
WIC - 416S	Less Salt in Your Diet (Spanish)	Pads of 100	
WIC - 426	Lead and Nutrition	Packs of 100	
WIC - 426S	Lead and Nutrition (Spanish)	Packs of 100	
WIC - 428	Get Health AL/Fruits & Veggies – More Matters	Packs of 100	

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 430	What to Eat Before Your Baby Comes	Packs of 100	
WIC - 430S	What to Eat Before Your Baby Comes (Spanish)	Packs of 100	
WIC - 431	Nutrition for the Teenage Mother-to-Be	Packs of 100	
WIC - 432/432S	Indigestion and Heartburn (Spanish on Back)	Pads of 100	
WIC - 433	Nausea	Pads of 100	
WIC - 433S	Nausea (Spanish)	Pads of 100	
WIC - 434	Constipation and Hemorrhoids	Pads of 100	
WIC - 434S	Constipation and Hemorrhoids (Spanish)	Pads of 100	
WIC - 435	When You Are Gaining Too Fast	Pads of 100	
WIC - 435S	When You Are Gaining Too Fast (Spanish)	Pads of 100	
WIC - 436	When You Are Not Gaining	Pads of 100	
WIC - 436S	When You Are Not Gaining (Spanish)	Pads of 100	
WIC - 437	Why You Should Quit Smoking	Pads of 100	
WIC - 437S	Why You Should Quit Smoking (Spanish)	Pads of 100	
WIC - 438	Drugs & Alcohol Can Hurt Unborn Baby	Packs of 100	
WIC - 438S	Drugs & Alcohol Can Hurt Unborn Baby (Spanish)	Packs of 100	
WIC - 439	After You Deliver	Packs of 25	
WIC - 439S	After You Deliver (Spanish)	Packs of 25	
WIC - 440	Infant-Feeding Your Baby 0 to 6 Months	Packs of 50	
WIC - 440S	Infant-Feeding Your Baby 0 to 6 Months (Spanish)	Packs of 50	
WIC - 441	Infant-Feeding Your Baby 6 to 9 Months	Packs of 50	
WIC - 441S	Infant-Feeding Your Baby 6 to 9 Months (Spanish)	Packs of 50	
WIC - 442	Infant-Feeding Your Baby 9 to 12 Months	Packs of 50	
WIC - 442S	Infant-Feeding Your Baby 9 to 12 Months (Spanish)	Packs of 50	
WIC - 443	How to Make Formula	Packs of 50	
WIC - 443S	How to Make Formula (Spanish)	Packs of 50	
WIC - 444	Weaning	Packs of 50	

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 444S	Weaning (Spanish)	Packs of 50	
WIC - 448	Infant - Nursing Bottle Cavities	Pads of 100	
WIC - 448S	Infant - Nursing Bottle Cavities (Spanish)	Pads of 100	
WIC - 449	Infant - Constipation	Pads of 100	
WIC - 461	When Child is Constipated 1-2	Pads of 100	
WIC - 461S	When Child is Constipated 1-2 (Spanish)	Pads of 100	
WIC - 462	When Child is Constipated 2-5	Pads of 100	
WIC - 462S	When Child is Constipated 2-5 (Spanish)	Pads of 100	
WIC - 463	The Overweight Child	Pads of 100	
WIC - 463S	The Overweight Child (Spanish)	Pads of 100	
WIC - 464	When a Child Needs to Gain Weight	Pads of 100	
WIC - 464S	When a Child Needs to Gain Weight (Spanish)	Pads of 100	
WIC - 466	Develop Good Eating Habits	Pads of 100	
WIC - 468	Feeding Your Toddler 1-2 yrs	Packs of 50	
WIC - 468S	Feeding Your Toddler 1-2 yrs (Spanish)	Packs of 50	
WIC - 469	Feeding Your Preschooler	Packs of 50	
WIC - 469S	Feeding Your Preschooler (Spanish)	Packs of 50	
WIC - 470	Healthy Weigh of Life	Packs of 100	
WIC - 470S	Healthy Weigh of Life (Spanish)	Packs of 100	
WIC - 475	Folic Acid for Women	Packs of 100	
WIC - 475S	Folic Acid for women (Spanish)	Packs of 100	
WIC - 480/480S	Munching Matters Secret to Smart Snacking/Fruits & Veggies - More Matters (Spanish on Back)	Packs of 50	
WIC - 481/481S	Moms & Dads/Fruits & Veggies – More Matters (Spanish on Back)	Packs of 50	
WIC - 482/482S	Ten Facts About Fruits and Veggies/Fruits & Veggies - More Matters (Spanish on Back)	Packs of 50	
WIC - 483/483S	Ten Safety Tips for Handling Raw Fruits & Veggies/ Fruits & Veggies - More Matters (Spanish on Back)	Packs of 50	

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 484/484S	10 Tips Series – Choose MyPlate (Spanish on Back)	Packs of 100	
WIC - 485/485S	10 Tips Series – Make Half Your Grains Whole (Spanish on Back)	Packs of 100	
WIC - 486/486S	10 Tips Series – With Protein, Variety is the Key (Spanish on Back)	Packs of 100	
WIC - 487/487S	10 Tips Series – Salt and Sodium (Spanish on Back)	Packs of 100	
WIC - 492	Drugs & Alcohol Hurt Your Unborn Baby/Poster (Bilingual)	Single Poster	
WIC – 493/493S	Second Hand Smoke (Spanish on Back)		Doc Library
WIC - 495	AL WIC Guide for Using CVV	Packs of 100	
WIC - 495S	AL WIC Guide for Using CVV (Spanish)	Packs of 50	
WIC - 497	Rice Recipes Fact Sheet	Packs of 100	Doc Library
WIC - 497S	Rice Recipes Fact Sheet (Spanish)	Packs of 100	Doc Library
WIC - 664	Playing with Your Baby	Packs of 100	
WIC - 664S	Playing with Your Baby (Spanish)	Packs of 100	
WIC - 665	Playing with Your Toddler	Packs of 100	
WIC - 665S	Playing with Your Toddler (Spanish)	Packs of 100	
WIC - 666	Playing with Your Preschooler	Packs of 100	
WIC - 666S	Playing with Your Preschooler (Spanish)	Packs of 100	
WIC - 667	Making Mealtimes Happy!	Packs of 100	
WIC - 667S	Making Mealtimes Happy! (Spanish)	Packs of 100	

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 668	Feeding Your Children with Love!	Packs of 100	
WIC - 668S	Feeding Your Children with Love! (Spanish)	Packs of 100	
WIC - 669	Having Problems Feeding Your Child?	Packs of 100	
WIC - 669S	Having Problems Feeding Your Child? (Spanish)	Packs of 100	
WIC - 670	Just Move It!	Packs of 100	
WIC - 670S	Just Move It! (Spanish)	Packs of 100	
WIC - 671	Help Your Child Drink for Health!	Packs of 100	
WIC - 671S	Have Your Child Drink for Health! (Spanish)	Packs of 100	
WIC - 672	Setting Limits	Packs of 100	
WIC - 672S	Setting Limits (Spanish)	Packs of 100	
WIC - 673	ADPH Employees/Family Receiving WIC Benefits or Serving as a Proxy		Doc Library
WIC - 674	Lead the Way-Choose Fruits, Veggies and Physical Activity	Packs of 100	
WIC - 674S	Lead the Way-Choose Fruits, Veggies and Physical Activity (Spanish)	Packs of 100	
WIC - 675	Learner Centered Approach	Packs of 100	
WIC-676	Guide for Obtaining Hemoglobin (Hgb)/Hematocrit (Hct) Values		Distributed by State Office when revised
WIC - 678	WIC Coordinator Monitoring Checklist		Doc Library
WIC - 679	WIC Coordinator Monitoring Checklist-Comments Page		Doc Library
WIC - 681	Get Wise to the Right Size!	Packs of 100	
WIC - 681S	Get Wise to the Right Size! (Spanish)	Packs of 100	
WIC - 682	Effortless Exercise	Packs of 100	
WIC - 682S	Effortless Exercise (Spanish)	Packs of 100	
WIC - 683	How Does Your Grocery Shopping Style Stack Up?	Packs of 100	
WIC - 683S	How Does Your Grocery Shopping Style Stack Up? (Spanish)	Packs of 100	
WIC - 684	Fast Food Doesn't Have to be Fat Food	Packs of 100	
WIC - 684S	Fast Food Doesn't Have to be Fat Food (Spanish)	Packs of 100	

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 686/686S	Mooove to 1% Lowfat or Fat Free Dairy (Spanish on Back)	Packs of 100	
WIC-692	AL WIC Guide for Using Fresh Fruits & Vegetables CVV	Packs of 100	
WIC-693/693S	Fruits & Veg Insert/White Potatoes Approved –obsolete after 9/30/15 (Spanish on back)	Pads of 100	
WIC-694	WICHealth.org Insert	Packs of 100	
WIC-694S	WICHealth.org Insert (Spanish)	Packs of 100	
WIC - 695	Peanut Butter ALERT (Obsolete after 9/30/15)	Packs of 100	
WIC - 700	WIC Approved Foods	Packs of 100	
WIC - 700S	WIC Approved Foods (Spanish)	Packs of 100	
WIC - 720	Breastfeeding Certificate	Packs of 100	
WIC - 726	Weaning from the Breast	Pads of 100	
WIC - 730	Breast Milk Collection & Storage	Pads of 100	
WIC - 730S	Breast Milk Collection & Storage (Spanish)	Pads of 100	
WIC - 736	Go Back to Work & Breastfeed	Pads of 100	
WIC - 736S	Go Back to Work & Breastfeed (Spanish)	Pads of 100	
WIC - 737	Electric Breast Pump Reminder/Postcard	Packs of 100	
WIC - 738	Why Should I Nurse My Baby	Single Books	
WIC - 738S	Why Should I Nurse My Baby (Spanish)	Single Books	
WIC - 739	Personal User Electric Breastpump Issuance	Pads of 100	
WIC - 740	Pump Kit Cleaning	Pads of 100	
WIC- 740S	Pump Kit Cleaning (Spanish)	Pads of 100	
WIC - 750	Peer Counselor Client Contact Log	Packs of 50	Doc Library
WIC - 752	Alabama WIC Peer Counseling Program (Spanish on Back)	Packs of 50	
WIC - 753	Peer Counselor Weekly Activity Report	Packs of 50	Doc Library
WIC - 754	Moms Helping Moms. Meet Your WIC Breastfeeding PC	Packs of 50	
WIC - 755	WIC Circle of Care for Breastfeeding Mothers. How PC's Help	Packs of 50	
WIC - 759	Single User Electric Double Breast Pump Issuance	Packs of 50	Doc Library

ADPH Form Number	Description	Dispensed from warehouse in...	Available on/in...
WIC - 760	Our First Week – Breastfeeding Information	Packs of 100	
WIC - 760S	Our first Week - Breastfeeding Information (Spanish)	Packs of 100	
WIC - 762	Ten Steps to Successful Breastfeeding	Packs of 50	
WIC - 763	Breastfeeding: The Older Baby	Packs of 100	Doc Library
WIC - 763S	Breastfeeding: The Older Baby (Spanish)	Packs of 100	Doc Library
WIC - 764	Breastfeeding: Growing Healthy Babies & Moms	Packs of 100	Doc Library
WIC - 764S	Breastfeeding: Growing Healthy Babies & Moms (Spanish)	Packs of 100	Doc library
WIC - 766	Expressing Your Breastmilk	Packs of 100	Doc Library
WIC - 766S	Expressing Your Breastmilk (Spanish)	Packs of 100	Doc Library
WIC - 767	Breastfeeding Basics: Getting Started	Packs of 100	Doc Library
WIC - 767S	Breastfeeding Basics: Getting Started (Spanish)	Packs of 100	Doc Library
WIC - 768	Managing Basic Breastfeeding Challenges	Packs of 100	Doc Library
WIC - 768S	Managing Basic Breastfeeding Challenges (Spanish)	Packs of 100	Doc Library
WIC - 770	Thinking about Breastfeeding?	Packs of 100	Doc Library
WIC - 770S	Thinking about Breastfeeding?	Packs of 100	Doc Library
WIC - 771	Busy Moms Loving Support	Packs of 100	
WIC - 772	Encouragement Loving Support	Packs of 100	
WIC - 773	Ready, Set, Breastfeed! Loving Support	Packs of 100	
WIC - 774	10 Tips for Dads Loving Support	Packs of 100	
WIC - 775	Confidence Loving Support	Packs of 100	
WIC-NVRA-1	A & B, State of AL Agency-Based Voter Registration	Packs of 250	
WIC-NVRA-2	State of AL Postcard Voter Registration Form	Packs of 200	
WIC-NVRA-3	State of AL instructions for Agency-Based compliance to	Single Sheet	
WIC-NVRA-4	Voter Registration Application Transmittal Form	Single Sheet	
WIC-NVRA-5	Envelope for mailing to Board of Registration	Packs of 25	
WIC-NVRA-6	Registration Guideline	Single Sheet	
	Buttermilk Recipes		Doc Library
	Expired/Damaged Formula Form		Proced Man - Chap 17
	Vendor Training Checklist Form		Proced Man – Chap 17

II. NUTRITION SERVICES

A. Nutrition Education

5. Nutrition Education Needs of Special Populations

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

M H S B

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

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

Providing nutrition education materials appropriate to this population and language needs: WIC Publications and Forms (Appendix).
Continued on Attachment.

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): _____

ADDITIONAL DETAIL - continued from II_Nutrition_Services_FY2016:

II. A. NUTRITION EDUCATION

3.b. Part 1:

Sections 4.6.A-D
Attachment 18-1
Clinical Protocol Manual – WIC section

Part 2:

Sections 4.6.A-D
Attachment 4-6
Sections 6.3 & 6.8
Section 4.5.C
Attachments 4-3, 4-4, & 4-5
Section 3.8.C
Attachment 18-1
Clinical Protocol Manual – WIC section

c. Section 4.6.A-C

Attachments 4-3, 4-4, & 4-6

d. Section 4.6.A-C

Attachment 4-6
Section 3.8.C
Attachment 18-1
Clinical Protocol Manual – WIC section

Appropriate group nutrition classes are identified and offered by the WIC provider based on the needs and concerns of the participant identified on the individual care plan.

e. Section 3.8.C

f. Section 3.8.C.1

Section 5.2
Sections 4.6.A-D
Attachment 4-6
Attachment 18-1
Clinical Protocol Manual – WIC section
Section 4.5.B

g. Sections 3.1.B & 4.6.C

Attachment 4-6

Note: High risk care plan guidelines require that a registered dietitian or registered nurse assess the high risk patient and develop the individual care plan, which may allow for various disciplines to provide the high risk nutrition education.

- h. Sections 3.8.B.8 & 3.8.C.1.a
- i. Sections 3.8.B.8 & 3.8.C.1.a

4.c. Continued:

The Graphics Department and our Contract ad agency advise regarding content/cultural relevance, and graphics.

d. Section 4.4.A.3

5. Continued:

Providing nutrition education materials appropriate to this population and language needs:
Section 6.3-4 & 6.7-8, Attachment 6-1

Providing nutrition curriculum or care guidelines specific to this population

Section 7.3.B.8

Section 7.2.B.10

Section 4.5.C.1, Attachment 4-6

Sections 6.3-4 & 6.7-9, Attachment 6-1

Attachment 18-1

Clinical Protocol Manual – WIC section

Arranging for special training of local agency personnel who work with this population:

Training sessions are held at the biannual Alabama WIC Training Conference and at the annual Alabama WIC Nutrition Education/Breastfeeding Workshop.

Distributing resource materials related to this population:

Section 4.5.C.1.F, Attachment 4-2

Section 6.3-6, Attachments 6-1 through 6-7

WIC Publications and Forms (Appendix)

Encouraging WIC local agencies to network with one another:

Examples: Sharing program ideas, providing information for making referral to substance abuse facility in another area, loaning breast pumps.

Coordinating at the state and local levels with agencies who serve this population:

Examples: Coordinating with migrant programs, shelters for homeless, State Substance Abuse Services Division, physicians, hospitals, perinatal coordinators.

II.B. FOOD PACKAGE DESIGN

1.a. Attachment 5-2

Infants 0 to 6 months

Section 5.2.A & Attachment 5-3

Infants 6 to 12 months

Section 5.2.B & Attachment 5-3

Infants, children & women on Food Package III

Sections 5.2.C & Attachment 5-3

Children 1 to 5

Section 5.2.D & Attachment 5-3

Pregnant & partially (mostly) breastfeeding women

Section 5.2.E & Attachment 5-3

Non-breastfeeding women & partially (minimally) Breastfeeding women	Section 5.2.F & Attachment 5-3
Fully breastfeeding women whose infants do not Receive formula, women fully or partially breast-Feeding multiples, women pregnant with multiples, And pregnant women fully or partially (mostly) Breastfeeding singleton infants	Section 5.2.G & Attachment 5-3

b. Attachment 5-1

c. Continued:

Fruits & Vegetables – no canned, dried, or frozen
 Infant Cereal, Fruits, Vegetables, & Meats – no DHA or other additives
 Juice – may be calcium fortified
 Milk – no acidophilus treated milk or flavored milk
 Peanut butter – no whipped, reduced fat, omega-3
 Dried Peas and Beans – no flavored (flavor packets)
 Attachment 5-1

d. Attachment 5-3
 Section 5.2

e. (1) – (6) Sections 5.3 & 5.4

g. Sections 5.2.A-C
 Attachment 5-3

h. Section 5.1.C

i. Section 5.2.C-G

II. NUTRITION SERVICES

A. Nutrition Education

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

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

a. **An appropriate definition of peer counselor defined as follows: paraprofessional (see Loving Support Model for definition); recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic**

- Yes No

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

- Yes No

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

- Yes No

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

- Define settings for peer counseling service delivery (check all that apply):
 - Home (peer counselor makes telephone calls from home)
 - Participant's home (peer counselor makes home visits)
 - Clinic
 - Hospital
- Define frequency of client contacts
- Define procedures for making referrals
- Define scope of practice of peer counselor

II. NUTRITION SERVICES

A. Nutrition Education

d. Adequate compensation and reimbursement of breastfeeding peer counselors

Yes No

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

Yes No

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

Yes No

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

Timing and frequency of contacts

Documentation of client contacts

Referral protocols

Confidentiality

Use of social media

Other, (specify): Guidelines for Training, Performance Appraisal for Peer Counseling, HIPAA, Policy for Compensation and Reimbursement of PCs, and Policy and Procedures for Monitoring.

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

Regular, systematic contact with peer counselor

Regular, systematic review of peer counselor contact logs

Regular, systematic review of peer counselor contact documentation

Spot checks

Observation

Other, (specify): Performance Appraisal

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

Breastfeeding coalitions

Businesses

Community organizations

Cooperative extension

La Leche League

Hospitals

Home visiting programs

Private clinics

Other, (specify): _____

II. NUTRITION SERVICES

A. Nutrition Education

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

- Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- Mentoring of newly trained peer counselors in early months of job
- Regular contact with supervisor
- Participation in clinic staff meetings as part of WIC team
- Opportunities to meet regularly with other peer counselors
- Other, (specify): _____

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

- Standardized training using *Loving Support Peer Counseling* curriculum
- Ongoing training at regularly scheduled meetings
- Home study
- Opportunities to "shadow" or observe lactation experts and other peer counselors
- Training/experience to become senior level peer counselors, IBCLC, etc.)
- Other, (specify): Breastfeeding Trainings at local hospitals, on-demand broadcasts, webinars

i. 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.

m. Please provide the approximate number of WIC peer counselors in your State: 30

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

0

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

Chapter 6, Peer Counseling Chapter 6 Attachment 6-11, pages 1-5, 6-7, Job State Plan Chapter 12 Budget, Number of Peer Counselors Job Description/Parameters, Scope of Practice.

WIC Breastfeeding Peer Counseling Information

State Agency: Alabama
Formula Grant Amount: \$500,000
Grant Period October 1, 2014-September 30, 2017

The following responses are numbered according to the format of the Fiscal Year 2015 WIC Breastfeeding Peer Counseling Funds agreement which was signed by Alabama WIC Director, Amanda C. Martin, on April 7, 2015.

1. The FNS Loving Support model, *Loving Support Through Peer Counseling: A Journey Together-For WIC Managers and Loving Support through Peer Counseling: A Journey Together-For Peer Counselors* training curricula are being used and will continue to be used to train peer counselors and staff.

2. Budget

Salaries (including State Peer Counselor Coordinator)	\$ 309,566.00
Fringe	\$ 45,449.00
Travel (In State)	\$ 1,500.00
Motor Pool	\$ 6,000.00
Supplies	\$ 1,000.00
Indirect Cost	\$ 59,437.00
Grants – Mobile Co, Jefferson Co	<u>\$ 77,048.00</u>
TOTAL	\$500,000.00

The majority of Peer Counseling Funds are allocated to salaries which include a State Breastfeeding Peer Counselor Coordinator, Peer Counselors, fringe and indirect costs. Remaining funds are directed to training including supplies and travel costs. Currently, there are 69 active Peer Counseling sites statewide. Plans for expansion of the program include 10 additional sites in FY 2016. The Peer Counselors will call multiple sites.

This submission serves as the programmatic description for the FY2016 State Plan.

3. Financial reporting requirements will be met in a timely manner.

4. There are approximately 32 WIC peer counselors.

5. The number of local agencies designated by the State agency to receive funds to operate peer counseling programs 11 Public Health Areas. Funding for the program is at the state level for the Local Agencies/Counties.

II. NUTRITION SERVICES

B. Food Package Design

1. Authorized WIC-Eligible Foods

- a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:
- b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:

- Federal regulatory requirements Nutritional value
 Participant acceptance Cost
 Statewide availability Participant/client request
 Healthcare provider request 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.):

Eggs - large, fresh, white only, Eggland's Best and specialty eggs not approved; Tuna - must be packed in water, no smoked or other flavoring, no diet; Continued on Attachment

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

Yes No

- Pregnant women/Partially (Mostly) Breastfeeding
 Fully Breastfeeding women
 Postpartum, non-breastfeeding women
 Infants 0-5 months
 Infants 6-11 months
 Children

e. WIC Formulas:

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

(6) The State agency coordinates with medical payors and other programs that provide or reimburse for formulas per Section 246.10(e)(3)(vi).

- Yes No

II. NUTRITION SERVICES

B. Food Package Design

f. Rounding:

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

Yes No

If answered NO, skip questions (2)-(4)

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

i. The State agency requires that lowfat (1%) or nonfat milks are the standard milk for issuance to children ≥ 24 months of age and women.

Yes No

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

Yes No

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

See Attachment.

2. Individual Nutrition Tailoring

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

Yes No

II. NUTRITION SERVICES

B. Food Package Design

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

- Homeless individuals and those with limited cooking facilities
- 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):

2.a. Sections 5.1.D & 5.2.A-G; 2.b. Sections 7.2.B.4 & 7.4.C.7 & Attachment 7-1

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

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

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

- Yes No

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

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

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

2.c. Sections 5.1.D & 5.2.A-G

3. Prescribing Packages

a. Individuals allowed to prescribe food packages:

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

ADDITIONAL DETAIL: Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual. (citation):

3.a. Section 5.1.C & D

II. NUTRITION SERVICES

C. Staff Training

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

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

Substance abuse prevention training done "as needed", not "regularly" as shown above- problem with fillable format. When you check "Regularly" for VENA, Substance abuse prevention is automatically checked "regularly".

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

CHAPTER III

INFORMATION SYSTEM (IS)

III. INFORMATION SYSTEM (IS)

(Please indicate) State Agency: Alabama for FY 2016

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):

- Title IVa (TANF)
- Title V (MCH)
- Title XIX (Medicaid)
- Supplemental Nutrition Assistance Program (SNAP)
- Other (specify): The Alabama Department of Public Health follows state procedures planning, approving and monitoring goods and services as regulated by the Information Services Division of the Alabama Department of Finance.
- No

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

- Yes No

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

- Yes No

ADDITIONAL DETAIL: 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):

- USDA/FNS Advance Planning Document Handbook No. 901
- USDA/FNS ADP Security Guide
- Other (specify): _____

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

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

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

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

All documents related to the Crossroads application are available for access by state and local staff.

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 staff or are contracted to an outside firm.

Function	Performed SA Staff	Performed LA Staff	Contracted to Outside Firm (specify company name):
Data entry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Food instrument production	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Management reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Feasibility study	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
ADP development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
ADP system hardware operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Custom software development	<input type="checkbox"/>	<input type="checkbox"/>	Crossroads = CSC
Custom software maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Crossroads = CSC
Printing forms/FIs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Backup computer facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify):			
<u>Back up files</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<u>FI processing and banking</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CSC
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

- Equipment Services Software

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

- Yes No

d. The State agency periodically reviews system costs billing.

- Yes No

e. The State agency acquires banking services through:

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

f. The State agency acquires EBT services through:

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

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

III. INFORMATION SYSTEM (IS)

A. System Planning and Operation

4. System Security/Data Confidentiality

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

- There is a separate organizational area/individual to control access to tapes, diskpacks other electronic storage media.
- Access to WIC Program data files is controlled through password access or similar control.
- Operational personnel are limited to only those jobs for which they are responsible.
- Passwords are protected.
- Passwords are changed periodically.
- The system access procedures are audited at least once a year. Please provide a copy of access procedures.
- Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.
- Biennial security reviews are performed by ICS Please provide a written summary of the most current Biennial security review. A final copy of the Alabama Department of Public Health's security review will not be available until October 2015.
- Periodic risk assessments are performed by ICS
- Other (specify): Password auditing (every 60 days) notes above is an internal process not performed by an external auditor.

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

- Backup copies of files and program are stored off-site in a secure location. Please provide address of location.

- Backup copies are kept up-to-date.
- There is an agreement with another processing unit with compatible hardware to provide services in an emergency. Please provide copy of agreement.
- A contingency plan is in place in the event of service interruption. Please provide a copy of contingency plan.
- A recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility. Please provide a written summary of the conducted test.
- Other (specify): In relation to "there is an agreement with another processing unit..." above, the ADPH has another site with its own hardware in order to provide services in an emergency.

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

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

Completed implementation of Crossroads.
Implemented WICHealth.org as the provider of on-line subsequent nutrition education lessons for Alabama WIC participants.
Implementing Medicaid interface to verify Medicaid enrollment.

III. INFORMATION SYSTEM (IS)

A. System Planning and Operation

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

Description of IS changes planned for the upcoming year (FY2016).

Crossroads update for paper to EBT implementation.

III. INFORMATION SYSTEM (IS)

B. 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).
- 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.

III. INFORMATION SYSTEM (IS)

B. Participant Characteristics Minimum Data Set

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

III. INFORMATION SYSTEM (IS)

B. Participant Characteristics Minimum Data Set

- Length of Time Breastfed.** For infants ages six through thirteen months, the number of weeks the infant received breastmilk.
- Date Breastfeeding Data Collected.** For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.
- Food Packages.** The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

OPTIONAL:

Supplemental Data Set

State Agency IS Collects	State Agency IS Plans to Collect	
<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.
<input type="checkbox"/>	<input type="checkbox"/>	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 is provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

State Agency System Performs	State Agency System Planned	Automated Core Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
<input type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2d. Assigns more than 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3a. Converts incremental income (weekly, monthly) to an annual figure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Associates family members.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Statewide data is maintained to facilitate families transferring within the State.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Transfers certification data to the central computer facility electronically either in real time or batch mode.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Captures or documents the nutrition education provided each participant as well as the topics covered.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Uses table-driven food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8a. Uses standard pre-defined food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8b. Enables easy food package tailoring.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8c. Performs edits to prevent over-issuance during food package creation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Enables food instruments to be 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 checked="" type="checkbox"/>	<input type="checkbox"/>	13. Produces standard Integrity Profile (TIP) Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Produces standard Rebate Billing Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Produces standard Participation Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Produces Participant Characteristics Datasets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Captures basic transaction data by vendor.

III. INFORMATION SYSTEM (IS)

C. WIC Systems Functional Requirements Checklist

State Agency System Performs	State Agency System Planned	Automated Core Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Flags high-risk vendors through peer group analysis of redemption data.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18a. Identifies vendors with high average food instrument redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18b. Identifies vendors with a narrow variation in redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Assigns a maximum value for each food instrument type.
<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. Has the capability of annualizing household income occurring at more than one frequency.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Performs automated dietary assessment.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Has automated growth charts.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Has point of certification data entry, i.e., a personal computer at each "station" within the clinic.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Allows for ad hoc reporting.

CHAPTER IV

**ORGANIZATION AND
MANAGEMENT**

IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** Alabama for FY 2016

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> </u>	<u>1</u>
Nutritionist	<u>7</u>	<u> </u>	<u>7</u>
Vendor Specialist	<u>3</u>	<u> </u>	<u>3</u>
Program Specialist	<u>3</u>	<u> </u>	<u>3</u>
Financial Specialist	<u>1</u>	<u> </u>	<u>1</u>
Breastfeeding Coordinator	<u>1</u>	<u> </u>	<u>1</u>
(MIS/EBT) Specialist	<u>6.3</u>	<u> </u>	<u>6.3</u>
Intern	<u> </u>	<u> </u>	<u> </u>
Other (specify): <u>2 investigators; 2 account clerks;</u>	<u>12</u>	<u> </u>	<u>12</u>
<u>1 account tech; 5 administrative assistants; 1 stock</u>	<u> </u>	<u> </u>	<u> </u>
<u>clerk; 1 contract special grant Crossroads</u>	<u> </u>	<u> </u>	<u> </u>

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 _____ 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:

<u>Function</u>	<u>Percent of Total Staff Time</u>
Certification, including nutrition risk determination	_____
Breastfeeding training/promotion and support	_____
Nutrition education	_____
Monitoring of local agencies	_____
Fiscal reporting	_____
Food delivery system management	_____
Vendor management, including vendor training	_____
Staff training and continuing education	_____
(MIS/EBT) system development and maintenance	_____
Civil rights	_____
Coordination with and referrals to other assistance programs and social service agencies	_____
Other (specify): <u>All WIC Staff work 100% in WIC to cover functions except fiscal reporting and MIS system development & maintenance. Fiscal staff not 100 = 60%, 15% FTE. MIS staff not 100% = 90%, 80%, 35%, 25% FTE</u>	_____
Total	_____

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.

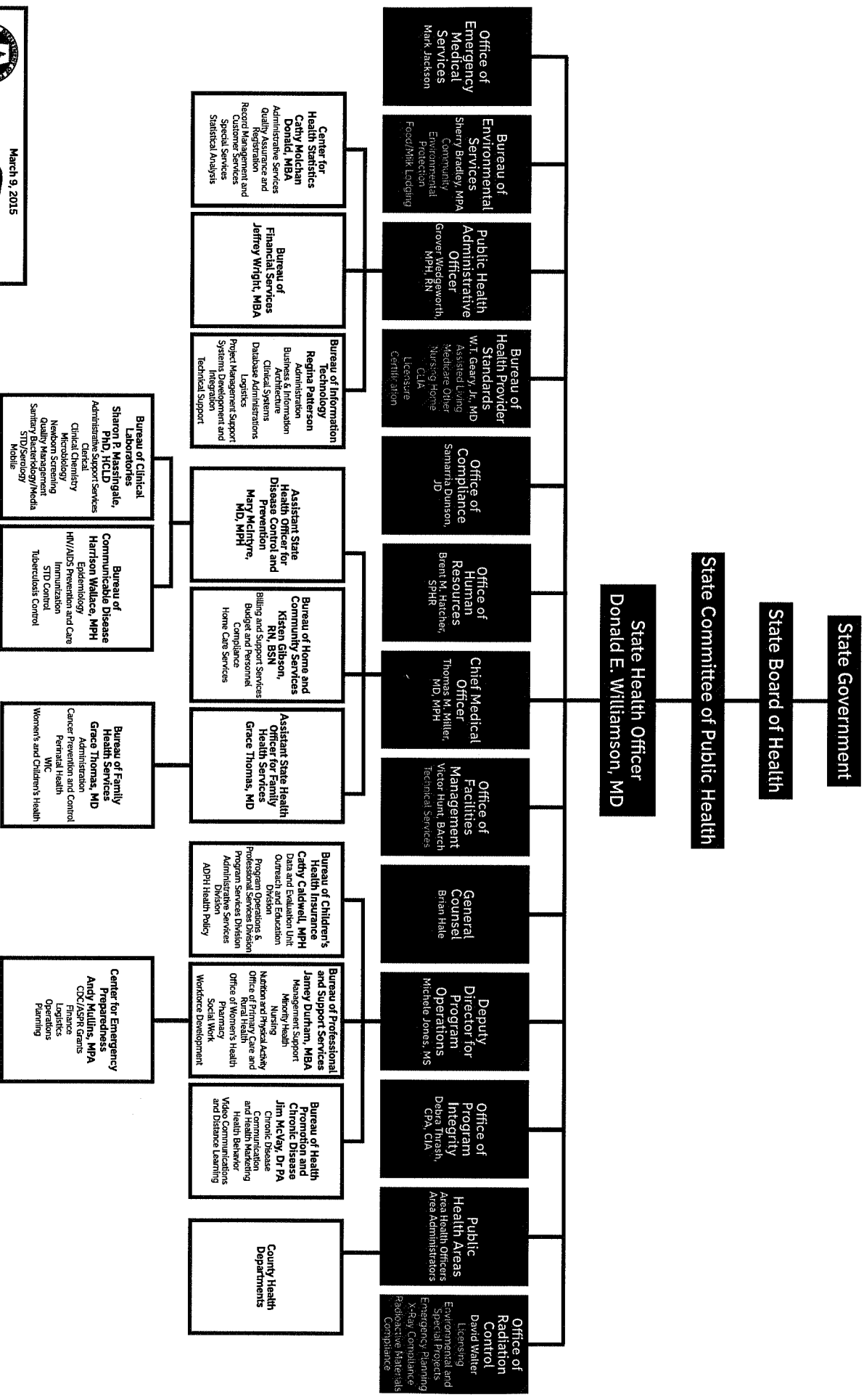
Yes No

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

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

ADPH Policy Memo #04-19, Drug Free Workplace Policy Memorandum available via ADPH Office Human Resources

ALABAMA DEPARTMENT OF PUBLIC HEALTH



March 9, 2015



Donald E. Williamson
State Health Officer

Bureau of Family Health Services

Director - Grace Thomas (PHPD)

Executive Secretary
Theresa Lawson (ASA 3)

Deputy Director - Chris Haag (HSA 4)

Executive Secretary/
Personnel Management
Angie Bates (ASA 3)

Bronett Terrell (ASA 1)

Consultants Pediatric (PHPD)

Karen Landers (PHPD)

Oral Health
Robert Meador (PHD 3)
Sherry Goode (DEC 2)
Ashley Vice (PI Spec)
Caroline Jones (ASA 2)
Special Projects
Dena Donovan (HSA 2)

Administration Division

Director
Dan Milstead (HSA 3)
Assistant Director
Rae Strengh (HSA 1)
Angie Bates (ASA 3)

Cancer Prevention and Control Division

Director
Nancy Wright (HSA 3)
Assistant Director
Kumari Seetala (HSA 2)
Angela Gaston (ASA 3)

Perinatal Health Division

Director
Janice Striley (HSA 3)
Assistant Director
Tammie Yedell (Epi Sup)
Vacant (ASA 3)

Women's and Children's Health Division

Director
Annie Vose (HSA 3)
Assistant Director
Dawn Ellis (NM)
Justin Tyson (ASA 3)

WIC Division

Director
Amanda Martin (HSA 3)
Assistant Director
Jean Fulon (Nur A)
Vacant (NAA)
Cassandra Glover (ASA 3)
Vacant (ASA 1)

Women's Health - Medical

Vacant (PHPS)
Theresa Lawson (ASA 3)
Twila Pigg (ASA 2)
Beth Nicholas (NIP)
Beth Allen (NPS)
Deborah Davis (NPS)
Neyva Hernandez (NPS)
Trina Pippin (NM)

Electronic Health Record
Laurie Stout (NM)
Ariella Shepherd (HSA2)
Claude Quiet (RSE)

Financial Management

Dan Milstead (HSA 3)
Claudia Caubren (ST ACCCT)
Nichole Young (ACCCT)
Greg Roberts (AT)

Cancer

Prevention
Kathryn Chapman (HSA2)
Stephen Jaye (HSA1)
Gavin Graf (HSA1)
Jeanne Summerlin (PI Spec)
Vacant (PI Spec)

Cancer Epidemiology
Justin George (Epi Sup)
Vacant (PHRA 2)

Perinatal

Amy Stratton (NM)
Chyn Willis (ASA 2)
Lisa Carter (NS)
Catherine Hanks (NS)
Gayle Whaley (NS)
Shirley Daniel (NS)

Collaborative Improvement and Innovation Network (COINN)
Amy Stratton (NM)

Women's Health

Clinic Efficiency/Continuous Quality Improvement
Annie Vose (HSA 3)
Vacant (ASA 2)

Family Planning Clinical Operations (Plan First)
Leigh Ann Hixon (NM)

Children's Health

Dawn Ellis (NM)
Janice Broaden (ASA 2)

Lead
Jacqueline Harris (NS)
Janice Broaden (ASA 2)

Early Childhood Comprehensive Systems (ECCS)
Dawn Ellis (NM)

Healthy Child Care
Alabama
Janet Bealy (NS)
Shirley Lee (ASA 2)
Samantha Miller (NC)
Daphne Parker (NC)
Debbie Pale (NC)
Nancy Wilson (NC)
Ann Fox (NC)
Cindy Henderson (NC)
Ginger Latsen (NC)
Crystal Page (NC)
Rodyne Phillips (NC)
Marsha Galloway (NC)
Judy Cunningham (NC)

Nutrition Services

Jean Fulon (Nur A)
Gail Mask (NAA)
Pat Vick (NAA)
Mandy Darlington (NAA)
Michelle Granger (NS)

Operations Branch

April Gibson (HSA 2)
Vacant (ASA 2)
Vacant (HSA 1)
Geneva Hunter (HSA 1)
Phil Tucker (ASA 2)
Larry Hams (St Clk)

Crossroads State Agency Model Project

Maggie Gates-Kigore (UATC-CE)
Vacant (ASA 2)
Twanna Brown (NAA)

Contract Management

Rae Strengh (HSA 1)

Cancer Registry

Xuejun Shen (HSA2)
Tara Freeman (PHRA2)
Sherry Altaway (CTR)
Mark Jackson (CTR S)
Teresa Traller (PHRA2)
Diane Hadley (PHRA2)
Kerencie Abernathy (PHRA1)
Crystal Jones (PHSA 1)
Vacant (PHRA 1)
Elaine Williams (RSE)
Shirley Williams (RSE)

MCH Epidemiology

Tammie Yedell (Epi Sup)
Kristhona Lee (Epi S)
Izsa Cagle (PHRA 3)
William Durcan (PHRA 2)

Social Work

Meredith Adams (SW 4)
Chaun Paulk (SW 3)
Vacant (SW 3)
Melissa Godwin (SW 3)
Debbie Moulton (MBS)
Charlena Freeman (RSE)

Adolescent Pregnancy Prevention

Sandy Powell (NS)
Valerie Lockett (SW2)
Misty Price (ASA 2)

Vendor Management

Stacey Neumann (HSA 2)
Valeria Patton (HSA 1)
Maxine Hawthorne (ASA 2)
Patty Gelfer (Act Clk)
Rodyne Phillips (NC)
Deborah Free (Act Clk)
Vacant (Act Clk)
Cheri Reeves-Tilley (HSA 1)
Charlie Martin (Spec Inv)
Kenny Thomas (Spec Inv)
Vacant (ASA 2)
Vacant (ASA 2)

Electronic Benefits Transfer Project

Stacey Neumann (HSA 2)

Abbreviations:

ACCT - Accountant
ACCT Clk - Account Clerk
ASA - Administrative Support Assistant
AT - Account Technician
CA - Contract Audiologist
CE - Contract Employee
CTR - Certified Tumor Registrar
CTR Sr - Certified Tumor Registrar Senior
DEC - Dental Education Consultant
Dir - Director
Epi Sup - Epidemiologist Supervisor
Epi Sup - Epidemiologist Supervisor
HSA - Health Services Administrator
HSA - Health Services Specialist
NAA - Nutrition Assistant Administrator
NC - Nurse Coordinator
NIP - Nurse Inpatient
NPS - Nurse Practitioner
NRS - Nurse Practitioner Senior

NS - Nurse Supervisor
Nur A - Nutritionist Administrator
Nutr - Nutritionist
PHD - Senior Nutritionist
PHD - Public Health Director
PHR - Public Health Physician Director
PHRA - Public Health Physician Analyst
PHRA - Public Health Research Analyst
PI Spec - Public Information Specialist
RSE - Patient State Employee
SE - Senior Charonomist
Spec Inv - Special Investigator
St Clk - State Clerk
SPT - State Professional Trainee
Stu Aide - Student Aide
SW - Social Worker
TC - Training Coordinator
UATC-CE - User Acceptance Coordinator (contract employee)

Grace Thomas

March 13, 2015

Date

ALABAMA DEPARTMENT OF PUBLIC HEALTH
Donald E. Williamson, MD

Bureau of Family Health Services
Director: Grace Thomas, MD, PHPD
Deputy Director: Chris Haag

Division of WIC
Director: Amanda C. Martin, MSPH
Efficiency Coordinator:
Alexis Adair, RD

Cassandra Glover, ASA II

WIC Operations Branch
April Golson, HSA II
Director
Phillip Tucker, ASA II

Records Destruction/Reports
Geneva Hunter, HSA I
Analysis/Reports
Charles Crawford, HSA I
Stock Clerk I
Larry Harris
Crossroads
Maggie Gates-Kilgore, Project
Coordinator

WIC Training Clinic
Twanna Brown, MS, RD
Carmalita Green, RD
Christine Long, ASA III
Sakitha Hall, ASA II

Nutrition Services Branch
Jean Fulton, MS, RD
Director

Breastfeeding
Michell Grainger, RN, IBCLC
Breastfeeding Peer
Counseling
Vacant
Nutrition Education
Gail Mask, MS, RD
Quality Assurance
Pat Vick, RD
VENA/Outreach
Mandy Darlington, RD

Vendor Management Branch
Stacey Neumann, HSA II
Director
Maxine Hawthorne, ASA II

Vendor Services
Cheri Reaves-Tillery, HSA I
Patty Geiger, AC
Debbie Free, AC
Compliance
Valeria Patton, HSA I
Charlie Martin Special Investigator
Kenneth Thomas, Special Investigator
EBI
Vacant, Project Manager

IV. ORGANIZATION AND MANAGEMENT
B. Evaluation and Selection of Local Agencies

DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Local Agencies Authorized

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

13 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) ADPH solicits RFP when need & funds available

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

- Location and distribution of local agencies in proportion to participants/potential eligibles
- Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)
- Staff-to-participant ratios and related staffing analyses
- Comparative analyses of local agency/clinic costs
- Other Monitored through reports, not studies, such as monthly costs, staffing, show rate, participation rate which includes items that are checked

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): Indefinite unless terminated by either No

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

Attachment, MOU Between ADPH and County Health Department

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):

AL WIC Procedure Manual Chp XIV

7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach the listing in Appendix _____ 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): contact information: phone/fax, staff
-

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

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE ALABAMA DEPARTMENT OF PUBLIC HEALTH
AND
THE _____ COUNTY HEALTH DEPARTMENT**

This Memorandum of Understanding entered into by and between the State of Alabama, Department of Public Health, hereinafter, "Department", and The _____ County Health Department, hereinafter referred to as "_____ CHD", is effective (DATE) _____ and shall be terminated upon 30 days prior notice of either party.

WHEREAS, the Federal Child Nutrition Act of 1966, as amended, authorized the establishment of a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) within the State of Alabama, and

WHEREAS, Chapter 12C of Title 22 of the Code of Alabama 1975, as amended, authorizes the State Board of Health to promulgate rules and adopt procedures it deems necessary for the Department to implement and administer the WIC Program; and

WHEREAS, the _____ CHD, under the supervision and direction of the Department's WIC Division of the Bureau of Family Health Services, has a WIC office for the purpose of determining eligibility of participant applicants, certifying participants, issuing WIC food instruments, providing information on healthy eating and referrals to health care; and

WHEREAS, 7 CFR § 246.6 requires signed written agreements with each local agency, including subdivisions of the State agency which sets forth the local agency's responsibilities for WIC Program operations; and

WHEREAS, the Department is a "State agency" as defined by 7 CFR § 246.2; and

WHEREAS, representatives of the Food and Nutrition Service (FNS), a Federal agency of the U.S. Department of Agriculture, have concluded that a county health department is a subdivision of the Department, and thus requires a signed written agreement with the Department; and

NOW THEREFORE, the parties herein agree to the following:

1. The Department's WIC Division of the Bureau of Family Health Services shall be responsible for assuring proper statewide administration of the WIC Program in accordance with existing Federal and State laws, regulations, policies, procedures and plans which shall include, but not necessarily be limited to, the following:

- (a) Entering into vendor contracts with local grocery vendors; and
 - (b) Supplying food instruments; and
 - (c) Paying contract bank for food instruments paid; and
 - (d) Providing administrative support and Nutrition Education services to the _____ CHD; and
 - (e) Approving the specific foods, including infant formulas, that can be provided to participants.
2. The _____ CHD shall be responsible for administering the WIC Program in the county in which it is located in accordance with existing Federal and State laws and regulations, as well as Department policies, procedures, and plans pertaining thereto which shall include, but not necessarily be limited to the following:
- (a) Complying with all applicable uniform administrative rules for cooperative agreements pursuant to 7 CFR part 3016.
 - (b) Complying with the restrictions of 7 CFR part 3018 which prohibits expenditure of federal funds on lobbying activities, as well as the policies and instructions of the Department pertaining to political activity and lobbying; and
 - (c) Complying with all the fiscal and operational requirements of the Department pursuant to Departmental policies and procedures and 7 CFR part 246 and providing in a timely manner to the Department all required information regarding fiscal and program information; and
 - (d) Maintaining competent professional staff to perform certification and appropriate nutrition education services; and
 - (e) Making available appropriate health and nutritional education services to participants; and
 - (f) Providing nutrition education services to participants, in compliance with 7 CFR § 246.11, FNS guidelines and instructions, and Department policy and procedures; and
 - (g) Informing participants of available health services. Health services means ongoing routine pediatric and obstetric care (such as infant and child care and prenatal and postpartum examinations) or referral for treatment; and

- (h) Prohibiting smoking in the space used to carry out the WIC Program during the time any aspect of WIC services are performed; and**
- (i) Implementing the food delivery system prescribed by the Department and approved by FNS; and**
- (j) Maintaining complete, accurate, documented and current accounting of all WIC program funds received and expended; and**
- (k) Maintaining complete and accurate records ensuring that the WIC Program is administered in accordance with the State WIC Policy and Procedure Manual, Federal Regulations, and Department policies and procedures; and**
- (l) Making all records, including medical records and financial statements available to authorized personnel from the Department or FNS, or their representatives for audit inspection purposes. These records shall be made available at any reasonable time during normal business hours; and**
- (m) Maintaining on file and having available for review and audit all criteria used for certification, including residence information, income standards and other criteria used to determine nutritional risk and eligibility for participation; and**
- (n) Complying with Titles IV, VI, and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, color, national origin, age, sex or handicap, as defined in the above laws and regulations. The Autauga CHD shall follow the Department of Agriculture regulations on nondiscrimination (7 CFR Parts 15, 15a, and 15b), and U. S. Department of Agriculture, Food and Nutrition Service instructions to ensure that no person shall, on the grounds of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under the WIC Program; and**
- (o) Ensuring that _____ CHD WIC employees attend all applicable training required by the Department's WIC Office; and**
- (p) Obtaining prior written approval from the WIC Program Director for all equipment purchased (to include ADP) with WIC funds and ensuring that all equipment purchased with WIC funds is used 100 percent for the WIC**

Program. All equipment purchased with WIC funds shall be returned to the Department upon termination of this agreement or upon disposal of the equipment; and

- (q) Complying with the Drug-Free Workplace Act of 1988, 7 CFR Part 3017, Subpart F, Section 3017.600; and
- (r) Maintaining the security of all electronic patient data entered into PHALCON and preventing inappropriate disclosures of confidential patient information. _____ CHD employees who manage PHALCON system data are required to follow the procedures outlined in the Department's PHALCON Security Policy, #2005-16.

Alabama Department of Public Health
_____ County Health Department

Alabama Department of Public Health
This MOU has been reviewed as to content

SIGNED: _____

SIGNED: _____
Carolyn J. Battle
Director, WIC Division,
Bureau of Family Health Services

DATE: _____

DATE: _____

Address: _____

Telephone: _____

APPROVED:
Alabama Department of Public Health

Fax: _____

Donald E. Williamson, M.D.
State Health Officer

DATE: _____

COUNTIES/CLINICS BY AREA
Updated 06/2015

Area 1

Dianne Lollar, MPH, RD
 Area Nutrition Director
 Walker County Health Dept.
 P.O. Box 3207
 Jasper, AL 35502

Phone: 205-295-4727
 Fax: 205-221-8810
 E-mail: Dianne.Lollar@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
171	Colbert	Tuscumbia	M-F 7:30-5:00	1000 Jackson Hwy., Sheffield, AL 35660-5761	256-383-1231/Fax: 314-6435	Irina Flannagin, RN
301	Franklin	Russellville	M-F 8:00-5:00	P.O. Box 100, Russellville, AL 35653-0100	256-332-2700/Fax: 332-1563	Wanda House, RN
391	Lauderdale	Florence	M-F 8:00-5:00	P.O. Box 3569 Florence, AL 35630	256-764-7453/Fax: 764-4185	Danna Rutz, RD, LD
471	Marion	Hamilton	M-F 8:00-5:00	2448 Military St. So., Hamilton, AL 35570	205-921-3118/Fax: 921-7954	Grace Skinner, RN
641	Walker	Jasper	M-F 7:30-5:00	705 20th Ave E., Jasper, AL 35501	205-221-9775/Fax: 221-8810	Leigh A. Colvin, RD, LD
671	Winston	Double Springs	M-F 8:00-5:00	P.O. Box 1029 Double Springs, AL 35553	205-489-2101/Fax: 489-2634	Carol Davis, RN

COUNTIES/CLINICS BY AREA

Area 2

Shelia Osborn, MS, RD
 Area Nutrition Director
 Public Health Area 2
 201 Gordon Drive SE
 Decatur, AL 35601

Phone: 256-340-2113, 256- 301-6711
 Fax: 256-353-4432
 E-mail: Shelia.Osborn@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
221	Cullman	Cullman	M-F 7:00-5:00	601 Logan Avenue S.W., Cullman, AL 35055	256-734-1030/fax# 737-9646	Rhonda Abbott, RN
360	Jackson	Scottsboro	M-F 8:00-5:00	204 Liberty Lane, Scottsboro, AL 35769	256-259-4161/Fax:574-5691	Robin Thornberry, RD, LD
401	Lawrence	Moulton	M-F 8:00-5:00	13299 Alabama Hwy 157, Moulton, AL 35650	256-974-1141/fax# 974-5350	Emily Elkins, RN
421	Limestone	Athens	M-F 8:00-5:00	20371 Clyde Mabry Dr., Athens, AL 35611	256-232-3200/fax# 232-6632	Jessie Simmons, MS, RD, LD
450	Madison	Max Luther	M-F 8:00-5:00	301 Max Luther, Huntsville, AL 35811	256-533-0826/fax# 533-1570	Kashera Sims, MS, RD
454	Madison	Huntsville Hosp	M-F 8:00-5:00	Located at Huntsville Hospital, Huntsville, AL	256-265-4961/fax# 533-1570	Valerie Tabor, MS, RD, LD
482	Marshall	Guntersville	M-F 7:30-5:00	150 Judy Smith Drive, Guntersville, AL 35976	256-582-7381/Fax# 582-3548	
521	Morgan	Decatur	M-F 7:00-5:00	510 Cherry Street, N.E., Decatur, AL 35601	256-560-6574/fax# 355-0345	Pam Galbreath, BS, RN
450 A	Madison	New Hope	Fri- 9:00-3:30	Located at New Hope Children's Clinic 5370 Main Drive, New Hope, AL 35760	256-723-4199/fax# 533-1570	Lauren Burruss, RN

455 Madison Huntsville Wed 1413 Nike Street, Huntsville, AL 35808 256-876-2798/Fax# 533-1570 Sheryl Gilbreath, NA

COUNTIES/CLINICS BY AREA

Area 3

Renee Cole, RD
 Area Nutrition Director
 Public Health Area 3
 P.O. Box 70190
 Tuscaloosa, AL 35407

Phone: 205-554-4515
 Fax: 205-556-2701
 E-mail: Renee.Cole@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
041	Bibb	Centre ville	M-F 8:00-5:00	281 Alexander Avenue, Centreville, AL 35042	205-926-9702/fax# 926-6536	LeeAnn Wagner, RD, LD Sherri Cash, Clerk Sandy Wilson, NA
291	Fayette	Fayette	M-F 8:00-5:00	215 1st. Ave., N.W., Fayette, AL 35555	205-932-5260/fax# 932-3532	Denise Hamm, RD, LD Jody Sosbe, Clerk
321	Greene	Eutaw	M-F 8:00-5:00	412 Morrow Avenue, Eutaw, AL 35462	205-372-9361/fax# 372-9283	LeeAnn Wagner, RD, LD Dorinda Jones, NA Julia Henley, Clerk
381	Lamar	Vernon	M-F 8:00-5:00	300 Springfield Rd., Vernon, AL 35592	205-695-9195/fax# 695-9214	Denise Hamm, RD, LD Sofina Crosby, Clerk
541	Pickens	Carrollton	M-F 8:00-5:00	80 Hospital Drive, Carrollton, AL 35447	205-367-8157/fax# 367-8374	Sailaja Reddy, RD, LD Stephanie Smith, Clerk Jennifer Pate, NA
631	Tuscaloosa	Tuscaloosa	M-F 8:00-5:00	2350 Hargrove Rd., E., Tuscaloosa, AL 35405	205-562-6900/fax# 562-6902	Sailaja Reddy, RD, LD Michelle Croom, ASA
635	Tuscaloosa	Maude Whatley	M-Th 8:30-4:00	2731 M.L.King Jr.Blvd., Tuscaloosa, AL 35403	205-614-6139/fax#345-3993	Sandy Wilson, NA Jennifer Pate, NA Dorinda Jones, NA

COUNTIES/CLINICS BY AREA

Area 4

Jeanne Baker, RD
 Area Nutrition Director
 Public Health Area 4
 P.O. Box 2648
 Birmingham, AL 35202-2648

Phone: 205-930-1536
 Fax: 205-930-1328
 Email: Jeanne.Baker@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
371	Jefferson	Central	M-F 7:45-4:30	1400 6th Ave., So., Birmingham, AL 35233	205-933-9110/Fax 930-1379	Anita Floyd, RD, LD 205-930-1150
373	Jefferson	Western	M-F 7:45-4:30	631 Bessemer Super Highway Midfield, AL 35228	205-715-6121/fax# 241-5235	Laura Morrison, RD, LD 205-241-5250
375	Jefferson	Eastern	M-F 7:45-4:30	601 West Blvd., Birmingham, AL 35206	205-510-3404/fax# 510-3474	Natalie Clements, RD, LD 205-510-3404
377	Jefferson	Morris	M-F 7:45-4:30	586 Morris Majestic Road, Morris, AL 35116	205-933-4242/fax# 647-0109	Barbi Moore, RD 205-933-4240

COUNTIES/CLINICS BY AREA

Area 5

Reba Brannan, MPH, RD
 Area Nutrition Director
 Public Health Area 5
 P.O. Box 846
 Pelham, AL 35124

Phone: 205-685-4177
 Fax: 205-664-4148
 E-mail: reba.brannan@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
051	Blount	Oneonta	M-F 8:00-5:00	1001 Lincoln Ave., Oneonta, AL 35121	205-274-2120/fax# 274-2210	Anna Johnson, RD, LD
101	Cherokee	Centre	M-F 8:00-5:00	833 Cedar Bluff Road, Centre, AL 35960	256-927-3132/fax# 927-2809	Darlene Wallace, NA Sherry Smith, Clerk
251	DeKalb	Ft. Payne	M-F 8:00-5:00	2401 Calvin Dr., SW, Ft. Payne, AL 35967	256-845-1931/fax# 845-2967	Teresa Alexander, RD, LD
281	Etowah	Gadsden	M-F 8:00-5:00	709 E. Broad Street, Gadsden, AL 35903	256-547-6311/fax# 549-1579	Tresea Williams, RD, LD
581	St. Clair	Ashville	Th 8:00-4:30	31675 US Hwy 411, Ashville, AL 35953	205-594-4919/fax# 594-7134	Jennifer Bice, RD, LD
582	St. Clair	Pell City	M-F 8:00-5:00	1175 23rd St. No., Pell City, AL 35125	205-338-3357/fax# 338-4863	Jennifer Bice, RD, LD
592	Shelby	Pelham	M-F 8:00-5:00	2000 County Services Dr., Pelham, AL 35124	205-685-4197/fax# 664-3164	Ann McClendon, RD, LD

COUNTIES/CLINICS BY AREA

Area 6

Cindy Templeton, RD
 Area Nutrition Director
 Public Health Area 6
 P.O. Box 36
 Heflin, AL 36264-0036

Phone: 256-463-2296
 Fax: 256-463-2772
 E-mail: cindy.templeton@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
081	Calhoun	Anniston	M-F 8:00-5:00	3400 McClellan Blvd., Anniston, AL 36201	256-237-7523/fax# 237-3447	Amy Minish, RD
092	Chambers	Valley	M-F 8:00-5:00	5 North Medical Park Dr., Valley, AL 36854	334-756-0758/fax# 756-0765	Becky Dawson, NA Anne Ponder, NA
141	Clay	Lineville	M-F 8:00-5:00	86892 Hwy 9, Lineville, AL 36266	256-396-6421/fax# 396-9172	Tammy Green, ASA Jenny Adams
151	Cleburne	Heflin	M-F 8:00-5:00	90 Brockford Road, Heflin, AL 36264	256-463-2296/fax# 463-2772	Rachel Brannock, ASA Jenny Adams, RD
191	Coosa	Rockford	M,W,F 8:00-5:00	Main Street, Rockford, AL 35136	256-377-4364/fax# 377-4354	Reba Gay, ASA Jenny Knox, RD
561	Randolph	Roanoke	M-F 8:00-5:00	320 Main Street, Roanoke, AL 36274	334-863-8981/fax# 863-8975	Michelle Epperson, ASA Jenny Adams, RD
611	Talladega	Talladega	M-F 8:00-5:00	1004 South St. East, Talladega, AL 35160	256-362-2593/fax# 362-0529	Carol Brown, ASA Anna Keith, RD
612	Talladega	Sylacauga	M-F 8:00-5:00	311 North Elm Ave., Sylacauga, AL 35150	256-249-3807/fax# 245-0169	Lena Wiggins, ASA Blair Sims, Nutr
621	Tallapoosa	Dadeville	M-F 8:00-5:00	220 LaFayette Street, Dadeville, AL 36853	256-825-9203/fax# 329-1798	Kay Jacobs, ASA Jenny Knox, RD
622	Tallapoosa	Alex City	M-F 8:00-5:00	2078 Sportplex Blvd., Alexander City, AL 35010	256-329-0531/fax# 825-6546	Marcia Ison, ASA Jenny Knox, RD Annette Howe, ASA

Counties/Clinics by Area

Area 7

Denise Pope, MS, RD
 Area Nutrition Director
 Public Health Area 7
 303 Industrial Drive
 Linden, AL 36748

Phone: 334-295-1000, 334-294-2412 (direct line)
 Fax: 334-295-0006
 E-mail: denise.pope@adph.state.al.us

If unavailable, contact Nedra Driver, Area 7 Office Manager

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
121	Choctaw	Butler	M-F 8:00-5:00*	1001 South Mulberry Ave., Butler, AL 36904	205-459-4026/fax# 459-4027	Barbara Shoemaker, RN Debbie Ford
241	Dallas	Selma	T-F 8:00-5:00 M 8:00-7:00	100 Sam O. Moseley Dr., Selma, AL 36701	334-877-2809/fax# 875-7960	Rebecca Stewart, RD Lisa Gayle
331	Hale	Greensboro Moundville	M-F 8:00-5:00* 2nd,4th Th*	670 Hall Street, Greensboro, AL 36744	334-624-3018/fax# 624-4721	Jane Neill, RD Pam Milam
433	Lowndes	Hayneville	M-F 8:00-5:00*	507 E. Tuskeena St., Hayneville, AL 36744	334-548-2564/fax# 548-2566	Julie Till, RN Janice Jones
460	Marengo	Linden	M-F 8:00-5:00*	303 Industrial Drive, Linden, AL 36748	334-295-4205/fax# 295-0124	Tina Parker, NA Machelle Jackson
531	Perry	Marion	M-F 8:00-5:00*	1748 S. Washington St., Marion, AL 36756	334-683-6155/fax# 683-4509	Rachel Todd, RD Carrie Jackson
532	Perry	Uniontown	T-Th 8:30-4:00#	54 Hamburg-Duncan Road, Uniontown, AL 36756 mail goes to 531 - Perry / Marion	334-628-6226/fax# 628-3010	Tina Parker, NA Carrie Jackson
601	Sumter	Livingston	M-F 8:00-5:00*	1121 N. Washington St., Livingston, AL 35470	205-652-2320/fax# 652-7919	Jane Neill, RD Doris Nix
661	Wilcox	Camden	M-F 8:00-5:00	107 Union Street, Camden, AL 36726	334-682-9217/fax# 682-4796	Shanna Huggins, RN Deborah Tucker

* Clinic closed 12:00-1:00 for lunch

Clinic closed 12:00-12:30 for lunch

COUNTIES/CLINICS BY AREA

Area 8

Alisa Champion, RD, LD
 Area Nutrition Director
 Public Health Area 8
 2500 Fairlane Dr.
 Bldg. 2, Suite 200
 Montgomery, AL 36116

Phone: 334-850-2499; 334-277-8464, ext 4
 Fax: 334-244-1592
 E-mail: Alisa.Champion@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
011	Autauga	Prattville	M-F 7:30-5:00	219 North Court St., Prattville, AL 36067	334-361-3743/fax# 361-3718	Kathy Ricks, RD, LD
061	Bullock	Union Springs	M-F 8:00-5:00	103 Conecuh Ave W, Union Springs, AL 36089	334-738-3030/fax# 738-3008	Tracey Mindingall, NA
111	Chilton	Clanton	M-F 8:00-5:00	301 Health Center Dr., Clanton, AL 35045	205-755-1287/fax# 755-2027	Amy Cleckler, NA
261	Elmore	Wetumpka	M-F 8:00-5:00	6501 Hwy.231 No., Wetumpka, AL 36092	334-567-1171/fax# 567-1186	Tina Allen, RD
411	Lee	Opelika	M-F 8:00-5:00	1801 Corporate Drive, Opelika, AL 36801	334-745-5765/fax# 745-9830	Alexis Thompson, RLD Jessica Shelton, NA
441	Macon	Tuskegee	M-F 8:00-5:00	812 Hospital Rd., Tuskegee, AL 36083	334-727-1800/fax# 727-7100	Tracey Mindingall, NA
511	Montgomery	Health Dept.	M-F 8:00-5:00	3060 Mobile Hwy., Montgomery, AL 36108	334-293-6450/fax# 293-6404	Jennifer Holtzschler, RD
514	Montgomery	Training Clinic	M-F 7:30-4:30	401-A Coliseum Blvd, Montgomery, AL 36109	334-270-9263/fax# 271-1314	Carmalita Green, RD, LD
517 *	Montgomery	Health Serv, Inc	M-F 7:30-4:30	2101 Chestnut St., Montgomery, AL 36106	334-834-5811/fax# 420-0158	Doris Hardin, RD, LD
519 *	Montgomery	Chisholm FHC	M,W,F 7:30-4:30#	100 Vandiver Blvd., Montgomery, AL 36110	334-832-4338/fax# 832-9971	Doris Hardin, RD, LD
571	Russell	Phenix City	M-F 7:30-5:00	1850 Crawford Rd., Phenix, City, AL 36867	334-297-0251/fax# 291-5478	Kourtnei Mitchell, NA

* All Health Services, Inc. clinics formerly Lister Hill

Clinic Closed 12:00-1:00 for lunch

COUNTIES/CLINICS BY AREA

Area 9

Nancy Johnson, RD
 Area Nutrition Director
 Public Health Area 9
 312 Courthouse Square, Suite 31
 Bay Minette, AL 36507

Phone: 251-937-5859
 Fax: 251-937-7238
 E-Mail: nancy.johnson@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
021	Baldwin	Bay Minette	M-F 8:00-5:00	312 Courthouse Sq, Bay Minette, AL 36507	251-937-6935/fax# 580-4767	Lori Nesmith, NA Janet Bush
025	Baldwin	Robertsdale	M-F 8:00-5:00	23280 Gilbert Dr., Robertsdale, AL 36567	251-946-8040/fax#-946-8080	Sharon Eiland, RD Lisa Bowman
026	Baldwin	Foley	M-W 8:00-5:00	8158 Hwy 59, Unit 108, Foley, AL 36535	251-943-7260/fax# 943-7280	Alana Salter, RD Maria Clarke
071	Butler	Greenville	M-F 8:00-5:00	350 Airport Road, Greenville, AL 36037	334-382-3154/fax# 382-3530	Debra Bradley, RN Elaine Womack
072	Butler	Georgiana	1st,3rd T 9:00-4:00	Jones Street, Georgiana, AL 36033	334-376-0776/fax# 382-3530	Debra Bradley, RN Elaine Womack
131	Clarke	Grove Hill	M-F 8:00-5:00	22600 Hwy 84 E., Grove Hill, AL 36451	251-275-3772/fax# 275-4253	Cynthia Turberville, RD Cheryl Cody
181	Conecuh	Evergreen	M-F 8:00-5:00	102 Wild Avenue, Evergreen, AL 36401	251-578-1952/fax# 578-5566	Liane Martin, RD Julie Salter
201	Covington	Andalusia	M-F 8:00-5:00	23989 Ala Hwy 55, Andalusia, AL 36420	334-222-1175/fax# 222-1560	Teresa Marshall, RN Joan Davis
202	Covington	Opp	3rd Tues 8:30-4:30 Room 206	Mizell Hospital 702 North Main Street Opp, Alabama 36467	334-493-9459/fax# 222-1560	Teresa Marshall, RN Joan Davis
271	Escambia	Brewton	M-F 8:00-5:00	1115 Azalea Place, Brewton, AL 36426	251-867-5765/fax# 867-5179	Phyllis Redmon, NA Carla Corr Liane Martin RD
272	Escambia	Atmore	M-F 8:00-5:00	8600 Hwy 31 N., Atmore, AL 36502	251-368-9188/fax# 368-918	Phyllis Redmon, NA Kimberly Careter Liane Martin, RD
273	Escambia	Poarch	M-F 8:00-5:00	5811 Jack Springs Rd., Atmore, AL 36502	251-368-8630/fax# 368-1329	Jill Lee, DTR Jessica Dortch
501	Monroe	Monroeville	M-F 8:00-5:00	416 Agriculture Dr., Monroeville, AL 36460	251-575-3109/fax# 575-7935	Rosemary Robertson, RN Monique Tucker
650	Washington	Chatom	M-F 8:00-5:00	14900 St. Stephens Ave., Chatom, AL 36518	251-847-2245/fax# 847-3480	Megan Moore, RN Lana Howard

COUNTIES/CLINICS BY AREA

Area 10

Debbie Curran, RD
 Area 10 Nutrition Director
 Coffee County Health Dept.
 2841 Neal Metcalf Road
 Enterprise, AL 36330

Phone: 334-393-5541; 334-347-9574
 Fax: 334-347-7104
 E-Mail: debbie.curran@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
031	Barbour	Clayton	M,W,Th 8:00-5:00	39 Browder St., Clayton, AL 36016	334-775-8324/fax# 775-3432	Kim Helms, Clerk
032	Barbour	Eufaula	M-F 8:00-5:00	634 School St., Eufaula, AL 36027	334-687-5950/fax# 687-6470	Theresa Person, RN
034	Barbour	Clio	1st,3rd T 9:00-4:00	1203 Blue Springs St., Clio, AL 36017	334-397-2223/fax# 397-0025	Kim Helms, Clerk
161	Coffee	Enterprise	M-F 8:00-5:00	2841 Neal Metcalf Rd., Enterprise, AL 36330	334-347-9574/fax# 347-7104	Amy Howell, RD Debbie Grim, Clerk
211	Crenshaw	Luverne	M-F 8:00-5:00	15 Hospital Dr., Luverne, AL 36049	334-335-2471/fax# 335-3795	Patty Rushing, RN
231	Dale	Ozark	M-F 8:00-5:00	532 W. Roy Parker Rd., Ozark, AL 36360	334-774-5146/fax# 774-2333	Morgan Ellis, RD Tina Lewis, Clerk
311	Geneva	Hartford	M-F 8:00-5:00	300 Co. Rd. 41, Hartford, AL 36344	334-684-2259/fax# 684-3970	Rick Brewer, RN
341	Henry	Abbeville	M-F 8:00-5:00	505 Kirkland St., Abbeville, AL 36310	334-585-2660/fax# 5853036	Karen Tipton, RN
342	Henry	Headland	W,F 8:00-5:00	2 Cable Street, Headland, AL 36345	334-693-2220/fax#393-3010	Amber Espy, RN
351	Houston	Dothan	M-F 8:00-5:00	1781 E. Cottonwood Rd., Dothan, AL 36302	334-678-2800/fax# 678-5307	Karen Campbell, RD, LD
551	Pike	Troy	M-F 8:00-5:00	900 S. Franklin Dr., Troy, AL 36081	334-566-5744/fax# 566-8534	Jody Lee, RD

COUNTIES/CLINICS BY AREA

Area 11

Elizabeth W. Smith, MPA, RD
 Area 11 Nutrition Director
 Mobile County Health Dept.
 P.O. Box 2567
 Mobile, AL 36652-2867

Phone: 251-694-3949
 Fax: 251-405-4530
 E-Mail: ewsmith@mobilecountyhealth.org
 E Mail: Elizabeth.Smith@adph.state.al.us

Clinic #	County	City	Day/Hour	Address	Phone/Fax	Contact
492	Mobile	Teen/Women's Center	M 7:30-6:00 T-F 7:30-4:30	248 Cox Street, Mobile, AL 36604	251-690-8942/fax# 694-9324	Gina Clark, NA Sue Cox, RD
493	Mobile	Keeler	M-F 7:30-5:00 Sat 8:00 - 12:00	251 N. Bayou St., Mobile, AL 36603	251-690-8806/fax# 690-8903	Minette Elder, RD
493	Mobile	Keeler	3rd Wed 8:00-12	2601 Dauphin Island Parkway, Mobile, 36605	251-445-3453	Minette Elder, RD
494	Mobile	Southwest Mobile Health (formerly Tillman's Corner)	M-F 7:30-4:00	5580 Inn Road, Mobile, AL 36619	251-602-8451/fax # 666-7471	Carla Jones, LPN LaDina Hudson, NA
495	Mobile	Citronelle Mt. Vernon	T, Th 8:00-3:00 1st Wed 8:30-3:00	19255 Main St., Citronelle, AL 36522 950 Coy Smith Highway, Mt. Vernon, AL	251-866-5940/fax# 866-2719 251-829-9884	Margaret McCulloch, RD Margaret McCulloch, RD
498	Mobile	Semmes	M-F 8:00-4:30	3810 Wulff Road East, Semmes, AL 36575	251-445-0581/fax#649-6708	Carmin Mark, RN
499	Mobile	Eight Mile	M-W 7:30-4:00 Th 7:30-7:00 Friday 7:30-12:30	4547 St. Stephens Rd., Eight Mile, AL 36613	251-457-4186/fax# 456-8340	Minette Elder, RD JaNita McCreary, LPN

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

Separation of duties to ensure no conflicts of interest

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.

Yes No

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

Yes No

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

Yes No

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

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

2. Local Level Staffing Data

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

For each clinic/local agency

By function

At regular intervals

Program management

Monthly

Food delivery

Quarterly

Certification

Annually

Nutrition education

Other (specify): _____

Breastfeeding promotion and support

Other (specify): Provider FTE to # participants & visits/day/provider

IV. ORGANIZATION AND MANAGEMENT

C. Local Agency Staffing

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

No

Yes, in a single report comparing all local agencies

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

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

3. Local Agency Breastfeeding Staffing Requirement

a. 13 Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.

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

Yes No

c. 11 Number of local agencies with breastfeeding peer counselors

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): ADPH State Emergency Management Agency

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

IS alternate procedures

Access to program records

Emergency authorization of vendors

Certification and food issuance sites and procedures

Back up computer systems

Food package adjustments

Back up filing systems

Food delivery systems

Staffing arrangements

Information System (IS) Recovery

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

CHAPTER V

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

(Please indicate) State Agency: Alabama for FY 2016

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

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

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

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

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

E. Nutrition Education Costs-246.4(a)(9): 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

Number of participants

Population density

Cost-containment initiatives

Availability of administrative support from other sources

Other (specify): _____

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

Yes

Monthly Quarterly Semiannually Other (specify): As additional funds are received from USDA

No

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

See Alabama WIC Program NSA and Food Funds Management, Narrative for FY 2016 State Plan Chapter V (end of chapter)

2. Conversion of Food Funds to NSA Funds

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

Based on a plan submitted to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency.

The State agency achieves, through acceptable measures, increases in participation in excess of the FNS-project level for the State agency.

Describe measures used to increase participation:

Social media, WIC website, digital media, local outreach, advisory councils, various outreach brochures

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

FY 2016 Procedure Manual, Chapter XV, Outreach

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

A. Funds Allocation

3. The State's Fiscal Year runs from 10/01/2015 to 09/30/2016

ADDITIONAL DETAIL: NSA Expenditures Appendix 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

Maintenance and repair

ADP services

Materials and supplies

Breastfeeding aids

Memberships, subscriptions, and professional activities

Capital expenditures

Printing and reproduction

Clinic/lab services

Training and education

Communications

Transportation

Employee salaries

Travel

Employee fringe benefits

Other (specify): Private Local Agencies (2) include salary, fringe, indirect, travel, supplies, utilities

Lease or rental of space

Functions

General administration/
program management

Breastfeeding promotion/support (e.g., breastfeeding aids)

Food delivery

Client services

Certification

Other (specify): _____

Nutrition education

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

B. Local Agency Budgets/Expenditures Plans

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):

See Alabama WIC Program NSA and Food Funds Management Narrative for FY 2016 State Plan Chapter V

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):

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

C. State and Local Agency Access to Funds

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): _____

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):

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): _____

**b. The State agency last evaluated its time documentation protocol on (specify date). 01/01/2006
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):

Cost accounting for ADPH employees is completed electronically through the eCATS system. The Cost Accounting Manual provides provides all program costs codes and definitions.

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

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Maintenance and repair |
| <input type="checkbox"/> ADP services | <input type="checkbox"/> Materials and supplies |
| <input type="checkbox"/> Breastfeeding aids | <input type="checkbox"/> Memberships, subscriptions, and professional activities |
| <input type="checkbox"/> Capital expenditures | <input type="checkbox"/> Printing and reproduction |
| <input type="checkbox"/> Clinic/lab services | <input type="checkbox"/> Training and education |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Employee salaries | <input type="checkbox"/> Travel |
| <input checked="" type="checkbox"/> Employee fringe benefits | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Lease or rental of space | |

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

D. Reporting and Reviewing of State and Local Agency Expenditures

Functions

General administration/
program management

Breastfeeding promotion/support (e.g. breastfeeding aids)

Food delivery

Client services

Certification

Other (specify): _____

Nutrition education

Other (specify): Private Local Agencies (2) include salary, fringe, indirect, travel, supplies, and utilities

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): All of the above plus the Alabama Examiners of Public Accounts

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

Yes No

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

Verification of at least one monthly billing/claim/expenditure report against source

Documents

Tracking written approval of procurements

Requesting records of ordering, receipt, billing, and payment

Determination that costs were necessary, reasonable and appropriate

Determination that costs were properly allocated among WIC and other programs

Determination that personnel costs charged to WIC were appropriate

Determination that local agencies' indirect costs were appropriately charged

Other (specify): _____

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

D. Reporting and Reviewing of State and Local Agency Expenditures

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

(If other, specify): Breastfeeding Peer Counselor Coordinator and Peer Counselors' salaries at the State Agency level.

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

E. Nutrition Education Costs

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
_____	_____
_____	_____
_____	_____

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):

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:

Department of Health and Human Services State and Local indirect cost rate.

b. The State agency's indirect cost rate(s) is 23.40 (%) and is based on:

Salaries Direct costs for administration Both

Other (specify): 63.4% county

c. Please cite the effective date of the State agency's current negotiated agreement and/or cost allocation plan for indirect costs: 08/26/2014 .

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

F. State and Local Agency Indirect Costs

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 checked="" type="checkbox"/> ADP | <input checked="" type="checkbox"/> Space usage/maintenance |
| <input checked="" type="checkbox"/> Communication/phone/mail | <input checked="" type="checkbox"/> Central supply |
| <input checked="" type="checkbox"/> Legal services | <input checked="" type="checkbox"/> Procurement/contracting |
| <input checked="" type="checkbox"/> Printing/publication | <input checked="" type="checkbox"/> Audit services |
| <input checked="" 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 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): Annually
- Done for local agency level indirect costs (frequency): Annually
- Not done at either level.

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

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

F. State and Local Agency Indirect Costs

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):

STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 1636000619-A1

DATE: 08/26/2014

ORGANIZATION:

FILING REF.: The preceding agreement was dated 11/26/2013

Alabama Department of Public Health
201 Monroe St., The RSA Tower
Montgomery, AL 36130-3017

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
	<u>EFFECTIVE PERIOD</u>				
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	10/01/2012	09/30/2013	20.20	State	State Level Program
FINAL	10/01/2012	09/30/2013	51.20	County	County Level Program
FINAL	10/01/2012	09/30/2013	5.20	Area Groups	All Area Level Program
PROV.	10/01/2013	09/30/2015	23.40	State	State Level Program
PROV.	10/01/2013	09/30/2015	63.40	County	County Level Program
PROV.	10/01/2013	09/30/2015	6.80	Area Groups	All Area Level Program

*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

ORGANIZATION: Alabama Department of Public Health

AGREEMENT DATE: 8/26/2014

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe benefits include: FICA, retirement, unemployment insurance and health insurance.

Salary payments are to be used only once in determining the indirect cost to be charged to a Federal program. The appropriate rate (State, County or Area) will be applied to the salary expenditure depending on where the salary is incurred.

NEXT PROPOSAL DUE DATE:

A proposal based on actual costs for fiscal year ending 09/30/14, will be due no later than 03/31/15.

Equipment means article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$500 or more per unit.

ORGANIZATION: Alabama Department of Public Health

AGREEMENT DATE: 8/26/2014

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Alabama Department of Public Health

(INSTITUTION)
Jeffrey M. Wright
(SIGNATURE)
Jeffrey M. Wright
(NAME)

Director, Bureau of Financial Services
(TITLE)

September 2, 2014
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)
Dan W. Mays
(SIGNATURE)

Arif Karim
(NAME)

Director, Cost Allocation Services
(TITLE)

8/26/2014
(DATE) 7633

HHS REPRESENTATIVE: June Talbert

Telephone: (214) 767-3261



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

90 7th Street, Suite 4-600
San Francisco, CA 94103-6705
PHONE: (415) 437-7820
FAX: (415) 437-7823
EMAIL: CAS-SF@psc.hhs.gov

August 26, 2014

Mr. Jeffrey Wright, Chief Accountant
Director, Bureau of Financial Services
Alabama Department of Public Health
The RSA Tower
201 Monroe Street, Suite 1050
Montgomery, AL 36104

Dear Mr. Wright:

A copy of an indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY EMAIL OR FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In order to implement the FINAL indirect cost rate contained in the enclosed Agreement, an adjustment to the indirect costs claimed under your Federal awards may be required. For HHS project grants these adjustments must be made in accordance with the procedures for settlement of indirect costs on HHS project grants with final negotiated rates described in the appropriate "Guide" book for your institution. Adjustments under HHS contracts must be made in accordance with the provisions of the contracts. Adjustments under awards with other Federal agencies must be made in accordance with the policies of those agencies.

An indirect cost proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims indirect costs under grants and contracts awarded by the Federal Government. Thus, a proposal for your fiscal year ending 09/30/14, will be due no later than 03/31/15. Please submit your next proposal electronically via email to CAS-SF@psc.hhs.gov.

Sincerely,


Arif Karim, Director
Cost Allocation Services

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL OR FAX

Alabama WIC Program
NSA and Food Funds Management
Narrative for FY 2016 State Plan
Chapter V and Chapter VI

Funds Allocation

The method for allocating of Nutrition Services Administration funds (NSA) among the State/Local agencies begins with determining an estimate of funds that will be available. Usually, this process starts with the NSA/Food/Rebate funds received in the previous fiscal year, adjusted for any probable factors at the time the budget is established. The allocation process begins with removing the WIC State Office budget from the estimated administrative funds, taking in consideration any factors that may affect this calculation. State budget is usually based on previous fiscal year expenditures. After removing the WIC State Office the net administrative funds are available for distribution to the counties. The allocation process continues with determining the estimated food available number which is divided by the targeted caseload to establish the cost per participant.. Cost per participant is the rate that is used to distribute the funds based on projected target caseload for a county. Projected participation is determined using the average monthly caseload calculated from the total of previous closed month's caseload with each county receiving a proportional share of the total caseload. Each county caseload is annualized and multiplied by the cost per participant establishing the projected administrative fund for the fiscal year.

The same method that is used to determine projected participation is used to allocate any subsequent increases or decreases in the Federal allocation. Alabama WIC program does not do any conversion of funds until the fiscal year closes.

These funds pay for **only personnel costs (Salary, fringe and Indirect) at the county level** and at the State Office for WIC personnel , travel, supplies, WIC Crossroads data system, banking voucher processing, printing and nutrition education and breastfeeding , etc.

Local Agency Budgets/Expenditure Plans

Prior to the start of a new fiscal year each Area Administrator presents and defends their budget at a hearing attended by the State Health Officer, Health Budget and Finance, county and WIC State Office personnel. The State Health Officer has final approval of all budgets. Alabama is separated into 11 Public Health Area's with each Area Administrator responsible for a defined number of counties. County budgets include all Programs administered by the State, including WIC. These budgets include line

items: salaries, benefits, travel, supplies, indirect and other typical categories. As previously mentioned, WIC funds are only used for personnel costs which includes indirect cost.

Any revisions to the budgets (WIC) are limited to increases or decreases in federal funding, changes in State/Federal law regulations or policy or special requests received from a county. These changes/requests are processed by the Bureau Administration Division, approved by the WIC Director and reviewed by the Administrative Division Director/Assistant Director, then forwarded to Health Finance for final distribution to the counties.

Employees of the Department are required to maintain monthly time and attendance records that indicate the cost centers on which that employee's time was expended on a daily basis. These cost centers are used to capture costs related to specific programs. All time sheets are reviewed and approved by each employee's immediate supervisor prior to input into the AFNS cost accounting system. These monthly time records are sufficient certifications that the employee worked on the federal program. The Bureau of Financial Services also produced a Timesheet Summary Report which is issued on Lotus Notes reports (ECATS).

The following cost center capture time charged to the WIC Program:

1. 034 WIC Breastfeeding Promotion
2. 035 WIC Certification
3. 036 WIC Administration
4. 037 WIC Nutrition Education
5. 039 WIC Food Instrument Issuance

Direct salaries and fringe benefits are charged to programs through journal vouchers automatically generated during the semi-monthly payroll cycle. Direct salaries include paid absences (annual, sick, military leave, etc.). All hours for paid absences are charged to cost center 010 and are classified as nonproductive time. Gross salary is then allocated to programs based on an individual's percentage of actual time charged to that program to the total productive time.

Indirect costs charged to the program are determined by applying a federally approved indirect cost rate to direct salaries charged to each program. The indirect cost rates have been approved by the Department of Health and Human Services. ADPH's Indirect Cost Rate Agreement includes a predetermined rate applied to direct salaries charged to each program. The allocation base (direct salaries) does not include fringe benefits, which are charged individually as direct costs and include FICA, retirement, unemployment and health insurance. This indirect cost rate agreement for ADPH does not include Jefferson and Mobile counties because they negotiate their own rates. Provisional rates are used until final rates are determined. For the period beginning October 1, 2011, the current approved provisional rates are 19.2% - state level, 49.8% - County and 5% Area Groups.

The cost accounting system charges expenditures for supplies, utilities, etc. directly to programs. The indirect cost rate agreement also includes charges for depreciation to buildings and equipment.

The Automated Financial System (AFNS) produces an EXPB report, which is a budget/actual expenditure report, and the Cost Accounting System is used to monitor programs. This financial data is compiled monthly in a Lotus spreadsheet that enables the comparison of prior year cost and FTEs to current YTD cost and FTEs. A WIC grant review is scheduled monthly for financial/program management to discuss the spreadsheet and other factors that could affect the calculations necessary to project total State/Local expenditures and funds availability. The review process allows the program to make timely decisions involving the availability of funds to accomplish objectives, adjusting working FTEs and efficiency standards.

Property/Procurement

Property

All equipment with a purchase price over \$500 purchased by Alabama Department of Public Health (ADPH) is on the Inventory Tracking Electronic Management System (I.T.E.M.S.). With each purchase, a copy of the purchase order is sent to the Logistics Division of ADPH. Logistics then issues an I.D. tag to be placed on the newly purchased item. This tag number is entered into I.T.E.M.S. by Logistics, and then it is sent to the division to be placed on the item. Once the equipment has been received the tag is placed directly on the item. The division that is responsible for the new property then updates the record in I.T.E.M.S. to include the serial number, property location, and the person responsible for the property. An inventory audit is conducted every year and a state audit is conducted every other year. All equipment must be accounted for during this period.

When property is no longer of use to the department, it is sent to surplus. The Division Property Manager contacts Logistics to ask for the property to be picked up. Logistics picks up the item, and the record in I.T.E.M.S. is updated to reflect that the property is in surplus.

Procurement

The purchasing process starts with the requesting bureau (end user) preparing an internal requisition (HF-10). The requisition provides a description of the item, estimated cost, funding information and signed approval by the program or bureau director. The requisition is submitted to ADPH Finance Procurement Officer for further processing.

Sources for purchases:

- (1) Contract Vendors. State Division of Purchase awards purchasing contracts based on a competitive bid process.
- (2) Purchases Less than \$15,000 (State Bid Law). At least two quotes are obtained for commodities/services not on state purchasing contracts and less than \$15,000. Quotes are usually obtained by the requesting bureau and attached to the internal requisition.

(3) Purchases Greater than \$15,000 (State Bid Law). Items not available on state contracts and estimated total cost is \$15,000 or more require a formal bid process through State Division of Purchasing.

(4) Sole Source. The purchases commodities/services that are available from only one vendor are considered sole source and formal bid process is not required. To satisfy the requirements for sole source purchases the following are provided: (a) Quote from the sole source vendor, (b) Letter from the vendor stating they are sole source and/or do not sell through distributors, (c) Letter signed by ADPH State Health Officer indicating the uniqueness of the item/service, how it is used by ADPH and state the vendor is sole source.

ADPH Finance Procurement Officer will process the internal requisition by entering pertinent data into State Purchasing data system referred to as SNAP. This will cause a new external requisition to print and will be forwarded to State Purchasing. A copy of this is also sent to the requesting bureau for their records. State Purchasing will process, issue and send a purchase order to the vendor and a copy back to ADPH.

If a formal bid process is required, State Purchasing will send out an invitations to bid (ITB) to registered vendors. State Purchasing will receive the ITBs, and send copies to ADPH for review. ADPH will determine the lowest responsible bidder meeting all specifications, terms and conditions of the ITB. ADPH Procurement Officer will send a memo recommending award to this vendor. After due process, State Purchasing will issue a purchase order to that vendor. Vendor payments will appear on a Detail Voucher List that is available to the Programs for monitoring expenditures.

Goods will be received; invoice will be reviewed and approved for payment by the requesting bureau, then sent to ADPH Finance to initiate the payment voucher.

Purchases under \$1,000 can be bought directly from the vendor, excluding equipment. Most telephone and over-the-counter orders are handled this way. The requesting program fills out the BH form for the items to be purchased, price and vendor. The request must be approved by the Program Director (WIC) and then forwarded to the Bureau Administration Division staff to verify whether it is allowable (OMB Circular A-87, 7 CFR Part 3016), has correct fund codes and is mathematically accurate. The request is reviewed by the Administrative Division Director/Assistant Director for final approval. A BH number is then assigned by the Administrative staff accountant and returned to the requesting program to place the order with the vendor. After the order has been received a material receipt is prepared and submitted with the invoice to Health Finance Procurement Division to process for payment to the vendor. Vendor payments will appear on a Detail Voucher List that is available to the Programs for monitoring expenditures.

Financial Management Reviews

The Office of Program Integrity conducts financial management reviews of the local agencies at least once every two years with at least 20% of the sites being monitored as required by USDA guidelines. Local agencies are defined as private contract agencies providing WIC services on behalf of the department, and the eleven public health areas within the department of public health. Site visits include an examination of selected WIC protocols to include WIC income eligibility guidelines, internal control procedures over formula and food instruments including security and issuance procedures, accountability of expenditures, particularly personnel costs through the examination of cost accounting records. Additional subrecipient monitoring procedures are applied to the private contract agencies as well as Jefferson and Mobile Counties (Public Health Areas 4 and 11). Mobile and Jefferson are treated as subrecipients to the department since they were established as separate, legal entities prior to the creation of the State Department of Public Health. For these subrecipients, independent audit reports are reviewed to verify compliance with the requirements of OMB Circular A-133, as required. Findings presented in these audits affect the way audits are conducted by Program Integrity staff.

Management's corrective action plan to audits conducted by the Office of Program Integrity (OPI), are reviewed by the Director of OPI and a Nutrition Consultant with the State WIC division. As part of the corrective action plan, management must identify a review or follow-up plan that will occur in 6 months to determine whether the corrective actions identified are effective. This 6-month follow-up is documented and forwarded to the State WIC division Nutrition Consultant for review. Finally, any findings identified in the independent audit reports for the subrecipients (as identified in #1 above) that are directly related to the WIC program require a Management Response Letter from the State WIC Director. The Director of OPI works with the State WIC Director to ensure the letter is prepared timely, in accordance with the requirements of OMB Circular A-133. Any required recoupment of funds are either adjusted during the current fiscal year, if appropriate, or returned to USDA, FNS as required.

FNS 798 Report

Estimated Adjusted Gross Obligations (Line 1) are calculated from the number of estimated participants for future months times the average food cost per participant. Estimations are made using the most recent food package costs for closed out months adjusted for inflation. Estimated Participation is based on comparison of historical participation and monthly patterns of redemption. These estimates are adjusted for future months on subsequent reports.

Estimated Rebates (Line 2) historical participation and formula redemption data are used to develop trends for the number of cans redeemed under the rebate contract. This number is multiplied by the rebate amount for each type of contract formula. Reports used are the Monthly Infant Formula Invoice and the Formula Purchased by WIC Participants.

Net Federal Obligations (Line 3) product of Adjusted Gross Obligations minus Estimated Rebates (Line 1 – Line 2)

Total Participation prior to month closeout (Line 18) the first step is to determine the maximum caseload that can be supported by the food funding available this occurs during the Annual Budget Process for the WIC Program. The monthly projected participation for each month is multiplied by an average monthly food package cost which should not exceed the available food funds. Historical participation and seasonality are used to develop trends.

Gross Outlays and Unliquidated Obligations (Line 4 and 6) - WIC transactions are recorded daily into the Department's automated accounting system, Advantage Financial Standard (AFNS). Food expenses are recorded daily based on funding requirements received from Covansys, the department's fiscal clearing house. Administration expenses are approved by appropriate program staff and processed through AFNS. Receipts as well as encumbrances are also entered into AFNS.

Food outlays as reported on the FNS-798 are taken from the Departments WIC Crossroads system. A financial status report is generated monthly from Crossroads that captures when and what was redeemed.

State level admin expenses as well as encumbrances amounts are taken from reports that are processed through the departments AFNS system.

Vendor and participant collections are receipted in AFNS and recorded as program income on the FNS-798.

Federal Participation (Lines 15-18) - Federal participation numbers for the 798 reporting are produced by the Crossroads system. The State Agency receives participation counts for all Local Agencies and Clinics from Crossroads, through the monthly Enrollment/Participation Report. The Enrollment/Participation Report is provided by Crossroads in 3 forms: Clinic, Area (Local Agency), and Statewide. A copy of each is attached. The Enrollment/Participation Report bases the participation counts on the number of persons issued food or food instruments (computer generated and manual), the number of fully breastfed infants who receive no food instruments or food instruments, but are breastfed by participating 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.

All forms of the Enrollment/Participation Report are produced by Crossroads at the State level and then distributed to the Clinic and Area levels on a monthly basis. The Enrollment/Participation report provides the number of participants enrolled and participating by category and priority. The report also includes other participant characteristic data. The Priority level is automatically assigned by Crossroads based on the nutritional risk criteria. The report provides participation data by Area (Local Agency) to measure breastfeeding performance.

Enrollment and participation numbers are monitored monthly by Area level staff and a monitoring report is submitted to the State WIC Office on a quarterly basis by the Area level staff. The monitoring reports are reviewed by the State WIC Director. Strategies are developed by Area level staff to address caseload concerns, when needed.

Letter of Credit

ADPH finance determines on a daily basis if any federal draws are necessary. All WIC transactions are recorded on a daily fund balance report.

This report shows the Department's balance on hand for both Food and NSA and is used to ensure that any federal draws are not in excess of any immediate cash needs.

Food Draws

ADPH receives a daily email/fax from Covansys which details what our funding requirement is for that day. The amount, if any, drawn from ADPH's Letter of Credit will be the difference between the updated Food Balance on the daily fund balance report mentioned above and the current day's funding requirement listed on the email. This process is altered when ADPH receives its monthly formula rebate from Abbott Laboratories. Once this deposit is recorded in AFNS, food draws are stopped until the rebate is completely exhausted.

NSA Draws

Per the Cash Management Improvement Act Agreement (CMIA) [Section 6.2.4 - Scheduled Draws Funding] between The State of Alabama and The Secretary of the Treasury, United States Department of the Treasury, *the State will draw Federal Funds for administrative cost-payroll, administrative costs-other, and indirect cost on a pro-rata basis to coincide with the semi-monthly payroll cycle (24 times per year) in accordance with 31 CFR 205.18(a).* At the beginning of a quarter a ROSCOE Report is run of the previous quarter's expenditures. The total amounts of expenditures on the report are divided by 6 (Bi-Monthly) to calculate an estimated Admin amount that will be drawn on or around each payday. The day's WIC Admin Fund Balance amount is then added to or subtracted from this calculated Draw amount. If the Admin Fund Balance is a positive amount, then this amount will be subtracted from the calculated draw amount. If the Admin Fund Balance is a negative amount, then this amount will be added to the calculated draw amount. This total is the amount you will draw from the admin account in the WIC letter of credit rounded to the nearest dollar.

Monitoring Fiscal Operations at the Local Level

The WIC Director and Bureau of Family Health Services Financial Administrator meets monthly with the Alabama Department of Public Health (ADPH) Finance Division for review of the status of WIC grant expenditures at the Clinic, Area, and State level. The ADPH Finance Division produces a spreadsheet with the status of expenditures to date at the time of the grant review for each Area (Local Agency) and rolls this up to a statewide total. Areas that are over budget are contacted for adjustment, as needed. Area Administrators are allowed to move funds around in their clinics as long as the Area total is not exceeded to better maximize caseload and funding.

CHAPTER VI

**FOOD FUNDS
MANAGEMENT**

VI. FOOD FUNDS MANAGEMENT

(Please indicate) State Agency: Alabama for FY 2016

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

A. Cost Containment Measures - 246.4(a)(14)(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)(2); (a)(12); and (a)(14): describe the State agency's funding sources, how food obligations are calculated to allow for inflation, rebate cash management, and monthly closeout monitoring activities.

C. Participation Reporting - 246.4(a)(11)(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)(5)(iii)
- Not applicable

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

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

2. Cost Containment Contracts for Infant Formula

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

- Yes
If yes, attach contract in Appendix
- No
If no, check which applies:
 - Granted waiver
 - ITO with participation under 1,000 as of April

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): Purchased directly from manufacturer or wholesaler

c. The duration of the contract or rebate agreement(s) in effect is: 3 years with 2 one-year extensions

For a single-supplier system or multi-supplier: Date contract/agreement: 10/01/2012

Manufacturer	Began	Expires	Extensions
Abbott Laboratories	10/01/2012	09/30/2016	1 year

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



STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

AGENCY TERM CONTRACT AWARD

CONTRACT NO. : 4012215
BUYER : BERNIE ARANT
BUYER PHONE : (334) 242-4201
T-NUMBER : TA466
DATE ISSUED : 07/01/13
SNAP REQ. NO. : 1486384
EFFECTIVE DATE : 10/01/12
EXPIRATION DATE : 09/30/14
SOLICITATION NO. : 12-X-2239761
VENDOR NUMBER : 36069844003
VENDOR PHONE : (614)624-3718

ROSS PRODUCTS DIVISION
CSO INSTITUTIONS/ORDER DEPT
3300 STELZER RD
COLUMBUS OH 43219

CONTACT PERSON: KATIE C. DOYLE

AGENCY TERM CONTRACT : WIC FORMULA - ADPH

1. EFFECTIVE PERIOD: 10/01/12 TO 09/30/14
2. F.O.B. POINT: DESTINATION
3. DELIVERY TERMS: AS SPECIFIED
4. CASH DISCOUNT TERMS: NET
5. BID REFERENCE NO.:
6. AWARDED LINES: 00001
7. DISCOUNTS : UNIT PRICES INCLUDE ALL APPLICABLE DISCOUNTS

ALL TERMS, CONDITIONS, AND ANY AMENDMENTS TO SOLICITATION 12-X-2239761
ARE PART OF THIS CONTRACT AS IF FULLY REPRODUCED HEREIN.

APPROVED:

Michael A. Jones
PURCHASING DIRECTOR

AGENCY COPY

PRICE SHEET

AGENCY TERM CONTRACT AWARD

ORDER : ROSS PRODUCTS DIVISION
CSO INSTITUTIONS/ORDER DEPT

CONTRACT NO.: 4012215
VENDOR NO. : 36069844003

PAGE
2

LINE NO.	COMMODITY/SERVICE DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	EXTENDED AMT IF APPLICABLE
00001	<p>UNLESS SPECIFIED OTHERWISE BELOW: SHIP TO: R1 STATEWIDE</p> <p>COMMODITY CODE: 270-68-072544 FORMULA AS FOLLOWS: TO OBTAIN THE LOWEST NET COST PER CONTAINER ON INFANT FORMULA PROVIDED TO WIC PARTICIPANTS BY ALABAMA DEPT OF PUBLIC HEALTH, BUREAU OF FAIMLY HEALTH SERVICES, DIVISION OF WIC, IN ACCORDANCE WITH ATTACHED SPECIFICATIONS.</p> <p>QUESTIONS REGARDING THE SPECIFICATIONS SHOULD BE DIRECTED TO MS. CAROLYN BATTLE AT CAROLYN.BATTLE@ADPH.STATE.US PLEASE NOTE THERE ARE A NUMBER OF PAGES IN THE SPECIFICATIONS THAT MUST BE COMPLETED FOR THE BID TO BE ACCEPTABLE. SEE BID</p>	1	EA	\$ 0.00000	

State Agency
WIC Infant Formula Rebate Sheet, Page 1 of 2

CAKALI EQUIPMENT LEASING DIRECTWAY LLC

Instructions: Enter manufacturer's name, product name, UPC code, powdered unit size, powdered reconstituted ounce per unit, lowest wholesale full truckload price per unit and rebate bid per unit in the chart below. For liquid concentrate and RTF, fill out the row that corresponds to the unit size of the infant formula the bidder is submitting a bid.
 Data entry fields are in bold in yellow sections. Use the tab or arrow keys to move between fields. Fill in only one unit size for each physical form. Calculations will be performed automatically within the spreadsheet in Page 2.
 Sign and Notarize this page.

Manufacturer:		Abbott Nutrition									
Physical Form	Product Name Being Bid	UPC Code	Unit Size (in Ounces)	Reconstituted Ounce Per Unit	Lowest Wholesale Full Truckload Price Per Unit	Rebate Bid Per Unit	Net Cost	Percent Rebate			
Powdered	Similac Advance	70074559582	12.4	90.0	13.1900	11.2600	\$1.9300	85.37%			
Liquid Concentrate	Similac Advance	070074589741	13.0	26.0	4.1600	3.6800	\$0.4800	88.46%			
Liquid Concentrate	N/A	N/A	12.1	24.2	0.0000	0.0000	\$0.0000	#DIV/0!			
Ready-to-Feed	Similac Advance	70074533843	32.0	32.0	5.5400	1.3850	\$4.1550	25.00%			
Ready-to-Feed	N/A	N/A	33.8	33.8	0.0000	0.0000	\$0.0000	#DIV/0!			

*Based on Policy Memo 2011-6

**No assurance is given as to any minimum or maximum number of infant participants. Likewise, no assurances are provided on the quantity, type, or physical forms that will be issued under the agreement that will become a result of this invitation to Bid

Certification

The bidder hereby certifies that the company is registered under the Food, Drug and Cosmetic Act with the United States Department of Health & Human Services and its products are in compliance with Federal regulations issued pursuant to P.L. 100-137. Bids for all physical forms of formula must meet the requirements of 246.10 (e) (1)(iii) and 246.10(e)(2)(iii) and be suitable for the routine issuance to the majority of generally healthy, full term infants.

Each infant formula product to be supplied under the terms of the contract complies with the Federal Food, Drug, and Cosmetic Act.

The Bidder certifies that the company can and will supply the quantities of infant formula offered to meet one hundred percent (100%) of the WIC Program's needs in all geographic areas.

Signature: Kate Doyle Date: 5/3/12

Notarized Signature: Malle M Lee
 Seal/Date: commission expires 12/30/2014

**INVITATION TO BID
INFANT FORMULA REBATE**

**STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY HEALTH SERVICES
DIVISION OF WIC**

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INVITATION TO BID

STATE OF ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF FAMILY HEALTH SERVICES DIVISION OF WIC

I. PURPOSE

This is an invitation to bid (ITB) to obtain the lowest net cost per container, using the lowest national wholesale price for a full truckload, on infant formula provided to WIC participants by the Alabama Department of Public Health, Bureau of Family Health Services, Division of WIC, hereafter referred to as the STATE, through STATE'S retail food delivery system for a period of thirty-six months beginning October 1, 2012, through September 31, 2015. The contract may be renewed by mutual consent for up to two (2) one-year terms, not to exceed two years beyond the initial contract period for thirty-six months. The rebate structure of the agreement shall not be modified nor renegotiated at the time the option to extend is exercised, but will continue in full force and effect for the entire term of this agreement and any extension periods. The terms and conditions of the initial contract during the two one-year extension periods, if renewed, shall remain in force. Such renewal shall be contingent upon satisfactory performances as determined by the STATE. Prior to each renewal, any changes agreed upon by both parties shall be confirmed in writing. Contract extensions must be agreed upon and signed by January 31, 2015, and January 31, 2016, if applicable. The ITB is issued pursuant to the WIC regulations at 7 CFR 246.2 and 246.16a.

II. SCOPE OF BID

STATE intends to contract with one manufacturer whose iron-fortified milk-based 12.1 - 13 ounce liquid concentrate, 12 to 14.7 ounce powdered, and 32 - 33.8ounce ready-to-feed infant formula will be the contract brand infant formula issued on WIC food instruments. Award of the contract will be given to the manufacturer which supplies and provides a rebate per can that yields the lowest total monthly net cost to the State. Any manufacturer that does not produce a soy-based infant formula must subcontract with another manufacturer to supply it. Iron-fortified formula shall be complete; not requiring the addition of any ingredients other than water prior to being served in a liquid state. Infant formulas shall contain at least 10 milligrams of iron per liter of infant formula at standard dilution which supplies 67 kilocalories per 100 milliliters; i.e., approximately 20 kilocalories per fluid ounce of infant formula at standard dilution. The formula for which the bid is submitted must be suitable for the routine issuance to the majority of generally healthy, full-term infants.

"Infant formula" is defined as any formula in the manufacturer's product line that: 1) complies with the Infant Formula Act of 1980 as amended which defines "infant formula" as "a food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk"; and 2) complies with the definition and requirements for "infant formula" under the Federal Food, Drug, and Cosmetic Act including [Sections 201(z) and 412

of Act, 21 U.S.C. 321 (z) and 350a respectively], excluding "exempt" infant formulas as defined by the Food and Drug Administration (FDA).

A. **Manufacturer Requirements:**

1. Manufacturer must be registered with the Secretary of Health and Human Services under the Federal Food, Drug and Cosmetic Act (21 U.S.C. 321 et seq.), and its products are in compliance with Federal regulations issued pursuant to Public Law 100-137.
2. Manufacturer must comply with the Department of Agriculture (USDA) Food and Nutrition Service (FNS) Instruction 800-2 dated June 2, 1992, which restricts the usage of the WIC acronym and logo. The following are provisions for "use of WIC Service Marks":
 - a. Manufacturer acknowledges that the WIC Acronym and the WIC Logo are service marks owned by the USDA, and that all rights therein and goodwill pertaining thereto belong exclusively to USDA.
 - b. Manufacturer shall not use these service marks in any manner on its goods or their containers or packaging or on tags or labels affixed thereto. Manufacturer also shall not use the WIC Logo in advertising or other promotional materials (collectively: "advertising").
 - c. Manufacturer shall not use the WIC Acronym in advertising in any manner that is likely to cause confusion, mistake, or deception as to the affiliation, connection, or association of Manufacturer with the WIC Program, or as to the sponsorship or approval of Manufacturer's goods, services, advertising, or commercial activities, including nutritional message (s), by the WIC Program, USDA, or the State agency.
 - d. Manufacturer shall include the following statement with any use of the WIC Acronym in advertising: "WIC is a registered service mark of the U.S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infants and Children."
3. Manufacturer certifies all items quoted represent the products of the manufacturer.
4. Any price increase or decrease of the manufacturer's lowest national wholesale prices for a full truckload of infant formula after the bid is opened, will automatically adjust the rebate amounts per container by the same amount cent for cent. The manufacturer shall agree that the rebate amount will adjust in the same amount (cent for cent) as the difference between the manufacturer's lowest national wholesale prices per container for a full truckload and the base wholesale price on the first day of each month covered by the contract. Manufacturer's must provide in writing, to include a new wholesale price catalog, to the STATE changes in the per container rebate amount to within thirty (30) days of the effective date of the price change. These changes will be made effective in the STATE's rebate invoice for food instruments issued and redeemed on or after the first day of the month following the written notification.

5. A rebate must be paid on all formula in the manufacturer's infant formula product line that the State agency chooses to issue, including any existing and new infant formula introduced during the term of the contract. If a new infant formula is introduced to take the place of the primary contract brand infant formula, the manufacturer must pay a rebate that yields the same net cost per ounce as the original primary contract brand infant formula. The rebate to be paid on all other contract infant formula must yield the same percentage discount as the corresponding physical form of the primary contract infant formula for which bids were solicited. The rebate for infant formula added to the contract after the start date (new and existing) will be calculated using the wholesale price of the formula at the time the formula is approved for issuance by the State agency. Rebates will be adjusted as specified in the above paragraph 4.
6. In the event the STATE is unable to issue the physical form of the issued contract brand infant formula due to factory back order or a formula recall, manufacturer must pay a rebate on other physical forms of the contract brand infant formula. This will be done prior to issuing a non-contract infant formula. In the event the manufacturer cannot provide the contract brand infant formula in any physical form, a rebate must be paid on a non contract infant formula that yields the same net cost per ounce as the formula is it replacing.
7. The manufacturer shall have a current retail distribution network established in the State of Alabama and guarantee that sufficient quantities of the rebate formulas will be available to major wholesalers and contracted WIC grocery vendors, currently more than 700 authorized statewide, to meet STATE needs 60 days prior to contract implementation on October 1, 2012, so that WIC participants can begin redeeming food instruments with the WIC authorized vendors at implementation.
8. The manufacturer shall provide the STATE advance notification, not less than sixty (60) days, of any changes in labels, unit size, and/or reformulation of infant formula.
9. If there is a change in the product container size, the manufacturer must also change the Universal Product Code (UPC).
10. Manufacturer shall provide the STATE by October 1, 2012, a list of all representatives with their addresses, phone numbers, and areas of responsibility. Manufacturer will update the list as changes are made. Manufacturer representatives will visit each WIC Area Nutrition Director in the state no less than once each quarter of the year during the contract period beginning October 1, 2012. A list of the manufacturer's representatives assigned to each Public Health Area will be provided to the WIC Program Director on an annual basis.
11. Manufacturer will comply with all contract provisions required by the STATE as specified in Section XI, Contract Provisions.

B. STATE Requirements:

1. The STATE operates a retail food delivery system. The STATE will use printed or manual (handwritten) food instruments that designate the manufacturer's brand of rebate formulas. The primary contract brand infant formula is that which the manufacturer submits in the bid and will be the formula of first choice. The primary contract brand infant formula will be available to major wholesalers and contracted WIC grocery vendors statewide.
2. The STATE will issue only the manufacturer's brand of milk-based, soy-based and lactose-free products, if produced, with the exception of the exempt formulas or in rare cases, any non-exempt milk, soy, or lactose free based formula with appropriate medical documentation. The STATE may choose to issue none, some, or all of the winning bidder's other formula.
3. The STATE will issue infant formula in accordance with §246.10(e)(1) through (e)(9), of the WIC Program regulations which detail providing the full nutrition benefit (FNB) for each infant food package category and infant feeding option.
4. The STATE will issue infant formula using the rounding up option when the maximum monthly allowance of reconstituted infant formula does not provide the full nutritional benefit (FNB) for any food package category and/or infant feeding option in accordance with 246.10(h)(1) of the WIC Program Regulations.
5. The STATE will issue a monthly rebate invoice. Payment due to the STATE shall be based on the number of containers listed on the redeemed food instruments during the current billing period. The rebate shall be multiplied by the number of containers listed on the redeemed food instruments to determine the rebate amount due the STATE. A partial redemption factor will be applied to the total amount as defined in Section IV, Methodology of Remittance. The amount of formula purchased will fluctuate with the availability of federal funds, caseload, and other factors.
6. The base price per container is established upon submission of the bid to the STATE. The STATE will calculate the lowest net price using the lowest national wholesale price per unit for a full truckload of the infant formula on the date of the bid opening. The rebate to be paid on all other contract brand infant formula, to include new formula, must yield the same percentage discount as the corresponding physical form of the primary contract brand infant formula for which bids were solicited. Meaning the discount established at the beginning of the contract (by physical form), is used to calculate the rebate for infant formula (new and existing) added to the contract subsequent to the initiation of the contract per 246.16a(c)(6)(i-iii).
7. The STATE shall notify all local and private agencies, retailers, and physicians of any change to the rebate brand of formulas and shall monitor for retail compliance.
8. The STATE shall supply the manufacturer with the number of current infant

participants, excluding infants that are solely breastfed and infants that are issued exempt infant formula. The manufacturer may not have access to any records identifying participants by name and/or address.

9. The STATE shall also supply the manufacturer a list of contracted grocers/vendors. The manufacturer may not have access to any information about a vendor that individually identifies the vendor, except for vendor's name, address website, email address, store type, and authorization status.
10. BID solicitations and awards are in compliance with the Code of Alabama 1975, Chapter 16, Article 2, State Bid Laws. There are no provisions to prevent manufacturers of infant formula and that meet the requirements of the bid from competing in the bid process. All bidders must register with the Alabama Department of Finance, Division of Purchasing and can do so by calling 334-242-4284 or by visiting the Division's website at <http://purchasing.alabama.gov/pages/vendors.aspx>. All bids are sealed until the specified opening date and time.

III. PURCHASES OF FORMULAS WITH MEDICAL DOCUMENTATION

Per WIC Program regulations §246.10 (d), the STATE requires medical documentation for the issuance of any non-contract brand infant formula, any infant formula prescribed to a child or adult with a documented qualifying condition, any exempt infant formula, any authorized soy-based beverage, and any contract brand infant formula that does not meet the minimum nutrition requirements as specified in Subpart D 246.10, Table 4 of paragraph (e)(12). These are allowed only with a written prescription from a physician or health professional for specific medical indication as designated by WIC policy.

IV. METHODOLOGY OF INVOICE REMITTANCE

A. Monthly Invoice Remittance:

The STATE shall issue a monthly invoice (Attachment B) for the number of containers listed on redeemed food instruments during the current billing period. The rebate amount in effect on the first day of the month of redemption shall be applied in the computation.

The STATE shall calculate monthly the rebate due in the following manner:

1. The number of containers of manufacturer's formula listed on redeemed food instruments during the current billing period.
2. Multiply the containers by the rebate amounts to arrive at the invoice amount to be remitted to the STATE for the billing month. Redeemed food instrument data validating the accuracy of the invoice amount will be provided upon request.
3. Apply a percentage discount rate derived from quarterly reviews of partial redemption data. One quarter of partial redemption data will be used to determine the percentage discount. Information supporting this percentage will be provided

to the manufacturer by October 31, of each contract year. The percentage discount will be applied to each monthly invoice for the applicable contract year unless the manufacturer requests a further review prior to November 15th of each contract year. The rate will be calculated and adjusted on an annual basis throughout the contract and each renewal period if applicable. The percentage discount due to partial redemption will be applied to the October rebate invoice each year.

The percentage discount rate is computed as follows:

- a. Adjust the invoice amount to be remitted by the State based upon a partial redemption methodology using redeemed food instrument data for 12.1 - 13 ounce liquid concentrate and 12 - 14.7 ounce powdered containers of standard milk and soy based infant formulas.
 - b. The expected total dollar amount of the redeemed infant formula food instrument will be calculated based upon the most current price survey of the vendor redeeming the food instrument, and the number of containers listed on the food instrument.
 - c. Any dollar amount for infant cereal or juice will be deducted from the cost of the food instrument.
 - d. The expected total dollar amount will be compared to the dollar amount listed on the redeemed food instrument by the vendor. If the redeemed amount is less than the calculated food instrument amount, by greater than the value of three cans of concentrate formula or one can of powdered formula, that food instrument will be flagged as a potential adjustment. NOTE: Some transactions which appear as partial redemptions may be omitted in the analysis for documented instances of cashiers reversing the paid amounts on infant/child food instruments.
 - e. The State will calculate a percentage of partial redemptions to total redemptions for the analysis period, and this percentage discount will be applied to the monthly billing invoice.
4. This methodology for calculating the partial redemption will be applied to the first rebate invoice of the first contract year regardless of the manufacturer before and after October 1, 2012.

NOTE: The WIC food instruments are valid for deposit up to 60 days after the First Day to Use. Monthly claims will be invoiced based on redemption month. This means that monthly rebate invoices may contain redemptions for previous months to include months in a previous fiscal year.

NOTE: Monthly rebate invoices may contain early redemptions. The STATE has a process for addressing early redemptions that does not include withholding benefits therefore manufacturer will be expected to pay a rebate for early food instrument redemptions.

B. Payment Procedures:

On a monthly basis, the STATE shall issue a formula rebate invoice. Payment due to the STATE shall be based on the number of containers listed on the redeemed food instruments during the current billing period. The rebate shall be multiplied by the

number of containers listed on the redeemed food instruments to determine the rebate amount due the STATE. A partial redemption factor will be applied to the total amount as defined in Section IV, Methodology of Invoice Remittance.

As supporting documentation to this invoice, the STATE will submit a formula purchased report with the invoice.

Upon verification that the manufacturer has received the invoice, the STATE will submit a formula detail report as an electronic file. This file will contain:

1. Formula name
2. Clinic code from where the formula was issued
3. Units of formula issued
4. Redeemed date
5. First day to redeem the food instrument
6. Food instrument redemption amount
7. Local agency, county name, and clinic name for the clinic issuing the food instrument

The following steps outline the procedures for payment:

1. Upon receipt of the STATE'S monthly invoice the manufacturer shall pay the STATE within thirty (30) days by means of an electronic funds transfer. Late payment of monthly invoice amount will result in manufacturer paying interest penalties to the STATE in the amount of 1% per working day of the invoiced amount. The STATE will use all funds received from the invoiced billings for food costs per WIC Regulations.
2. During the fourth quarter of each fiscal year, the STATE may prepare an invoice for an advance payment based on the most recent month's actual number of containers billed to the manufacturer. Such invoice(s) shall be invoiced approximately thirty (30) calendar days earlier than the normal invoice date for such invoice. Such advance invoice(s) shall be remitted by the manufacturer to the STATE within fifteen (15) calendar days from receipt by the manufacturer of the STATE'S advance invoice(s). The manufacturer shall be entitled to a non-refundable discount of 1% for each month that such rebate is remitted before its normal payment due date. If rebate payments are made portions of a month early, such discount shall be proportioned based on the fraction of a month that the payment is advanced.
3. The manufacturer shall notify the STATE of any dispute or error in the rebate invoice within ninety (90) days of receipt by manufacturer. If the manufacturer misses the deadline, any requirement to return funds to the manufacturer as a result of a dispute or over a billing error is waived.
4. All disputes must be settled by closeout of the fiscal year in which the dispute occurred.
5. The manufacturer shall not withhold any rebate payments under any circumstances.
6. If an over billing error occurs, the STATE must make every effort to validate.

7. Upon resolution of the dispute, the STATE will promptly disburse any funds due to the manufacturer.
8. The manufacturer is responsible for meeting via phone or in person on a quarterly basis with the STATE to discuss products as well as any issues regarding billing procedures.

V. BID FORMAT AND CONTENT

The bid response shall provide a concise description of the manufacturer's capabilities to satisfy the requirements of this invitation to bid. Emphasis shall be on completeness and clarity of content.

There is no intent to limit the contents of this bid to prohibit the inclusion of any additional information a manufacturer deems pertinent. Each bid must be in sufficient detail to permit understandable and comprehensive evaluation of the technical and cost components.

The bid submitted shall contain at least the following two indicated sections. These will be used to evaluate bids received. The award will be based on the manufacturer which passes the technical component and whose rebate per can yields the lowest net cost to the STATE.

A. Technical Component

1. This section shall contain a copy of the manufacturer's latest annual report, annual financial report and/or Dunn and Bradstreet's current rating. Other sources of "financial information" may be provided to permit the STATE to be satisfied with the manufacturer's financial stability.
2. A brief narrative in which the products being quoted are described.
3. This section shall describe the manufacturer's plans and approach for accomplishing the tasks described in Scope of Bid. Describe the current distribution network in the State of Alabama. Include a list of distributors who carry the manufacturer's infant formula product line as well as their addresses and phone numbers.
4. The Technical Component requirement will be evaluated only on a pass/fail basis.
5. The Technical Component will provide the necessary information to determine the financial and infrastructure capability to produce and distribute infant formula based on current caseload and to meet STATE's requirements for operating a retail food delivery system.

B. Cost Component

1. Manufacturer must provide their nationally published lowest national wholesale price per container for iron-fortified milk-based 12.1 -13 ounce liquid concentrate, 12-14.7 ounce powdered, and 32-33.8 ounce ready-to-feed infant formula as of the date bids must be submitted which is May 8, 2012.
2. Manufacturer will also write a rebate amount and compute a net amount for each

of the products indicated. The cost component will be analyzed and based on a standardized number of ounces using the evaluation tool labeled Attachment A. Bidders should request an electronic copy to complete the analysis of Attachment A.

VI. ANALYSIS OF BID

Each bid will be analyzed and award made to the manufacturer who:

1. Passes the Technical Component criteria;
2. Provides the lowest net cost per container to the STATE on iron-fortified milk based 12.1 - 13 ounce liquid concentrate, 12 - 14.7 ounce powdered, and 32 - 33.8 ounce ready-to-feed infant formula as provided on page 14 of the manufacturer's Bid and Certification; and
3. Agrees to other conditions as set forth in sections IV, VII, XI, and XII of the Invitation to Bid.

VII. TERMS AND CONDITIONS

The manufacturer's bid must be in the form and detail specified in this invitation to bid:

1. All manufacturers shall submit one typed original and two copies of the bid.
2. Late bids will not be considered under any circumstances. Late bids properly identified will be returned to the manufacturer unopened.
3. The award will be based on the manufacturer which passes the technical component and where rebate per can yields the lowest net cost to the STATE.
4. Electronic transmissions, including data faxes are not acceptable.
5. Rebate amounts must be submitted as a specific dollar and cent amount (extend to four (4) decimal places) or the bid will be disallowed.
6. Bid shall be signed by a manufacturer representative with the authority to commit the manufacturer to the bid.

Any contract resulting from this Invitation to Bid may be canceled by the STATE giving thirty (30) days written notice of intent to cancel as of a specific date.

Manufacturers must provide 12 month advance written notice of intent to cancel the contract resulting from the Invitation to Bid.

Any questions and comments concerning this Invitation to Bid shall be directed in writing to the STATE for receipt no later than 5:00 p.m.; CST, April 16th, 2012. Submit to:

Carolyn J. Battle, Director
Division of WIC
Alabama Department of Public Health
The RSA Tower, Suite 1300
201 Monroe Street
Montgomery, AL 36104
Carolyn.battle@adph.state.al.us

All questions will receive a response in writing which will be sent to all companies who were sent the ITB. Based on the evaluation of any questions received, STATE may issue an extension in the bid opening date, provide modifications to the Invitation to Bid, and if necessary, provide written responses to questions at that time. However, at this time, STATE is not anticipating any further extension in the bid opening or any additional modifications in the requirements or specifications included in the Invitation to Bid. Only information supplied by the STATE in writing or contained herein shall be used in preparing manufacturer's bid.

VIII. BID DUE DATE

All bids must be received no later than noon, CST, May 8, 2012. Submit bids to:

State of Alabama
Division of Purchasing
RSA Union Building
100 North Union St., Suite 192
Montgomery, AL 36130

IX. OPENING OF BIDS

The bids will be publically opened at 2:00 p.m., CST, on May 8, 2012, in the RSA Union Building, 100 North Union Street, Suite 192, Montgomery, AL. The STATE reserves the right to reject all bids. Bids will not be awarded until both the technical and cost components have been evaluated.

X. NOTICE OF AWARD

Successful manufacturer will receive a notice of contract award by approximately May 30, 2012.

XI. CONTRACT PROVISIONS

The following are the terms and conditions of the contract the STATE will require. In addition to these terms and conditions, manufacturer shall meet all requirements as specified in Section II, Scope of Bid, Part A.

A. Return of Signed Contract:

Manufacturer's failure to return a signed contract, by certified mail, within 14 calendar days of receipt may, at the option of the STATE, result in awarding the contract to another vendor.

B. Contract Inclusions

The contract shall include all pertinent information resulting from contract negotiations, which are to become a part of the contract. In addition, the contract document shall name and include as part of the contract by reference thereto, the documents listed below:

1. The ITB as issued, plus all addenda, amendments, and/or written clarifications.
2. All documents included by reference in the ITB.

3. The executed contract, and all documents included by reference, shall constitute the entire agreement. In case of any conflicts between the various included documents, the contract shall govern over all other documents. In case of conflicts between the ITB or the addenda/amendments and the bid, the ITB and the addenda/amendments shall govern. Those areas where the proposal exceeds the requirements of this contract, the ITB and the addenda/amendments to the ITB shall not be considered conflicts.

C. Contract Period

This contract will be for the period October 1, 2012, through September 30, 2015; with the possibility two extend the bid agreement for an additional two years. It is expressly understood this contract is conditional upon appropriations and funding from the Government of the United States; should such funding be discontinued, this contract will terminate immediately. This contract shall not be binding upon the parties until it is approved by the STATE and its officials and a copy of said approved contract provided to the manufacturer. This contract shall not be construed to create a debt against the State of Alabama in violation of Section 213 of the Constitution of Alabama 1901.

D. Clauses:

CLOSEOUT CLAUSE. Contractor acknowledges that under the terms of the grant received by the Department from Federal sources including general Federal grants practices and procedures, the Contractor herein must submit all invoices or other demands for payment hereunder by a date which allows the Department to finalize and submit a financial status report to the granting Federal agency. For purposes of this Contract, that date is Invoice Due date Invoices or demands for payment received after that date for work and labor performed cannot be paid and are forfeit.

DISCRIMINATION CLAUSE. Contractor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, creed, color, religion, national origin, age, sex, or disability, as defined in the above laws and regulations. Contractor shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with the Rehabilitation Act of 1973 or the Americans With Disabilities Act of 1990.

GOVERNOR'S PRORATION CLAUSE. It is agreed that the Department may terminate this Contract by giving thirty (30) day written notice to Contractor should the Governor of Alabama declare proration of the fund from which payment under this Contract is to be made. This termination for cause is supplemental to other rights the Department may have under this Contract or otherwise to terminate this Contract

AMENDMENT CLAUSE. This Contract may be amended only by mutual agreement in writing, signed by Department and Contractor, and processed through and approved by all necessary authorities.

STANDARD OF PRACTICE CLAUSE. Contractor agrees to observe and comply at all times with all Federal and State laws and rules in effect during the term of this Contract which in any manner affect performance under this Contract. Contractor agrees to perform services consistent with customary standard of practice and ethics in the profession.

ASSIGNMENT CLAUSE. The rights, duties, and obligations arising under the terms of this Contract shall not be assigned by any of the parties hereto without the written consent of all other parties.

ENTIRE AGREEMENT CLAUSE. This Contract contains the entire agreement of the parties and there are no other agreements, verbal or written, affecting this Contract that have not been incorporated herein or attached hereto.

SEVERABILITY CLAUSE. Each provision of this Contract is intended to be severable. If any term or provision of this Contract is illegal or invalid for any reason whatsoever, said illegality or invalidity shall not affect the legality or validity of the remainder of this Contract.

HEADINGS CLAUSE. Headings in this Contract are for convenient reference only and shall not be used to interpret or construe the provisions of this Contract.

DO NOT WORK CLAUSE. Contractor acknowledges and understands that this Contract is not effective until it has received all requisite State government approvals and Contractor shall not begin performing work under this Contract until notified to do so by the Department. Contractor is entitled to no compensation for work performed prior to the effective date of this Contract

EMERGENCY CANCELLATION CLAUSE. Notwithstanding any other provision of this Contract, upon the issuance of a Declaration of Financial Necessity by the State Health Officer, this Contract may be canceled immediately upon notice of such cancellation being given in writing to the Contractor. Notwithstanding such cancellation, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

FINANCIAL NECESSITY CLAUSE. All terms and conditions of this Contract notwithstanding, the parties agree that upon the issuance of a Declaration of Financial Necessity by the State Health Officer, the maximum amount payable under this Contract may be unilaterally reduced by the Department to an appropriate amount to be determined by the Department upon notice of such being given in writing to the Contractor. Notwithstanding such reduction, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

DEBT OF STATE CLAUSE. It is agreed that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article XI, Section 213 of the Constitution of Alabama of 1901, as amended by Amendment Number 26. It is further agreed that if any provision of this Contract shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the Contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this

Contract shall be limited to the filing of a claim with the Board of Adjustment for the State of Alabama.

DISPUTES. For any and all disputes arising under the terms of this Contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through mediators approved by the State of Alabama or where appropriate, private mediators

MERIT SYSTEM CLAUSE. Contractor shall not be entitled to receive any benefits under this Contract that merit system employees receive by virtue of their status or employment, nor may Contractor nor any of its officers, agents, servants or employees be employed as a merit system employee during the term of this Contract. Any such employment automatically voids this Contract

HOLD HARMLESS CLAUSE. Contractor hereby indemnifies and holds harmless the State of Alabama and the Department and their officers, agents, servants, and employees from any and all claims arising out of acts or omissions committed by the Contractor or any Subcontractor, agent, servant or employee of Contractor while in performance hereunder.

FUND APPROPRIATION CLAUSE. It is agreed that the Department may terminate this Contract by giving thirty (30) days written notice to Contractor should the Legislature of Alabama fail to appropriate funds for the continued payment of this Contract. This termination for cause is supplemental to any other rights Department may have under this Contract or otherwise to terminate this Contract.

TOBACCO SMOKE CLAUSE. Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor facility routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to one-thousand dollars (\$1000) per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this Contract the Contractor certifies that it will comply with the requirements of the Act.

The Contractor further agrees that it will require the language of this certification be included in any sub-awards which contain provisions for the children's services and that all Subcontractors shall certify accordingly.

LOBBYING CLAUSE. The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member

of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than ten-thousand dollars (\$10,000) and not more than one-hundred-thousand dollars (\$100,000) for each such failure.

DEBARMENT, SUSPENSION CLAUSE. For the purposes of this clause, "prospective lower tier participant" or "lower tier participant" refers to the Contractor or Grantee or Sub-grantee herein.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it

will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under sub-paragraph 5 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

RECORD RETENTION. The manufacturer shall maintain documentation of all payments made to the STATE under this contract. The books, records, and all documents of the manufacturer, insofar as they relate to work performed or money remitted under this contract, shall be maintained for a period of five full years from the date of the final payment and until all other pending matters related to the contract are closed. All records shall be subject to audit, at any reasonable time and upon reasonable notice, by the STATE or the office of the Examiners of Public Accounts, USDA, The Comptroller General of the United States, and the Alabama Department of Public Health, Office of Program Integrity, or their duly appointed representatives.

AVAILABILITY OF FINANCIAL STATEMENTS. All records and financial statements, to include a copy of the independent audit report, shall be made available to authorized personnel from the State or Federal Program Office, the Examiners of Public Accounts or their representatives, for audit and inspection purposes.

Where there is an apparent conflict among the Contract documents which cannot be resolved by interpretation, this document controls.

ALABAMA WIC INFANT FORMULA REBATE
INVITATION TO BID
OPENING DATE MAY 8, 2012

XII. BID AND CERTIFICATION

The undersigned certifies as follows:

1. That the manufacturer has read and understands all requirements and specifications of this invitation to bid.
2. That the manufacturer agrees to all requirements, specifications, terms, and conditions of this invitation to bid.
3. That the manufacturer will furnish the designated item(s) and/or service(s) as quoted in their bid.
4. The bid price was arrived at independently without collusion, consultation or communication with any other bidder or competitor;
5. The said bid price was not disclosed by the bidder and was not discussed prior to the submission, directly or indirectly, to any other bidder or to any competitor; and
6. No attempt was made by the bidder to induce any other person, partnership, or corporation to submit a bid restricting competition.
7. Contractor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable federal and state laws, rules and regulations.
8. The manufacturer shall obey all applicable federal and STATE licensing and certification requirements. The manufacturer shall comply with all applicable federal regulations in the performance of its duties under this contract. This shall include all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act 42 U.S.C. 1875 (h) Section 508 of the Clean Air Act (33 U.S.C. 1368), Executive Order 11738, and the Environmental Protection Agency regulations (40 CFR part 15), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. The manufacturer shall report violations to the STATE and the U.S.E.P.A. Assistant Administrator for Enforcement (EN-329).

ALABAMA WIC INFANT FORMULA REBATE
INVITATION TO BID
OPENING DATE MAY 8, 2012

9. The manufacturer warrants that no part of any rebate provided herein shall be paid directly or indirectly to any officer or employee of the STATE of Alabama as wages, compensation, or gifts in exchange for acting as officer, agent, employee, sub-contractor, or consultant to the manufacturer in connection with any work contemplated or performed relative to the bid.
10. The bidder hereby certifies that the company is registered under the Food, Drug and Cosmetic Act with the United States Department of Health & Human Services and its products are in compliance with Federal regulations issued pursuant to P.L. 100-137. Bids for all physical forms of formula must meet the requirements of 246.10 (e) (1)(iii) and 246.10(e)(2)(iii) and be suitable for the routine issuance to the majority of generally healthy, full term infants.
11. Each infant formula product to be supplied under the terms of the contract complies with the Federal Food, Drug, and Cosmetic Act.
12. The Bidder certifies that the company can and will supply the quantities of infant formula offered to meet one hundred percent (100%) of the WIC Program's needs in all geographic areas.
13. The BIDDER, being an independent contractor and not an employee of the STATE agrees to carry adequate public liability and other appropriate forms of insurance, and to pay all taxes incident hereto.
 - a. If self-insured, the BIDDER shall provide to the STATE a certified statement which summarizes its self insurance plan at the time this contract is submitted for approval, and report any changes of said plan which may occur during the term of this contract period.
 - b. The State shall have no liability to pay the Contract Bank except as specifically provided in this contract.
14. The STATE shall have no liability except as specifically provided in this invitation to bid.
15. Manufacturer certifies all items quoted represent the products of the manufacturer.
16. The manufacturer has read and will comply with the list of contract provisions and clauses which begin on page 13 of this ITB

ALABAMA WIC INFANT FORMULA REBATE
INVITATION TO BID
OPENING DATE MAY 8, 2012

XIII. PARTICIPATION PER MONTH and ESTIMATED CONTAINERS

Based upon a (6) six month average (September 2011 through February 2012) of the most current data available at time of the ITB announcement. These figures are only an estimate, as the STATE provides no guarantee of the quantity, type, or physical form that will be used under a new contract. The participation numbers exclude infants that are solely breastfed and infants that are issued exempt infant formula. The participant and infant formula usage data does not necessarily reflect the actual issuance and redemption that will occur under this contract. Additionally the STATE does not guarantee the quantity, type, or physical forms that will be used under a new contract.

	<u>CONTAINERS</u> (Avg. per Month)	<u>PARTICIPATION</u> (Avg. per Month)
13 oz. Concentrate milk base formula with iron	<u>88,467</u>	<u>3,203</u>
13 oz. Concentrate soy base formula with iron	<u>26,061</u>	<u>921</u>
13 oz. Concentrate Lactose free milk base with iron	<u>60,644</u>	<u>2,121</u>
Powder milk base formula with iron container size: 12, 12.9, or 14.3 oz.	<u>93,616</u>	<u>11,355</u>
Powder soy base formula with iron container size: 12, 12.9, or 14.3 oz.	<u>21,204</u>	<u>2,559</u>
Lactose free milk base powder with iron container size: 12, 12.9, or 14.3 oz.	<u>58,138</u>	<u>6,980</u>
32 oz. ready-to-feed milk base formula with iron	<u>324</u>	<u>13</u>
32 oz. ready-to-feed soy base formula with iron	<u>208</u>	<u>8</u>
32 oz. ready-to-feed lactose-free milk base formula with iron	<u>538</u>	<u>22</u>

WIC Infant Formula Rebate Cost Component Calculation Sheets

State Agency
WIC Infant Formula Rebate—Bid Sheet, Page 1 of 2

CARRY ANY NUMBERS WITHIN TO DECIMAL PLACES

Instructions: Enter manufacturer's name, product name, UPC code, powdered unit size, powdered reconstituted ounce per unit, lowest wholesale full truckload price per unit and rebate bid per unit in the chart below. For liquid concentrate and RTP, fill out the row that corresponds to the unit size of the infant formula the bidder is submitting a bid.
Data entry fields are in bold in yellow sections. Use the tab or arrow keys to move between fields. Fill in only one unit size for each physical form.
Calculations will be performed automatically within the spreadsheet in Page 2.
Sign and Notarize this page.

Manufacturer: _____

Physical Form	Product Name Being Bid	UPC Code	Unit Size (in Ounces)	Reconstituted Ounces Per Unit	Lowest Wholesale Full Truckload Price Per Unit	Rebate Bid Per Unit	Net Cost	Percent Rebate
Powdered			0.0	0.0	0.000	0.000	\$0.000	#DIV/0!
Liquid Concentrate			13.0	28.0	0.000	0.000	\$0.000	#DIV/0!
Liquid Concentrate*			12.1	24.2	0.000	0.000	\$0.000	#DIV/0!
Ready-to-Feed			32.0	32.0	0.000	0.000	\$0.000	#DIV/0!
Ready-to-Feed**			13.8	33.8	0.000	0.000	\$0.000	#DIV/0!

*Based on Policy Memo 2011-6

**No assurance is given as to any minimum or maximum number of infant participants. Likewise, no assurance are provided on the quantity, type, or physical forms that will be issued under the agreement that will become a result of this invitation to Bid

Certification

The bidder hereby certifies that the company is registered under the Food, Drug and Cosmetic Act with the United States Department of Health & Human Services and its products are in compliance with Federal regulations issued pursuant to P.L. 100-137. Bids for all physical forms of formula must meet the requirements of 248.10 (e) (i)(ii) and 248.10(e)(2)(ii) and be suitable for the routine issuance to the majority of generally healthy, full term infants.

Each infant formula product to be supplied under the terms of the contract complies with the Federal Food, Drug, and Cosmetic Act:

The Bidder certifies that the company can and will supply the quantities of infant formula offered to meet one hundred percent (100%) of the WIC Program's needs in all geographic areas.

Signature _____ Date _____
Notarized Signature: _____
Seal/Date: _____

Bidders should request an electronic copy of this attachment.

WIC Infant Formula Rebate Cost Component Calculation Sheets

Invitation to Bid WIC Infant Formula Rebate—Bid Sheet, Page 2 of 2

ALL FIGURES TO AT LEAST THREE (3) DECIMAL PLACES*

All cells highlighted green will automatically populate from bidder's data entered into Page 1**

Physical Form, Product Name, and Unit Size	Equivalent Unit Change Per Unit	Infant Age Range	Number of Infants Under 24 Months per Month	Estimated Average % of Total Form Based on Historical Average*	Total Monthly Formulated Change to Bid	Total Monthly Cost	Change Per Unit	Cost/Unit Per Unit	Total Form Cost
High Protein Infant Formula									
Standard Infant Formula									
High Protein Infant Formula									
Standard Infant Formula									
High Protein Infant Formula									
Standard Infant Formula									
High Protein Infant Formula									
Standard Infant Formula									
High Protein Infant Formula									
Standard Infant Formula									
High Protein Infant Formula									
Standard Infant Formula									
High Protein Infant Formula									
Standard Infant Formula									

* Based on six months of the most recent data available
** Excludes those infants exclusively breastfed or breast exempt infant formula

Bidders should request an electronic copy of this attachment.

ATTACHMENT A Continued

We agree to furnish the above at the prices shown and guarantee that each item offered will meet or exceed all specifications, terms, conditions, and requirements listed herein.

We agree to the terms, conditions, and specifications as set forth in the Invitation to Bid.

We hereby affirm we have not been in any agreement or collusion among respondents or prospective respondents in restraint of freedom of competition by agreement to respond at a fixed price or to refrain from responding or otherwise.

Authorized Signature (ink)

Manufacturer Name

Typed Authorized Name

Mailing Address

Title of Authorized Person

City, State, Zip Code

FEIN #

Telephone No. (including Area Code)

Fax No. (including Area Code)

Personally appeared before me and sworn to and subscribed before me this ____ day
of _____, 2012.

Notary Public

AL Formula Purchased Report for Rebate

Report Date: 05/13/2015

Alabama WIC

Data Updated: 5/13/2015

Date Range: 04/01/2015 - 04/30/2015

RDD: AL Formula Purchased Report

Clinic(s): All

Issue Type	Participant Count	Infant Count	Description	Can Count
CLINIC ISSUED	2	0	Boost Breeze (8 oz. Ready to Feed)	153
	5	0	Boost Kid Essentials 1.0 (8.25 oz. Ready to Feed)	426
	12	0	Boost Kid Essentials 1.5 KCal (8 oz Ready to Feed)	895
	1	0	Boost Kid Essentials 1.5 with Fiber (8 oz. RTF)	113
	11	0	Bright Beginnings Soy Pediatric (8 oz. RTF)	739
	1	0	Calcilo-XD (13.2 oz. Powder)	2
	1	1	Cyclinex-1 (14.1 oz. Powder)	3
	5	0	E028 Splash (8 oz. Ready to Feed)	350
	128	126	EleCare Infant DHA/ARA (14.1 oz. Powder)	962
	12	0	EleCare Junior Unflavored (14.1 oz. Powder)	126
	35	0	EleCare Junior Vanilla (14.1 oz. Powder)	406
	6	5	Enfamil 24 (2 oz. Ready to Feed)	2,038
	66	50	Enfamil AR (12.9 oz. Powder)	320
	11	11	Enfamil EnfaCare (12.8 oz. Powder)	68
	6	6	Enfamil EnfaCare (2 oz. Ready to Feed)	2,384
	3	2	Enfamil EnfaCare (32 oz. Ready to Feed)	51
	4	4	Enfamil Premature 24 (2 oz. Ready to Feed)	1,196
	5	5	Enfamil Premature 24 KCal High Protein (2 oz. RTF)	1,645
	1	0	Enfaport (6 oz. Ready to Feed)	100
	1	1	Microlipid (3 oz. Ready to Feed)	3
	22	21	Neocate Infant with DHA & ARA (14.1 oz. Powder)	159
	10	0	Neocate Junior (14 oz. Powder)	127
	1	0	Neocate Junior with Prebiotics (14 oz. Powder)	12
	2	1	Nutramigen (13 oz. Concentrate)	44
	21	0	Nutramigen Enf LGG Toddler(12.6 oz. Pwd)	178
	19	16	Nutramigen Enflora LGG (12.6 oz. Powder)	98
	1	0	Nutren Junior with Fiber (8.45 oz. Ready to Feed)	107
	221	0	PediaSure (8 oz. Ready to Feed)	1,482
	23	0	PediaSure 1.5 (8 oz. Ready to Feed)	1,819
	9	1	PediaSure 1.5 with Fiber (8 oz. Ready to Feed)	821
	2	0	PediaSure Enteral (8 oz. Ready to Feed)	173
	26	0	PediaSure Peptide 1.0 (8 oz. Ready to Feed)	2,135
	4	0	PediaSure Peptide 1.5 KCal (8 oz. Ready to Feed)	376
	19	0	PediaSure with Fiber (8 oz. Ready to Feed)	364
	1	0	PediaSure with fiber Enteral (8 oz Ready to Feed)	113
	1	0	Peptamen Junior (8.45 oz. Ready to Feed)	90
	2	0	Peptamen Junior 1.5 (8.45 oz. Ready to Feed)	188

AL Formula Purchased Report for Rebate

Report Date: 05/13/2015

Alabama WIC

Data Updated: 5/13/2015

Date Range: 04/01/2015 - 04/30/2015

RDD: AL Formula Purchased Report

Issue Type	Participant Count	Infant Count	Description	Can Count
CLINIC ISSUED	4	3	Phenex-1 (14.1 oz. Powder)	15
	4	0	Phenex-2 (14.1 oz. Powder)	25
	1	0	Phenylade Essential Drink Mix (1 lb. can)	9
	3	3	Pregestimil (16 oz. Powder)	21
	4	4	Pro-Phree (14.1 oz. Powder)	13
	1	1	Propimex-1 (14.1 oz. Powder)	1
	8	8	PurAmino (14.1 oz. Powder)	58
	1	1	RCF Ross Carbohydrate Free 13 oz Concentrate	34
	296	286	Similac Advance (12.4 oz. Powder)	1,495
	34	32	Similac Advance (13 oz. Concentrate)	503
	35	29	Similac Expert Care Alimentum (16 oz. Powder)	158
	1	0	Similac Expert Care for Diarrhea (32 oz. RTF)	6
	17	16	Similac Expert Care Neosure (13.1 oz. Powder)	96
	11	11	Similac PM 60/40 (14.1 oz. Powder)	73
	151	120	Similac Soy Isomil (12.4 oz. Powder)	689
	15	10	Similac Soy Isomil (13 oz. Concentrate)	224
	21	20	Similac Special Care 24 KCal (2 oz. Ready to Feed)	6,836
	1	0	Super SolubleDuocal (14 oz. Powder)	2
	1	0	Vivonex Pediatric (1.7 oz. Packet)	36
	1,309	794		30,560

AL Formula Purchased Report for Rebate

Report Date: 05/13/2015

Alabama WIC

Data Updated: 5/13/2015

Date Range: 04/01/2015 - 04/30/2015

RDD: AL Formula Purchased Report

Issue Type	Participant Count	Infant Count	Description	Can Count
FI ISSUED	10	0	Boost (8 oz. Ready to Feed)	533
	2	0	Boost Kid Essentials 1.0 (8.25 oz. Ready to Feed)	105
	29	27	EleCare Infant DHA/ARA (14.1 oz. Powder)	115
	6,393	6,261	Enfamil AR (12.9 oz. Powder)	26,042
	1	1	Enfamil AR (32 oz. Ready to Feed)	5
	513	509	Enfamil EnfaCare (12.8 oz. Powder)	2,194
	11	0	Ensure (8 oz. Ready to Feed)	492
	2	0	Glucerna (8 oz. Ready to Feed)	66
	86	80	Nutramigen (13 oz. Concentrate)	1,183
	1	1	Nutramigen (32 oz. Ready to Feed)	12
	39	29	Nutramigen Enf LGG Toddler(12.6 oz. Pwd)	186
	1,782	1,723	Nutramigen Enflora LGG (12.6 oz. Powder)	7,661
	1,403	15	PediaSure (8 oz. Ready to Feed)	69,058
	3	0	PediaSure 1.5 (8 oz. Ready to Feed)	138
	1	0	PediaSure 1.5 with Fiber (8 oz. Ready to Feed)	48
	3	0	PediaSure Enteral (8 oz. Ready to Feed)	180
	115	0	PediaSure with Fiber (8 oz. Ready to Feed)	5,716
	3	3	Pregestimil (16 oz. Powder)	12
	35,257	35,205	Similac Advance (12.4 oz. Powder)	141,313
	3,122	3,113	Similac Advance (13 oz. Concentrate)	44,128
	30	30	Similac Advance (32 oz. Ready to Feed)	378
	3,041	2,935	Similac Expert Care Alimentum (16 oz. Powder)	9,845
	46	43	Similac Expert Care Alimentum(32 oz Ready to Feed)	541
	1,282	1,237	Similac Expert Care Neosure (13.1 oz. Powder)	6,056
	13	13	Similac Expert Care Neosure (32 oz. Ready to Feed)	163
	10,258	10,159	Similac Soy Isomil (12.4 oz. Powder)	41,545
	1,404	1,386	Similac Soy Isomil (13 oz. Concentrate)	19,332
	11	11	Similac Soy Isomil (32 oz. Ready to Feed)	135
	1	1	Similac Soy Isomil (8 oz. Ready to Feed)	5
	64,862	62,782		377,187
State Totals	66,171	63,576		407,747

**Alabama Department of Health
201 Monroe Street
Montgomery, Alabama 36130-3017**

Abbott Nutrition
3300 Stelzer Road
Department 106711, PP 2-2
Columbus, Ohio 43219

Account #: 701510BB22

05/13/2015

WIC INFANT FORMULA REBATE FOR PURCHASES MADE IN April 2015

Month Issued		Number of Cans Redeemed	Redemption Rate	Redemption Value
Jan 2015	Similac Soy Isomil (12.4 oz. Powder)	2	12.9618	\$25.92

		2		\$25.92

Feb 2015	Similac Advance (12.4 oz. Powder)	334	12.4500	\$4,158.30
Feb 2015	Similac Advance (13 oz. Concentrate)	112	3.9500	\$442.40
Feb 2015	Similac Soy Isomil (12.4 oz. Powder)	79	12.9618	\$1,023.98
Feb 2015	Similac Soy Isomil (13 oz. Concentrate)	104	4.2538	\$442.40

		629		\$6,067.08

March 2015	Similac Advance (12.4 oz. Powder)	46864	12.4500	\$583,456.80
March 2015	Similac Advance (13 oz. Concentrate)	14837	3.9500	\$58,606.15
March 2015	Similac Advance (32 oz. Ready to Feed)	136	2.0750	\$282.20
March 2015	Similac Soy Isomil (12.4 oz. Powder)	12678	12.9618	\$164,329.70
March 2015	Similac Soy Isomil (13 oz. Concentrate)	6042	4.2538	\$25,701.46
March 2015	Similac Soy Isomil (32 oz. Ready to Feed)	40	2.4200	\$96.80

		80597		\$832,473.11

April 2015	Similac Advance (12.4 oz. Powder)	94089	12.4500	\$1,171,408.05
April 2015	Similac Advance (13 oz. Concentrate)	29179	3.9500	\$115,257.05
April 2015	Similac Advance (32 oz. Ready to Feed)	242	2.0750	\$502.15
April 2015	Similac Soy Isomil (12.4 oz. Powder)	28772	12.9618	\$372,936.91
April 2015	Similac Soy Isomil (13 oz. Concentrate)	13186	4.2538	\$56,090.61
April 2015	Similac Soy Isomil (32 oz. Ready to Feed)	95	2.4200	\$229.90
April 2015	Similac Soy Isomil (8 oz. Ready to Feed)	5	3.7450	\$18.73

		165568		\$1,716,443.39

Month Issued		Number of Cans Redeemed	Redemption Rate	Redemption Value
May 2015	Similac Advance (12.4 oz. Powder)	26	12.4500	\$323.70
May 2015	Similac Soy Isomil (12.4 oz. Powder)	14	12.9618	\$181.47

		40		\$505.17

	Invoice Total	246,836		\$2,555,514.67

	Partial Redemption Adjustment .0018			\$4,599.93
	Adjusted Amount Due			\$2,550,914.74

I certify that the above invoice is due, correct, and unpaid.

Please make check payable to:
Alabama Department of Public Health, Finance Branch
Attn: Joseph Osenton
201 Monroe Street
Montgomery, Alabama 36130

Amanda Martin, Director
Division of WIC
Bureau of Family Health Services

Sworn to and subscribed before me this _____ day
of _____ 20 _____.

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

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

Primary Contract Infant Formula				
Product/Unit Size	Manufacturer	Rebate/Unit	Net price/Unit	% WS Discount
Liquid Concentrate				
Milk-Based	Abbott			
Soy-based*	Abbott			
Powder				
Milk-based	Abbott			
Soy-based*	Abbott			
Ready to Feed				
Milk-Based	Abbott			
Soy-based*	Abbott			
Exempt Formula (If applicable)				

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

- 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)(8) & 246.10(e)(1)(iii))

Yes No

The percent of infants receiving each type of formula is estimated at:

Contract 80% _____
Non-contract
 Exempt infant formula 20% _____
 Non-exempt infant formula _____

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

**AL WIC CONTRACT PRICING
ABBOTT NUTRITION
Effective on February 17th, 2014**

MILK-BASED INFANT FORMULA											
SIZE/FORM	PRODUCT NAME	SKU BY UNIT	CURRENT WHOLESALE PRICE PER UNIT	CURRENT REBATE PER UNIT	CURRENT NET COST PER UNIT	NEW WHOLESALE PRICE PER UNIT	INCREASE ADJUSTMENT	NEW REBATE PER UNIT	NEW NET COST PER UNIT	NEW PERCENT DISCOUNT	NEW REBATE POLICY START DATE**
13 oz. Liquid Concentrate	Similac Advance	56974	4.4300	3.9500	0.4800	4.4300	-	3.9500	0.4800	89.16%	N/A
12.4 oz. Powder	Similac Advance	55958	14.3800	12.4500	1.9300	14.3800	-	12.4500	1.9300	86.58%	N/A
32 oz. Ready To Feed	Similac Advance	53364	5.9800	1.8250	4.1550	6.2300	0.2500	2.0750	4.1550	33.31%	N/A
8 oz. Ready To Feed Bottle	Similac Advance *	58613	10.0000	3.1450	6.8550	10.4200	0.4200	3.5650	6.8550	34.21%	4/1/2014
13 oz. Liquid Concentrate	Similac Sensitive	57536	4.4300	3.9338	0.4962	4.4300	-	3.9338	0.4962	88.80%	3/31/2014- Disco
12.6 oz./12.0 oz. Powder	Similac Sensitive	57541	14.3800	12.3918	1.9882	14.3800	-	12.3918	1.9882	86.17%	4/1/2014
32 oz. Ready To Feed	Similac Sensitive	57534	5.9800	1.6600	4.3200	6.2300	0.2500	1.9100	4.3200	30.66%	5/1/2014
12.3oz./12.0 oz. Powder	Similac for Spit Up	50960	14.9500	12.9618	1.9882	14.9500	-	12.9618	1.9882	86.70%	7/1/2014
32 oz. Ready To Feed	Similac for Spit Up	56731	6.4700	2.1500	4.3200	6.7400	0.2700	2.4200	4.3200	35.91%	12/1/2014
12.6 oz./12.0 oz. Powder	Similac Total Comfort	62600	14.9500	12.7628	2.1872	14.9500	-	12.7628	2.1872	85.37%	6/1/2014
SOY-BASED INFANT FORMULA											
SIZE/FORM	PRODUCT NAME	SKU BY UNIT	CURRENT WHOLESALE PRICE PER UNIT	CURRENT REBATE PER UNIT	CURRENT NET COST PER UNIT	NEW WHOLESALE PRICE PER UNIT	INCREASE ADJUSTMENT	NEW REBATE PER UNIT	NEW NET COST PER UNIT	NEW PERCENT DISCOUNT	NEW REBATE POLICY START DATE**
13 oz. Liquid Concentrate	Similac Soy Isomil	56976	4.7500	4.2538	0.4962	4.7500	-	4.2538	0.4962	89.55%	N/A
12.4 oz. Powder	Similac Soy Isomil	55964	14.9500	12.9618	1.9882	14.9500	-	12.9618	1.9882	86.70%	N/A
32 oz. Ready To Feed	Similac Soy Isomil	55968	6.4700	2.1500	4.3200	6.7400	0.2700	2.4200	4.3200	35.91%	N/A
8 oz. Ready To Feed Bottle	Similac Soy Isomil *	58603	10.1800	3.3250	6.8550	10.6000	0.4200	3.7450	6.8550	35.33%	5/1/2014

New / Updated Items Highlighted in Red

Primary Contract Infant Formulas are shown in **BOLD**

* SKU by pack: 6 units per pack

**Rebates on Similac Sensitive, Similac for Spit Up, and Similac Total Comfort will be paid with medical referral on or after this date.

Similac Advance 8 oz. RTF Bottle and Similac Soy Isomil 8 oz. RTF Bottle will not be WIC eligible on or after this date.

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

3. The State agency's infant formula rebate solicitation/contract contains the following provisions (check all that apply):

- 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. (Section 246.16a(c)(2)(i) & (ii))
- 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. (Section 246.16a(c)(7)(i & ii))
- 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. (Section 246.16a(c)(7)(iv))
- 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.
- 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 periods 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. (Section 246.16a(c)(1)(i))
- The State agency publicly opens and reads all bids aloud on the day the bids are due. (Section 246.16a(c)(1)(ii))
- 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. (Section 246.16a(c)(3))

If single solicitation, State agency serves a monthly average of less than 100,000 infants during preceding 12-month period. (Section 246.16a(c)(2)(ii))

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 (Section 246.16a(c)(3)):

- 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.

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

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

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		
Infant cereal	X	X	X	
Infant Fruit/Veg/Meat	X	X	X	
Whole fresh fluid milk		X		X (LEB)
Lowfat fresh fluid milk		X		X (LEB)
Skim fresh fluid milk		X		X (LEB)
Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify):		X		X (LEB)
Shelf-stable milk (e.g., evaporated milk, UHT, whole/low fat/nonfat dry milk)	X	X		
Cheese		X	X	X (LEB)
Yogurt				
Soy-based beverage	X	X		
Tofu				
Fresh eggs	X	X	X	
Dried egg mix				
Hot cereal	X	X	X	
Cold cereal	X	X	X	
Single strength fruit/vegetable juice	X	X	X	
Concentrated fruit/vegetable juice	X	X	X	
Whole wheat bread	X	X	X	
Other whole grains	X	X	X	
Peanut butter		X		
Dry beans/peas		X	X	
Canned Fish		X	X	
Canned beans/peas				

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): _____

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>	<input checked="" type="checkbox"/> Food instruments and cash-value vouchers paid for issue month
_____	<input type="checkbox"/> Food instruments and cash-value vouchers outstanding for issue month
_____	<input type="checkbox"/> Food instruments and cash-value vouchers that have expired
_____	<input type="checkbox"/> Food instruments and cash-value vouchers that are void/unclaimed

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

VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

3. Rebate Cash Management

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

Actual count of units purchased

Estimate of units purchased (attach methodology)

Other (describe): _____ State reduces the invoice by an "error rate". Error rate is .0018%

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

Other (specify): _____

- d. Monthly invoices are submitted with supporting data.

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):

VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

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

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

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

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): Not applicable

VI. FOOD FUNDS MANAGEMENT

C. Participation Reporting

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

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

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

2. Participation by Priority

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

3. Participation by Local Agency

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

- Yes No

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

CHAPTER VII

CASELOAD MANAGEMENT

VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency:** Alabama for FY 2016

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

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

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

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

D. Benefit Targeting - 246.4(a)(5)(i); (6); (7); (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/cash value benefit 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 mailing and/or email address and telephone number
- If the applicant misses her first certification appointment, an attempt is made to contact her by:
 - Telephone
 - Mail
 - Email
 - Text
- If contact is established, she is offered one additional certification appointment.
- If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
 - Postcard
 - Letter
 - Email
 - Text
- A second appointment is provided upon request from the applicant.

2. Monitoring No-Show Rates

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

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

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

AL WIC Procedure Manual Chp I, Attachment I-I

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) Caseload monitored monthly by State Office. Clinics encouraged to meet or exceed provider to caseload ratio of 1:1300.

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

VII. CASELOAD MANAGEMENT

B. Allocation of Caseload

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

- Yes No

If No, explain why not:

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

- The State agency does not reallocate caseload mid-year
- Same basis as for initial allocation of caseload
- Local agency participation levels
- Local agency high priority participation
- Waiting lists
- Successful special projects
- Other (specify): _____

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):

Local agencies allocated WIC NSA funds based on projected caseload & must develop budget based on allocation; monitored monthly grant review with ADPH Finance to ensure LA not overspending funds. Each expenditure reviewed by WIC Director & Bureau FHS Finance Director

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):

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

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

VII. CASELOAD MANAGEMENT

C. Caseload Monitoring

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

- Manual reports submitted by local agencies
- ADP system-generated reports (If utilized please attach a description of each report and how they are used)
- On-site reviews
- Other (specify): quarterly (or monthly as necessary) reports submitted by Area Nutrition Directors

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:

- Monthly
- Quarterly
- Other (specify): monthly as necessary
- 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 & II 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:

- Foster care agencies
- Protective service agencies
- Child welfare authorities
- Other (specify): See AL WIC Procedure Manual, Chp XV, Attachment 15-2

VII. CASELOAD MANAGEMENT

D. Benefit Targeting

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

- Yes No

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

- Yes No Not Applicable

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

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

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

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

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

VII. 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): social media
-

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

State Agency	Local Agency	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Newspapers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radio
<input type="checkbox"/>	<input type="checkbox"/>	Posters
<input type="checkbox"/>	<input type="checkbox"/>	Letters
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brochures/pamphlets
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Television
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>ADPH website; ADPH WIC Facebook page</u>

VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

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

- English
- Spanish
- Vietnamese
- Tribal Language(s)
- Other (specify): _____

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): local businesses; community organizations including any of above viable in local community

ADDITIONAL DETAIL: Caseload Management Appendix 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, walk-in basis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expedited clinic procedures for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Evening/weekend nutrition education classes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>some clinics offer early evening and Saturday hours when staffing allows</u>

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

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 type="checkbox"/> | <input checked="" type="checkbox"/> | Special clinic hours to accommodate travel time to clinic sites |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use of mobile clinics to rural areas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food instrument/cash value voucher mailing procedures specifically designed for rural participants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 issuance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____ |

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 type="checkbox"/> | <input checked="" type="checkbox"/> | Formal coordination with rural/migrant health centers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Special outreach activities aimed at migrants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Special clinic hours/locations to service migrant populations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Expedited appointment procedures to accommodate migrant families |
| <input 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"/> 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Undertake regular and ongoing outreach to homeless individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____ |

VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

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)

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 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):

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):

No subprioritization permitted Income
 Nutrition risk Age
 Point system
 Special target populations (specify): _____
 Other (specify): _____

5. The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.

Yes
 No, only categorical eligibility established
 No, only categorical and income eligibility established
 No, local agency variation
 Other (specify): _____

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 (telephone and/or pre-certification) with the following information (check all that apply):

- Name
- Address
- Phone number(s)
- Date placed on waiting list
- Category
- Priority
- Nutritional risk
- 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):

CHAPTER VIII

CERTIFICATION/ELIGIBILITY

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

(Please indicate) State Agency: Alabama for FY 2016

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); (11)(i); and 246.7(k):** describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.
- G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 246.4(a)(11)(i); (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):

- No other benefit programs Medicaid
- TANF SNAP
- MCH Other reduced price health care program(s)
- Other (specify): _____

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

2. Residency, Identity and Physical Presence Requirements

a. The State agency requires documentation of residency

- Yes
- Signed statement that documentation of residency information is not available and why (e.g. homeless, theft, fire)
- No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement):

b. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):

- Homeless applicants Institutionalized applicants
- Migrants Indian Tribal Organizations
- None Other (specify): _____

c. The State agency has reciprocal agreements concerning residency with other States

- Yes; list states: _____
 - No
- Describe any reciprocal agreements:

d. The State agency requires proof of identity from each applicant at certification

- Yes
- No (If no, why not?):

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

e. The State agency requires physical presence of the applicant or a valid exception to be documented:

- Yes except for the following condition(s):
 - Applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bed-rest, or serious illness exacerbated by coming in to clinic).
 - Applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.
 - Applicant is an infant under 8 weeks of age who cannot be present at the time of certification (for a reason determined appropriate by the local agency) and for whom all necessary certification information is provided.
 - Applicant is an infant or child who was present at his/her initial certification; was present at certification within the one-year period of the most recent determination; and is under the care of one parent and that parent works, or is under the care of two parents and both work; and that working status presents a barrier to bringing the infant or child in to the WIC clinic.

f. The State agency uses a temporary (up to 30 days) certification for individuals who do not present at least two of necessary proof of income, residency and/or identity documents at the time of application.

- Yes No

3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):

- All pregnant women Pregnant women not visibly pregnant
- Postpartum women Children
- Infants Other (specify): _____

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

4. Income Limits for Eligibility

a. The State agency gross income limit for income eligibility is 185% of the federal income guidelines

- Yes, with no local agency exceptions
- Yes, with local agency variation
- No, with no local agency exceptions (specify State maximum percent of poverty: _____ %)
- No, with local agency variation (specify State maximum percent of poverty: _____ %)

b. The State agency implements income eligibility guidelines concurrently with Medicaid

- Yes No

ADDITIONAL DETAIL: Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual. Certification and Eligibility Appendix and/or Procedure Manual (citation):

WIC Income Eligibility Guidelines
Effective April 20, 2015 – June 30, 2016

Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$21,775	\$1,815	\$908	\$838	\$419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455

Each add'l family

member add + \$7,696

+ \$642

+ \$321

+ \$296

+ \$148

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

c. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in 246.7(d)(2)(vi):

	<u>Poverty Level</u>	
<input checked="" type="checkbox"/> TANF (specify State "percent of poverty")	_____	%Based payment standards & not
<input checked="" type="checkbox"/> SNAPbased on monthly gross income test & monthly net income test according to FNS/SNAP		percentage of poverty level per DHR Office Family Asst.
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)		
<input checked="" type="checkbox"/> Pregnant women and infants	146.00	%
<input checked="" type="checkbox"/> Children	146.00	%
<input checked="" type="checkbox"/> Other categorically eligible women	146.00	%

d. The State agency uses documented eligibility for/participation in other means-tested programs to establish automatic WIC income eligibility (check all that apply and the poverty levels used for each):

	<u>Poverty Level</u>	
<input type="checkbox"/> Free or Reduced-Price School Lunch	_____	%
<input type="checkbox"/> SSI	_____	%
<input type="checkbox"/> Other State-provided health insurance (specify State "percent of poverty" maximum _____ %)	_____	%
<input type="checkbox"/> FDPIR	_____	%
<input type="checkbox"/> Other (specify): _____		

e. Individuals are required to document that they or a family member are certified as eligible to receive TANF, Medicaid, or SNAP benefits or, under the State option, certified as eligible to receive benefits in State-administered programs by providing:

- Program ID card (only if it includes dates of eligibility) or notice of current eligibility
- Documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty). (Program[s]: _____)

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

AL WIC Procedure Manual, Chp III

5. Income Eligibility Documentation

a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State requires (check all that apply):

- Documentation of income information
- Signed statement that documentation of income information is not available and why
- Notation in the participant record if the applicant declares no income and why
- Other (specify): _____

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

b. Exceptions to income documentation are made for the following:

- The necessary information is not available
- The income documentation presents an unreasonable barrier to participation as determined by the State agency
- Those applicants with no income
- Those applicants who work for cash & employer refuses to write Letter of Support
- Other (specify): victims of fire/diaster

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
 - 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; Please specify No

Income eligibility must be assessed when there is knowledge of a change in adjunctive eligibility status or a change of earned income during the certification period.

f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies.

- Yes No Not Applicable

g. The State agency has specific policy that addresses income from benefits provided under certain regulatory Federal programs.

- Yes No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

- h. The State agency has specific policy to ensure that certain types of income, such as combat pay or FSSA payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.

Yes No

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

AL WIC Procedure Manual Chp III, Attachment 3 - 14

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):

AL WIC Procedure Manual Chp III, Attachment 3 - 14

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

Yes, State-wide No

8. In determining an applicant's income eligibility for WIC, the State agency excludes payments given to deployed military service members. These payments are in accordance with Chapter 5 of Title 37 of the U.S.C.

Yes, State-wide No

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

Per WIC Policy Memo 2010-2, military combat pay is excluded

9. In determining an applicant's income eligibility for WIC, the State agency calculates multiple income sources received by an applicant's household at different frequencies in accordance with WIC Policy Memo 2011-7, and compares the sum to the established WIC IEGs.

Yes, State-wide No

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

10. The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.

Yes No (if no, why not):

Provide the definition of an economic unit used by the State agency in the Appendix or the appropriate citation in the Procedure Manual.

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

AL WIC Procedure Manual, Chp III, 3.8.B.5.

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility Determination and Documentation

11. The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):

- Foster children
- Divorced/legally separated parents; step parents
- Absentee spouse (military hardship tours, etc.)
- Cohabitation
- Institutionalized applicants (including incarcerated applicants)
- Homeless applicants
- Minors ("emancipated" minors)
- Separate economic units under the same roof
- Striker/unemployed
- Students away at school
- Self-employed applicants
- Other (specify): _____

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

12. Mid-Certification Disqualification

a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification due to the fact that she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.

- Yes No

b. WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for one of these programs, eligibility must be determined based on WIC income guidelines and disqualification made only after all of these options are exhausted. The State ensures its policy and procedures comply with this requirement:

- Yes No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

1. Nutrition Risk Determination and Documentation

a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply):

<u>Qualification</u>	<u>Can certify for:</u>	
	<u>Priorities I-III</u>	<u>All Priorities</u>
RD or Master's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Home Economist	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): <u>DTR</u>	<input type="checkbox"/>	<input checked="" 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 transmittal memorandum (dated November 25, 2013) that list the revised risk criteria requiring implementation by 10/1/2015, published on the FNS PartnerWeb, to document nutrition risk.

- Yes No AL WIC Procedure Manual Chp III, Attachment 3-2 - 3-7

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):

- 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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.

Yes No

f. Anthropometric risk determination:

The State agency allows (check one):

- Anthropometric data for certification to be no older than 60 days (Statewide)
 A shorter (less than 60 days) limit on age of anthropometric data for certification

g. Nutrition assessment:

(i) Local agencies are required to perform a complete nutrition assessment (as described in the *Value Enhanced Nutrition Assessment [VENA] Guidance*) for all participants.

Yes No (explain):

(ii) Local agencies are required to perform a mid-certification nutrition assessment (as described in the *Guidance for Providing Quality Nutrition Services during Extended Certification Periods*) for all participants with an extended certification period.

Yes Not Applicable: (The State Agency does not utilize the extended certification option for any participant category)

(iii) The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System (MIS).

Yes No

If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below.

If no, the State agency assures quality of nutrition assessment by:

- Requiring local agencies to submit forms for approval
 Annually monitoring the locally developed forms during local agency reviews
 Other (specify): _____

(iv) Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)

Yes (specify): VENA, Dietary Guideline for Americans, AAP Ped Nutr Handbook, USDA Inf Nutr Feeding Guide
 No (explain): _____

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

AL WIC Procedure Manual Chp III, 3.8.C; Chp IV, 4.6.B

Pregnant Woman Dietary Assessment

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Alabama WIC - TRAINING

Dietary & Health Jean Fulton

Home Family Services Scheduling System Vendor Operations Finance Administration Help

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NYLAND Family
Family ID: P0000005825
201 MONROE ST
BUTLER, AL 36904

CHERYL NYLAND
Participant ID: P00000011233
Age: 27 years and 9 months
WIC Category: Pregnant

Dietary Assessment

Participant's Inappropriate Nutrition Practices

- Consuming dietary supplements with potentially harmful consequences.
- Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.
- Compulsively ingesting non-food items (pica).
- Not taking 27mg of iron daily.
- Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.

Please answer the following questions

1. Are you currently receiving Medicaid benefits?
 Yes
 No, referred

2. Tell me about any concerns you have about your eating/ appetite since you have been pregnant.

3. Since you found out you were pregnant, do you drink any alcohol or use any drugs?
 Yes, Amount?
 No

4. How physically active are you?
 Very active
 Moderately active
 Less active
 Inactive

5. Has your doctor advised any type of physical activity restrictions for you during your pregnancy?
 Yes
 No

1 of 2

Dietary Assessment History Total Items: 2

https://cr-test.adph.state.al.us/Training/crossroads.clinic.view.sbp Windows Internet Explorer

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Alabama WIC - TRAINING

Dietary & Health Jean Fulton

Home Family Services Scheduling System Vendor Operations Finance Administration Help

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NYLAND Family
Family ID: P0000005825
201 MONROE ST
BUTLER, AL 36904

CHERYL NYLAND
Participant ID: P00000011233
Age: 27 years and 9 months
WIC Category: Pregnant

Dietary Assessment

Participant's Inappropriate Nutrition Practices

- Consuming dietary supplements with potentially harmful consequences.
- Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.
- Compulsively ingesting non-food items (pica).
- Not taking 27mg of iron daily.
- Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.

Please answer the following questions

6. Who is your doctor (Health Care Provider)?
 Health Care Provider

 No Health Care Provider, referred

7. Tell me what you eat and drink for meals and snacks on a typical day.

2 of 2

Dietary Assessment History Total Items: 2

Save Cancel

Save Cancel

121 - CHOCTAW COUNTY HEALTH DEPARTMENT - BUTLER 9:11

TAB 100%

Breastfeeding/Nonbreastfeeding Woman Dietary Assessment

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FOSTER Family
Family ID: F0000005836
201 UNION ST
BUTLER, AL 36904

ELLEN FOSTER
Participant ID: P0000011255
Age: 15 years and 8 months
WIC Category: Breastfeeding Woman

Participant's Inappropriate Nutrition Practices

- Consuming dietary supplements with potentially harmful consequences.
- Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.
- Compulsively ingesting non-food items (pica).
- Not consuming 400mcg of folic acid from supplements daily.
- Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.

Please answer the following questions

1. Are you currently receiving Medicaid benefits?
 Yes
 No, referred

2. Have you had your six weeks check-up since your baby was born?
 Scheduled

3. Tell me about any concerns you have about your eating/appetite.

4. Do you drink any alcohol or use any drugs?
 Yes
 No

5. How physically active are you?
 Very active
 Moderately active
 Less active
 Inactive

1 of 2 | Total Items: 2

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FOSTER Family
Family ID: F0000005836
201 UNION ST
BUTLER, AL 36904

ELLEN FOSTER
Participant ID: P0000011255
Age: 15 years and 8 months
WIC Category: Breastfeeding Woman

Participant's Inappropriate Nutrition Practices

- Consuming dietary supplements with potentially harmful consequences.
- Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.
- Compulsively ingesting non-food items (pica).
- Not consuming 400mcg of folic acid from supplements daily.
- Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.

Please answer the following questions

6. Who is your doctor (Health Care Provider)?
 Health Care Provider
 No Health Care Provider, referred

7. Tell me what you eat and drink for meals and snacks on a typical day.

2 of 2 | Total Items: 4

Save | Cancel

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Infant Dietary Assessment

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Alabama WIC - TRAINING

FOSTER Family
Family ID: F0000005836
201 LINDEN ST
BUTLER, AL 36904

CHARLOTTE FOSTER
Participant ID: P00000011256
Age: 1 month
WIC Category: Infant

Participant's Inappropriate Nutrition Practices

- Routinely using a substitute(s) for breast milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.
- Routinely using nursing bottles or cups improperly.
- Routinely offering complementary foods* or other substances that are inappropriate in type or timing. *Complementary foods are any foods or beverages other than breast milk or infant formula.
- Routinely using feeding practices that disregard the developmental needs or stage of the infant.
- Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.

Please answer the following questions

1. Is your baby/child currently receiving Medicaid benefits?
 Yes
 No, referred

2. Who is your baby's/child's doctor (Health Care Provider)?
 Health Care Provider
 Dr Bart White
 No Health Care Provider, referred

3. Are your baby's/child's shots/ immunizations up-to-date?
 Yes

4. Tell me how you feed your baby.
 BF every 2hr

5. Tell me the name of your baby's formula how you prepare it.

6. What concerns/challenges do you have about your baby/child's eating and/or health?
 None
 My concerns/challenges
 make sure my baby getting enough breastmilk

1 of 2

Dietary Assessment History

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Alabama WIC - TRAINING

FOSTER Family
Family ID: F0000005836
201 LINDEN ST
BUTLER, AL 36904

CHARLOTTE FOSTER
Participant ID: P00000011256
Age: 1 month
WIC Category: Infant

Participant's Inappropriate Nutrition Practices

- Routinely using a substitute(s) for breast milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.
- Routinely using nursing bottles or cups improperly.
- Routinely offering complementary foods* or other substances that are inappropriate in type or timing. *Complementary foods are any foods or beverages other than breast milk or infant formula.
- Routinely using feeding practices that disregard the developmental needs or stage of the infant.
- Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.

Please answer the following questions

7. If you pump breast milk, tell me how you store, prepare and feed it to your baby.
 not pumping; baby won't take rubber nipple

Save Cancel

Scale Documents View Documents

Child Dietary Assessment

Windows Internet Explorer

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Alabama WIC - TRAINING

Home Family Services Scheduling Journal Overviews Finance Administration Help


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NYLAND Family

Family ID: P0000005825
201 MONROE ST
BUTLER, AL 36904



CHERYL
KAREN

KAREN NYLAND

Participant ID: P00000011234
Age: 3 years and 3 months
WIC Category: Child

Dietary Assessment

Participant's Inappropriate Nutrition Practices

- Routinely feeding inappropriate beverages as the primary milk source.
- Routinely feeding a child any sugar-containing fluids.
- Routinely using nursing bottles, cups, or pacifiers improperly.
- Routinely using feeding practices that disregard the developmental needs or stages of the child.
- Feeding foods to a child that could be contaminated with harmful microorganisms.

Please answer the following questions

1. Is your baby/child currently receiving Medicaid benefits?

Yes

No, referred

4. Has your child had a blood lead test?

Yes

No

2. Who is your baby's/child's doctor (Health Care Provider)?

Health Care Provider

No Health Care Provider, referred

5. Tell me if you have concerns/challenges about your baby's/ child's eating and/or health.

3. Are your baby's/child's shots/ immunizations up-to-date?

Yes

Dietary Assessment History Total Items: 0

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VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

2. Documentation

a. The State agency requires documentation in the applicant's case file for all nutrition risk criteria used to establish WIC eligibility (check one) (as described in FNS Policy Memorandum #2008-4, WIC Nutrition Services Documentation):

- Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
- Yes, with CPA discretion when to waive documentation requirement (no written policy)
- No (explain):

b. As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:

- All identified risk criteria are recorded
- A set number of criteria _____ is recorded (maximum number is 10 criteria)
- Local agency personnel decide how many and which criteria are recorded
- Other (specify): _____

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):

AL WIC Procedure Manual Chp III, Attachment 3-2 - 3-7

3. Priority Assignments

a. Participants certified for regression

- Remain in the same priority in which they were previously assigned
- Are assigned to Priority VII, regardless of their initial priority at first certification
- Other (specify): _____

b. Participants may be certified for regression (check all that apply):

- A single six-month period
- One time following a certification period
- No policy, local agency discretion

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

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

d. Participants certified solely due to homelessness/migrancy are assigned to the following priority:

	IV	V	VI	VII
Pregnant Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Breastfeeding Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Postpartum Women			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Children		<input checked="" type="checkbox"/>		<input type="checkbox"/>

e. Attach a copy of any nutrition risk criteria that will be added, modified or deleted during the coming fiscal year. For each criterion, indicate:

- Applicable participant category
- Applicable priority level(s)
- Whether a physician's diagnosis is required
- SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

1. State Agency Referral Agreements and Coordination of Services

a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):

<u>A</u> SNAP	_____ Rural/migrant health centers
<u>A</u> TANF	_____ Hospitals
_____ Medicaid	<u>A</u> Childhood immunization
_____ SSI	<u>A</u> Immunization registries
_____ EPSDT	_____ Well-child programs
_____ MCH programs	_____ Child protective services
_____ Children with special health care needs program(s)	_____ Children's health insurance
_____ Family planning	_____ Private physicians
_____ IHS facilities	_____ other (specify): _____

b. Formal agreements for coordination of services include:

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

c. The State agency requires local agencies to coordinate services with, and/or develop referral systems for, the following (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> SNAP | <input checked="" type="checkbox"/> Children with special health care needs |
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> Schools |
| <input type="checkbox"/> SSI | <input checked="" type="checkbox"/> EFNEP |
| <input checked="" type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> Other food assistance program (TEFAP, FDPIR, CSFP, etc.) |
| <input checked="" type="checkbox"/> CHIP | <input checked="" type="checkbox"/> Breastfeeding promotion |
| <input type="checkbox"/> IHS facilities | <input checked="" type="checkbox"/> Child protective services |
| <input checked="" type="checkbox"/> MCH (clinics/facilities) | <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Child abuse counseling |
| <input checked="" type="checkbox"/> Immunization | <input checked="" type="checkbox"/> Foster care agencies |
| <input checked="" type="checkbox"/> Dental services | <input checked="" type="checkbox"/> Homeless facilities |
| <input checked="" type="checkbox"/> Private physicians | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Other (specify): _____ |
| <input checked="" type="checkbox"/> Well-child programs | |
| <input type="checkbox"/> Rural/migrant health centers | |

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): _____
- Other nutrition services (specify): _____
- EPSDT Program
- Children's Health Insurance program(s)
- Other (specify): _____

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral using the checkbox on the right):

- | | Primary |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> State agency-developed referral forms | <input type="checkbox"/> |
| <input type="checkbox"/> Local agency-developed referral form | <input type="checkbox"/> |
| <input type="checkbox"/> Telephone call to referring agency | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Verbal referral to participants | <input type="checkbox"/> |
| <input type="checkbox"/> Automated client/participant information exchange | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Written literature on referral programs | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Follow-ups by staff to monitor | <input type="checkbox"/> |
| <input type="checkbox"/> Maintain a list of local resources for drug and other harmful substance abuse | <input type="checkbox"/> |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> |

c. Methods used by other health and social service programs to refer clients to the WIC Program include (check all that apply and indicate the primary method of referral using the checkbox on the right):

- | | Primary |
|--|-------------------------------------|
| <input type="checkbox"/> WIC Program referral form | <input type="checkbox"/> |
| <input type="checkbox"/> Health/social program referral form | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Telephone call | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Verbal referral | <input type="checkbox"/> |
| <input type="checkbox"/> Automated client/participant information exchange | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Written literature on the WIC Program | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> |

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 Provided by ADPH

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

- g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services.
- Yes No
- h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.
- Yes No
- i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:
- Food banks
 - Food pantries
 - Soup kitchens or other emergency meal providers
 - SNAP
 - The Emergency Food Assistance Program
 - Food Distribution Program on Indian Reservations
 - Other (specify): Local Agencies make all appropriate referrals based on nutrition assessment & not solely on max caseload
- j. The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established.
- Yes No
- k. The State agency ensures that when WIC is at maximum caseload, the State agency notifies FNS of any waiting lists established.
- Yes No
- 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): Medicaid if receiving special medical formula & needs are in excess of WIC allowance

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

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):
Screening and referral completed for all WIC infants/children
- Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): _____ **or**
- Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater; **or**
- The State agency has been unable to formalize a coordination agreement with the State Immunization Program. Provide explanation of extenuating circumstances:

The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.

- Yes No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

D. Processing Standards

1. Notification Standards

a. The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request (at the local agency) for program benefits as the following (check all that apply):

- Pregnant women eligible as Priority I High-risk infants (optional)
- Migrant farmworkers/family members Homeless (optional)
- Optional; please specify: _____

b. The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:

- Rural applicants Employed applicants
- No special policies/procedures

c. The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification.

- Yes No MIS System captures reason appointment made out of processing standards

d. Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for program benefits.

- Yes No

MEMORANDUM OF AGREEMENT ON INFORMATION SHARING
Between
The Immunization Division of the Bureau of Communicable Disease
of the Alabama Department of Public Health
And
The Division of WIC of the Bureau of Family Health Services
of the Alabama Department of Public Health

The purpose of this agreement is to ensure that WIC participant/applicant information regarding immunization status is shared with State and local ADPH Immunization personnel within the scope of USDA and ADPH guidelines.

The WIC Program will share the following data elements from patient records with Immunization personnel: name, date of birth, address, phone number, and immunizations received.

The Immunization Division will use WIC participant data for the following purposes:

- to target immunization resources to WIC participant populations at greatest risk for under-immunization;
- to measure the effects of particular immunization promotion interventions or activities on immunization rates in WIC participant populations;
- to provide aggregate immunization data and information for general reporting purposes;
- to assess the immunization status of WIC participant populations so that immunization outreach efforts can be accurately directed; and
- to use the immunization status assessment to construct a registry of under-immunized populations for immunization program staff to track.

The state and local immunization program will not disclose any information to a third party which would identify that the applicant/participant was enrolled or applied to the WIC Program.

APPROVED: *Winkler Sims*
Winkler Sims, Director
Immunization Division

APPROVED: *Wendy Blackmon*
Wendy Blackmon, Director
Division of WIC

DATE: 7/31/03

DATE: 8/4/03

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

D. Processing Standards

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):

- Telephones the local agencies to request benefits
- Visits the local agency in person
- Makes a written request for benefits

b. The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants.

- Yes No

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

MIS system programmed to ensure processing standards are met. Pending List includes those not met; list worked routinely.

AL WIC Procedure Manual Chp III, 3.5

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

E. Certification Periods

(iv) The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:

No Yes (describe):

Mid-certification appointment scheduled; participant's anthropometric measurements updated; nutrition assessment re-evaluated; appropriate education provided

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

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): Dual participation; Priority II infant not evaluated within 8 weeks of age

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

AL WIC Procedure Manual Chp III, 3.2.C.4., 3.11

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

b. A participant ID card/folder is provided which also serves as a VOC card:

Yes No

c. The State agency requires all local agencies to use a standardized Verification of Certification card:

Yes No

d. Verification of Certification Cards are issued to the following (check all that apply):

All participants

Migrants

Homeless

Participants relocating during certification period

Persons affiliated with the military who are transferred overseas

Other (specify): upon request to any participant

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

AL WIC Procedure Manual Chp III, 3.13.

2. The State agency requires all local agencies to include the following information on the Verification of Certification card (check all that apply):

Name of participant

Date certification performed

Date income eligibility last determined

Nutritional risk condition of the participant

Date certification period expires

Signature/printed or typed name of certifying local agency official

Name/address of certifying local agency

Identification number or some other means of accountability

Migrant status (non-resident)

Other (specify): Income doc date; Risk code 802 if migrant; transfer date; Food Instrument last date to spend; Anthro data

3. The State agency requires all local agencies to accept as valid all VOC cards from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:

Participant name

Name and address of the certifying agency

Date the current certification period expires

4. The State agency honors the one year certification period for transferring participants (infants, children, and breastfeeding women) even if it certifies participants every six months.

Yes No

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

AL WIC Procedure Manual Chp III, 3.13.

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): WIC Procedure Manual Chp XIII, 13.3.
 No

b. The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in close proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located):

- Yes No Not applicable

c. The State agency has established procedures to handle participants found in violation due to dual participation:

- Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): WIC Procedure Manual Chp XIII, Attachment 13-2
 No

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

2. Participant Rights and Responsibilities

a. The State agency has uniform notification procedures that are used by all local agencies statewide:

- Yes No

b. The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form:

- Yes No

c. The State agency has implemented a policy of disqualifying participants for not picking up food instruments:

- Yes No Not applicable

If yes, the policy is communicated to participants in the participant rights and responsibilities materials:

- Yes No Not applicable

d. The State agency has implemented a policy to specifically inform participants that they are not allowed to sell WIC food benefits, including online:

- Yes No; explain: _____

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

e. The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:

- Yes No; explain: _____

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

AL WIC Procedure Manual Chp XIII, 13.2

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

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

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): _____

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

e. Statewide fair hearing procedures include (check all that apply):

- | | |
|--|---|
| <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 |
| <input checked="" type="checkbox"/> Fair hearing decision | <input type="checkbox"/> Official check box not required continuation from above choice |
| <input checked="" type="checkbox"/> Judicial review | <input type="checkbox"/> Other (specify): _____ |

f. State agency procedures require written notification for (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Appeal rights | <input checked="" type="checkbox"/> Request for hearing |
| <input checked="" 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 checked="" 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

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):

WIC Procedure Manual Chp XIII; Chp XIV, Attachment 14-2

CHAPTER IX

FOOD DELIVERY/FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

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

(Please indicate) State Agency: Alabama for FY 2016

Food delivery and food instrument (FI) (*Food instrument* means a voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods) accountability and control involve the production, issuance, redemption, and monitoring of automated and manual food instruments through retail systems and the delivery of WIC Program foods by non-retail methods, i.e., home delivery and direct distribution.

Retail Food Delivery Systems

A. Food Instrument Control Overview - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), and (a)(14)(xii): describe the policies and procedures used by the State agency in producing, monitoring and accounting for the use of food instruments.

B. Food Instrument Pick-up and Transaction - 246.4(a)(11)(iii) and (a)(14)(vi): describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.

C. Food Instrument Redemption and Disposition - 246.4(a)(14)(vi): describe the procedures used to reconcile food instruments as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments as either validly issued, lost or stolen, expired, duplicate, or not matching issuance records.

D. Manual Food Instruments - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi) and (a)(14)(ix): describe the procedures for issuing and accounting for manual food instruments, including the procedures for documentation and disposition.

E. Special Food Instrument Issuance Accommodations - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), (a)(14)(ix), (a)(14)(xiv) and (a)(21): describe alternatives to participant food instrument pick-up for issuance (e.g., mail or electronic issuance) and how the integrity of program services and fiscal accountability is ensured.

F. Vendor Cost Containment System Certification - 246.4(a)(14)(xv), 246.12(g)(4)(vi): describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

Non-Retail Food Delivery Systems

G. Home Food Delivery Systems - 246.4(a)(11)(iii), 246.4(a)(14)(i), (a)(14)(vi), (a)(14)(vii) and (a)(14)(xii): describe how the State agency's home delivery system operates including but not limited to the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries and ensuring safe food delivery of WIC foods, if applicable.

H. Direct Distribution Food Delivery Systems - 246.4(a)(11)(iii), (a)(14)(i), and (a)(14)(vi), (a)(14)(vii), and (a)(14)(xii): describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of food safety, as applicable.

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

A. Food Delivery and Food Instrument Control Overview

1. Food Instruments - General

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

- Automated-point of certification
- Manual-individual prescription
- Pre-printed manual-standard prescription
- Automated-central generation
- EBT
- Other (specify): _____

b. The State agency conducts FI inventories (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):

- | | |
|---|--|
| Automated - EBT Cards | Physical - Paper FIs |
| <input type="checkbox"/> Daily/perpetually | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Other (specify): _____ | <input checked="" type="checkbox"/> Weekly |
| | <input type="checkbox"/> Monthly |
| | <input checked="" type="checkbox"/> Other (specify): <u>Manual food instruments</u> are inventoried
at the State level. |

c. The paper FI 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 checked="" type="checkbox"/> Vendor/farmer endorsement |
| <input checked="" type="checkbox"/> Countersignature for participant/proxy | <input checked="" type="checkbox"/> Authorized supplemental foods |
| <input checked="" type="checkbox"/> First date of use | <input checked="" type="checkbox"/> Last date of use |
| <input type="checkbox"/> Redemption period | <input checked="" type="checkbox"/> Serial number |
| <input checked="" type="checkbox"/> Purchase price | <input checked="" type="checkbox"/> Signature space |

* Crossroads = Family ID number.

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

d. The State agency provides a toll-free number for participant/vendor/farmer inquiries on:

- Food Instrument Cash-value voucher EBT Card/Sleeve None

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

2. Food Instrument Accountability

a. FIs 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 checked="" type="checkbox"/> On-demand printing |
| <input checked="" type="checkbox"/> Contracted service (e.g., UPS, Purolator, etc.) | |
| <input type="checkbox"/> Other (specify): _____ | |

Alabama Department of Public Health

MOM TEST
Family ID: F0000000151

Fresh Fruits and Vegetables—Not to Exceed \$8.00
No Cash Back

Whole or Cut-Organic Allowed
See AL WIC Approved Foods Brochure
Cannot Use at Farmers Markets or Roadside Stands

Active Families, Active Children!

First Day to Use: May 18, 2015

WIC Program

1000001743

First Day To Use May 18, 2015	Last Day To Use Jun 17, 2015
Vendor Stamp	Pay Exactly
Must be deposited within 60 days of first day of use	\$
	Corrected Amount
Authorized Signature **Present ID**	

⑈ 100000 1743 ⑈ ⑆ 22222222 ⑆

1112223334⑈

Alabama Department of Public Health

MOM TEST
Family ID: F0000000151

- 1 Quart Buttermilk (1 quart)
- 36 Ounces Cereal
- 1 Containers Peanut Butter(16 to 18 oz)OR Dry Peas/Beans(16 oz) This is a test for the length of the Desc f
- 1 Gallon 1% or Fat-Free Milk
- 1 Dozen Eggs - Large Only

Active Families, Active Children!

First Day to Use: May 18, 2015

WIC Program

1000001744

First Day To Use May 18, 2015	Last Day To Use Jun 17, 2015
Vendor Stamp	Pay Exactly
Must be deposited within 60 days of first day of use	\$
	Corrected Amount
Authorized Signature **Present ID**	

⑈ 100000 1744 ⑈ ⑆ 22222222 ⑆

1112223334⑈

Alabama Department of Public Health

MOM TEST
Family ID: F0000000151

- 1 Containers Juice (64 oz.)
- 16 Ounces Bread OR Tortillas OR Brown Rice
- 1 Pounds Cheese (16 oz. Package)

Active Families, Active Children!

First Day to Use: May 18, 2015

WIC Program

1000001745

First Day To Use May 18, 2015	Last Day To Use Jun 17, 2015
Vendor Stamp	Pay Exactly
Must be deposited within 60 days of first day of use	\$
	Corrected Amount
Authorized Signature **Present ID**	

⑈ 100000 1745 ⑈ ⑆ 22222222 ⑆

1112223334⑈

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

A. Food Delivery and Food Instrument Control Overview

b. FIs (blank stock and preprinted ready for issuance) are delivered to the local agency (check all that apply):

Blank

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify): * see above

* Requisitions from local agencies are processed and shipped weekly. Clinics must maintain a two week supply based upon one box of issuance to approximately 1,200 participants.

Preprinted

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify): Clinics request a minimum stock of 99 based upon usage rates at the clinic on a monthly basis.

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

- Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants
- Local agencies conduct an initial review to void food instruments for participants known to have been terminated from the Program
- Inventories of food instruments are not conducted by the same local agency staff responsible for issuing/voiding food instruments
- Procedures are in place to ensure the proper disposal of unused/duplicate/voided FIs
- Other (specify): We do not have unclaimed food instruments. Food instruments are printed on demand and signed for with an electronic signature pad. Manual food instruments require a participant signature on the manual food instrument register.

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): _____

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

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

B. Food Instrument Pick-up

1. Food Instrument Pick-Up Policy and Procedures

a. Food instruments are issued by (check all that apply):

	All Locals	Most Locals	Some Locals
Local agency director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local agency nutritionist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local agency paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. The State agency utilizes a participant identification card:

Yes Yes, with photo No

If yes, issuance is controlled numerically and each card is accounted for:

Yes No

c. The State agency requires the following proof of receipt when issuing automated food instruments:

- Participant/parent/caretaker/proxy signature block on register confirming receipt
- Carbon copy of food instrument
- Local agency staff initials
- Date of food instrument pick-up
- Stub with participant signature or initials

Other (specify): Participants sign with an electronic signature pad which records the date of issuance and who issued the food instrument.

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

Late FI pick-up Certification due to expire within 30 days

Mid-month certification Other (specify): It does not matter when the participant is certified or when they pick up. Alabama uses 1/4 proration and rolling month methodologies and food instruments are printed for one, two or three months.

e. The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply):

- Authorized vendors/farmers Selecting WIC-approved foods
- FI transaction procedures Signature on FIs
- Use of proxy Reporting problems/requesting assistance

Other (specify): _____

f. The State agency requires local agency staff to provide participants with a list of authorized vendors/farmers/farmers' markets:

Yes No

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

B. Food Instrument Pick-up

g. The State agency permits a participant to transact food instruments with any authorized vendor or farmer/ farmers' market in the State:

- Yes No

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

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

- Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs for all homeless WIC participants in a facility
- Limits proxy to a specified number of FI pick-ups
- Limits proxy to a minimum age
- Limits proxy assignment to local WIC staff
- Other (specify): _____

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

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

C. Food Instrument Redemption and Disposition

1. Food Instrument Disposition Procedures

a. The State agency system assures 100% disposition of all issued FIs

- Yes No

If no, specify the circumstances that prevent 100% disposition:

b. The State agency monitors each local agency's:

- Number of manual FIs utilized
- Number of unclaimed FIs
- Number of voided FIs
- Number of redeemed FIs with no issuance record

c. Local agencies are supplied with a report on the final disposition of its FIs:

- Yes (specify period): _____ No

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

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

C. Food Instrument Redemption and Disposition

2. Unclaimed, Voided, Prorated FIs

a. The State agency requires local agencies to return "unclaimed/not picked up" FIs:

- Not applicable Daily Weekly Monthly
 Other (specify): _____

b. The State agency requires local agencies to return "voided" FIs:

- Not applicable Daily Weekly Monthly
 Other (specify): _____

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

3. Lost/Stolen Food Instruments

a. The State agency requires local agencies to report lost/stolen FIs to (check all that apply):

- State agency Police department State agency's banking institution
 Other (specify): It depends upon when the food instruments were lost or stolen; before or after the issuance to the participant.
Large numbers of manual food instruments stolen from the clinic are reported to the state agency and the police.

b. Replacement/duplicate FIs are issued when FIs are reported lost:

- No
 Depends on the circumstances
 Yes (If FIs are reissued, it is done):
 Immediately
 Following notification of State agency/bank agency
 After a _____ day waiting period (specify number of days)

c. Replacement/duplicate FIs are issued when FIs are reported stolen:

- No
 Depends on the circumstances
 Yes (If FIs are reissued, it is done):
 Immediately
 Following notification of State agency/bank agency
 After a _____ day waiting period (specify number of days)

d. Is a police report required before replacement benefits are issued when reported stolen

- Yes
 No

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

C. Food Instrument Redemption and Disposition

e. **The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen FIs (check all that apply):**

Stops payment on the lost/stolen FIs

Notifies vendor or farmer

Other (specify): Food instruments that are reported as lost or stolen are voided in Crossroads.

A monthly report is run of all FI's reported as lost/stolen and WIC Staff work the report to determine the next steps.

Please provide a copy/citation for State agency's policy procedures that ensure that lost/stolen FIs cannot be redeemed.

f. **The local agency documents in the participant's file that replacement FIs were issued:**

Yes No

g. **The State agency monitors the level of reported lost/stolen FIs by local agency:**

Yes No

h. **If it is established that lost/stolen FIs 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; specify the period of time: _____

Participant receives a warning

Other (specify): Participant may be disqualified for up to one year based on the number of offenses. If full restitution is made or a repayment schedule is agreed upon then the participant will not be disqualified.

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

Reported to police for investigation

State agency or local agency does an investigation

State agency or local agency notifies the participant

Other (specify): _____

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

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

C. Food Instrument Redemption and Disposition

4. Food Instrument Redemption Screening (7 CFR 246.12(k)(1))

a. Describe in detail how the State agency sets maximum allowable reimbursement levels for for payment of food instruments (including whether the State agency uses vendors' shelf prices to set maximum reimbursement levels and how reimbursement levels are linked to competitive price criteria). If the State agency sets maximum allowable reimbursement levels differently for above-50-percent vendors and regular vendors, please explain the different methods used. See attached.

(1) The State agency establishes maximum allowable reimbursement levels for:

- (a) Each peer group Yes No
- (b) Each food instrument or food category Yes No
- (c) Other (please specify): _____ Yes No

(2) The State agency establishes maximum allowable reimbursement levels using:

- (a) Standard deviations Yes No

If yes, specify the standard deviation number and explain how the State agency determined the standard deviation it used is appropriate:

In accordance with the Interim Guidance on WIC Vendor Cost Containment document, Alabama uses one standard deviation from the mean to set maximum allowable reimbursement levels.

- (b) A percentage above the average redemption amount Yes No

If yes, specify the percentage and explain how the State agency determined that this percentage is appropriate.

- (c) Other (please specify): _____ Yes No

(3) The maximum allowable reimbursement levels include a factor to reflect:

- Yes No Wholesale price fluctuations; explain:

- Yes No Inflation; explain:

- Yes No Other (please specify):
Adding one standard deviation to the average price in computing the maximum allowable reimbursement level accounts for market fluctuations. See 4a for a detailed description.

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

C. Food Instrument Redemption and Disposition

4a.

Alabama uses the following peer group structure:

Type 1: Chain store with own wholesaler.

Type 2: Major Independent – 5 or more cash registers.

Type 3: Minor Independent – 3 or 4 cash registers.

Type 4: Small – 1 or 2 cash registers.

Vendors are required to submit price surveys twice a year. The individual food prices from the vendor price surveys are entered into the WIC MIS and then downloaded into a spreadsheet. A maximum reimbursement level is set for each peer group by looking at the individual food item and taking an average of the most recent shelf prices and adding one standard deviation. Any vendor whose individual food item price exceeds the maximum reimbursement level will be notified to reduce its price. If the vendor does not agree to adjust their price for the item then they are no longer cost competitive and their contract will be terminated. The WIC contract bank is sent the maximum allowable prices by peer group for each food instrument type on a daily basis.

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
C. Food Instrument Redemption and Disposition

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

Not Applicable	Pre-Edit Screen	Post-Edit Screen	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Purchase price exceeds price limitations (FI only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price missing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered purchase price
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor/farmer identification missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Invalid/counterfeit vendor/farmer identification
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transacted before specified period
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

c. When the payment amount on a food instrument exceeds the maximum allowable reimbursement amount, what action does the State agency take?

- Reimburses the vendor for amounts up to the maximum allowable reimbursement amount
- Reimburses the vendor at the peer group average
- Rejects the food instrument, but allow the vendor to resubmit
- Rejects the food instrument without allowing the vendor to resubmit

Other (please specify): Rejects the food instrument. Vendors are allowed to submit an Appeal for Request form to the State WIC Office when a FI rejects for amount over the maximum. Requests for reimbursement are considered and if approved, reimbursement is made at or below the maximum reimbursement level.

d. Where pre-edit screens are used, the proportion of FIs reviewed includes:

- All FIs
- Percentage of FI (_____ %)
- Other (please specify): _____

e. The edit system(s) that 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 checked="" type="checkbox"/>	Other (specify): <u>Post-edit - Each FI redeemed amount is compared to the vendor's actual price survey amount. If the total overpayment exceeds \$5.00 or more, a claim is made for the overage paid to the vendor.</u>

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

C. Food Instrument Redemption and Disposition

f. The following actions are used to control against unauthorized stores redeeming FIs:

- Provide up-to-date list of authorized vendors to participants at certification and/or FI issuance
- Recover vendor/farmer/farmers' market stamp when vendor/farmer/farmers' market is no longer authorized
- Conduct compliance buy to verify if unauthorized store redeems FIs
- State agency or its banking institution checks vendor/farmer/farmers' market ID numbers on food instruments submitted for redemption against the authorized vendor/farmer/farmers' market list before paying vendors/farmers/farmers' markets for FIs submitted for redemption
- Inform all participants who might use the unauthorized store
- Other (specify): _____

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

5. Price Lists

a. Price list information is routinely collected from vendors:

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

b. Price list data are collected:

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

c. Price data are collected by:

- State agency staff
- Local agency staff
- Reports are submitted by vendors
- EBT system
- Other (specify): Price surveys are mailed to, completed by and returned by the vendors.

d. The data collected has food prices for (check all that apply):

- All brands and sizes of supplemental foods
- Highest price supplemental food items within food categories
- Most commonly redeemed food items; please specify:

- All authorized vendors
- A sample of authorized vendors (please describe the sampling method used):

- Other (specify): All WIC approved cereals in specific size containers and all infant formulas issued by WIC that could be obtained at an authorized WIC vendor.

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; please explain the method:

- Other (explain): If the shelf price documented during the monitoring visit exceeds the current price maximum in place then the vendor is contacted to adjust their price or their contract will be terminated. In addition, all prices submitted on the semiannual price survey are reviewed and vendors who have submitted prices over the current maximum or submitted a questionable price will be contacted to verify the price submission.

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

C. Food Instrument Redemption and Disposition

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

- Manually on a routine or as needed basis
- On an Automatic Data Processing system and uses it to:
 - Generate estimated food instrument values
 - Help inform WIC staff on vendor selection decisions
 - Develop vendor peer groups
 - Flag individual food instruments that appear to be overcharges
 - Other (specify): _____

6. System to Detect Suspected Overcharges

a. Does the State agency screen for suspected overcharges:

- Yes, vendor claims are issued for overcharges
- No, the State agency makes price adjustments to food instruments submitted for redemption at amounts above edit limits
- No
- Other (specify): _____

b. The following best describes why the vendor is billed for overcharges:

- Vendor's reported prices
- Redemption values of other vendors in the vendor's peer group
- Redemption values of all vendors
- Other (specify): _____

c. To receive payment or justify and correct a claim for a price adjustment or vendor overcharge, the vendor must: (Check all that apply)

- Provide an updated price list
- Provide written justification for the higher prices
- Provide receipts
- Other (specify): Complete the Appeal Request form indicating why the error occurred and what corrective action was taken to ensure the error is alleviated.

d. What action(s) is/are taken when a vendor overcharge occurs? (Check all that apply)

- Routine monitoring or remedial vendor training is conducted
- Vendor is designated as high-risk and scheduled for compliance investigation
- Vendor is provided with a written warning of potential sanction for overcharging
- Vendor is terminated for cause
- Vendor is sanctioned
- Other (specify): _____

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

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
D. Manual Food Instruments

DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Manual FIs Policy

a. Manual FIs are utilized for the following reasons:

- New participants
- Automated FIs not available
- Mutilated automated FIs
- Wrong food package on automated FI
- Wrong dollar amount on automated FI
- Provide for the special needs of the homeless
- Food package tailoring
- Routine monitoring visits (i.e., educational buys) of vendors/farmers
- Compliance buys of vendors/farmers
- Special conditions, e.g., disasters
- Other (specify): _____

b. The State agency requires the following for completing the manual FI register:

- Participant/proxy signature Local agency staff initials
- Date of FI pick-up Other (specify): Family WIC ID, Participant WIC ID, participant name, first date to spend, last date to spend, type of formula, number of cans.

c. Manual FIs have a "Not to Exceed Value" of:

- Same dollar amount for all manual food instruments \$ 500.00
- Variable dollar amount depending on type of prescription on manual FI
- Variable dollar amount depending on participant category on manual FI
- No limit
- Other (specify): _____

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

2. Manual FI Documentation and Disposition

a. A report containing the serial numbers of manual FIs issued by local agencies is sent to the State agency:

- Not applicable Weekly Monthly Other (specify): _____

b. Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual FIs issued and redeemed but for which no participant record currently exists by utilizing:

- Turnaround documents to establish valid certification records
- Telephone calls to the State/local agency on irregularities
- Other (specify): Crossroads doesn't allow issuance without a valid certification record. If a clinic fails to associate a manual food instrument to a participant record in Crossroads, it appears on a weekly exception report and the clinic is contacted to correct.

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

D. Manual Food Instruments

c. **If the manual FI inventories do not achieve 100% reconciliation of all issued and unissued FIs, the local agency (check all that apply):**

- Reports the FI serial numbers to the State agency
- Provides the FI serial numbers to local vendors/farmers
- Other (specify): Any redeemed manual food instrument will appear in an exception report if no record exists in the data system. The state agency contacts the local agency to ensure the data is entered into the system.

(Provide a copy/citation of the State agency's prescribed procedures if the manual FI inventory cannot be reconciled.)

Any manual that cannot be reconciled will be removed from the exception report only after learning the reason and notes being placed in the Crossroads system explaining exception and reconciliation issues.

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

Alabama WIC Procedure Manual Chapter VIII

IX. FOOD DELIVERY/FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

E. Special FI Issuance Accommodations

1. Alternative FI Issuance

a. **The State agency has implemented the following FI issuance policy (check all that apply):**

- All participants are required to pick up FIs cards at the clinic or local agency, except in unusual circumstances
- Participants/proxies are required to show identification at FI card pick up
- FI cards are routinely mailed to participants except (1) when the participant is scheduled for nutrition education (including breastfeeding promotion and support activities) or a certification appointment and (2) in areas where SNAP benefits are not mailed, as these areas are known to have experienced high mail issuance losses
- Benefits are provided electronically to a location such as a grocery store under certain conditions; thus participants may not always pick up FIs at the clinic
- Other (specify): _____

2. Mailing Policy/Procedures

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

- Yes No

b. **Policy requires participants to pick up FIs whenever certification appointment is due or nutrition education (including breastfeeding promotion and support activities) is scheduled:**

- Yes No

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
E. Special FI Issuance Accommodations

c. The State agency has implemented the following policy regarding mailing FIs cards (check all that apply):

- FIs cards are sent first class mail *(first class is considered *regular* mail)
- FIs cards are sent registered mail
- FIs cards are sent certified mail
- FIs cards are sent restricted mail
- Return receipt is requested on FIs cards sent certified mail
- Envelope specifies, "Do not forward, return to sender" or "Do not forward, address correction requested"
- Other (specify): _____

d. The State agency approves mailing FIs cards under the following conditions (check all that apply):

	State-Wide	LA with SA Approval	Case by Case
Participant hardship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Travel-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better clinic management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cost effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(if other, specify): _____

e. When mailing FIs cards, documentation of FI card issuance is:

- Signed by the participant at the following FI card 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): Circumstances are documented in the participant's record indicating any need to mail food instruments.

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

3. Participants who receive FIs cards by mail are sent:

- One month of FIs
- Two months of FIs
- Three months of FIs
- Other (specify): Up to three months of food instruments may be issued.

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

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) 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 State agency's vendor cost containment system. The State agency that has not yet received FNS certification must submit a request for certification/recertification that contains the following information.

DOES NOT APPLY (PROCEED TO SECTION G)

1. Calculation of new competitive price levels

Describe how the State agency derived or will derive new competitive price levels for regular vendors, which exclude the prices of above-50-percent vendors.

2. Maximum allowable reimbursement levels for regular vendors and above-50-percent vendors

a. Explain how the State agency will ensure that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.

b. The State agency plans to exempt above-50-percent vendors from the calculated competitive price criteria and maximum allowable reimbursement levels.

Yes No If yes, how many vendors will be exempted? _____

Are these vendors needed to ensure participant access to supplemental foods?

Yes No

c. The State agency applies peer-group-specific maximum allowable reimbursement levels to food instruments during the food instrument redemption process.

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

3. Describe the State agency's methodology for grouping above-50-percent vendors in its peer group system (i.e., separately or in peer groups with regular vendors) and the criteria the State agency uses to identify comparable vendors for each group of above-50-percent vendors.

4. The State agency plans to exempt *non-profit* above-50-percent vendors from competitive price criteria and maximum allowable reimbursement levels.

Yes No If yes, provide the following information in detail :

a. 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;

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

F. Vendor Cost Containment System Certification

- b. **The reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods;**
- c. **Does the State agency collect shelf prices from non-profit vendors?**
 Yes No
- d. **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**
- e. **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 maximum allowable reimbursement methodologies described in items 1 and 2 above.**

Yes No

If the State agency has not fully implemented the revised competitive price and maximum allowable reimbursement methodologies, describe the current status of this effort and include the timetable for achieving full implementation.

6. **The State agency plans to exempt *pharmacy* vendors from competitive price criteria and maximum allowable reimbursement levels.**
 Yes No
- If yes, the State agency has confirmed that these pharmacies provide only exempt infant formula and/or WIC-eligible medical foods to program participants.
7. **Does the State agency collect shelf prices from pharmacies that provide only exempt infant formula?**
 Yes No
8. **Complete the three tables on the following pages to demonstrate that the State agency's procedure for establishing and implementing competitive price criteria and maximum allowable reimbursement levels ensures that average payments per food instrument or food item to above-50% vendors do not exceed average payments to regular vendors.**
9. **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 and FOOD INSTRUMENT (FI) 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 30th? (or month of: _____)	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 30th?	3. _____
a. Non-pharmacy above-50-percent vendors	a. _____
▪ Number of WIC-only stores	▪ _____
▪ Number of other types of above-50-percent vendors (excluding pharmacies)	▪ _____
b. Above-50-percent pharmacy vendors	b. _____
c. Total above-50-percent vendors (sum of a and b)	c. _____
4. What was the total amount of redemptions paid to these above-50-percent vendors in June?	4. _____
a. Non-pharmacy above-50-percent vendors	a. _____
b. Above-50-percent pharmacy vendors	b. _____
c. Total above-50-percent vendors (sum of a and b)	c. _____
5. How many peer groups of above-50-percent vendors (either separate peer groups or groups with regular vendors) has the State agency identified?	5. _____
6. How many above-50-percent vendors and regular vendors has the State agency authorized that do not meet competitive price criteria, but are needed to ensure participant access to supplemental foods?	6. above-50%: _____ regular vendors: _____

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) 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 regulatory vendor cost containment requirements.

Peer Group No. (Col1)	Peer Group			Comparable Vendors Peer Group No. (from Col1) (Col6)	
	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 and FOOD INSTRUMENT (FI) 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 FI or item for (Insert Month & Year): _____				Difference in Average Redemption Prices Between Above-50% Vendors and Comparable Regular Vendors (5)	Average Redemption Price Per Food Instrument or Food Item 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 and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

F. Vendor Cost Containment System Certification

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 and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
G. Home Food Delivery Systems

DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Home Food Delivery Systems Overview

a. Home delivery vendors include (check all that apply):

- Dairies
- Private delivery service doing WIC business only
- Private delivery service
- Other (specify): _____

b. Participants who receive home food delivery:

- Are notified in writing of the types and quantities of foods
- Are issued FIs that they sign and provide to the vendor when the food is delivered
- Are delivered not more than a one-month supply of supplemental foods at any one time.
- Indicate by authorized signature on a FI, receipt or signature document, the supplemental foods received
- Other (specify): _____

c. Supplemental foods may be delivered:

- Only to the participant of record
- To the participant of record or proxy of record
- To any adult at home during time of delivery
- To anyone at home at the time of delivery
- Other (specify): _____

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

2. Documentation

a. The forms verifying delivery are reconciled against vendor invoices:

- Weekly
- Monthly reconciliation of the signed FIs or other signed receipts or signature documents from participant or proxies.
- Other (specify): _____

b. Signatures of participants who sign the food receipt document/FIs are compared to the signature on file.

- No Yes, sample Yes, 100%

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

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) 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): Some special infant formulas/exempt formulas/medical foods.

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): _____

c. Warehouses are operated by:

- State agency Local agency
- Other state or public agency Under contract with a private business
- Other (specify): _____

d. Warehouses used for storage of WIC foods are also used to store other FNS program commodities (Please specify which commodities):

- Yes No Specify commodities: _____

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

2. Food Distribution

a. Foods are distributed to participants:

- Grocery store fashion
- Pre-packaged
- Other (specify): When a special formula is prescribed by the physician and not available through the local retail market.

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): WIC Formula Log/Issuance Sheet (ADPH-WIC-112)

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

H. Direct Distribution Food Delivery Systems

c. Foods are distributed to participants:

- Monthly
- Not to exceed a one-month supply at any one time to any participant
- Other (specify): When prescribed by physician and not available through the local retail market.

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 type="checkbox"/>
Cost-free transportation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
(if other, specify): _____		

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

3. Warehouse Insurance and Inspections

a. Insurance for the warehouse covers (check all that apply):

- Theft Fire Infestation Spoilage
- Other (specify): _____

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):

4. Monitoring and Inventory Control

Please describe the State agency’s methods for ensuring WIC supplemental foods are under proper inventory control (separation of duties for intake and inventory; stock rotation; performance of perpetual and physical inventory duties; reconciliation against issuance records; etc.).

Special medical formulas not available for purchase with Food Instruments are ordered by the local clinics and submitted to the State Office via Requisition form or Crossroads computer system when fully functional. The State office places the order with the manufacturer and the order is shipped directly to the requesting clinic via carrier with tracking capabilities. Upon receipt in the clinic, the WIC Coordinator or designated person mail/faxes the packing slip or bill of lading to the State WIC Office. The formula is entered into local inventory records, paper and Crossroads computer system; stored in a lockable storage area which remains locked when not in use by clinic staff. Formula is issued according to "first in first out" inventory system. At issuance, parent/proxy signs the Formula Log and/or electronic signature record in Crossroads. A perpetual inventory is kept via Formula Log/Crossroads computer system at issuance and receipt of formula. A monthly physical inventory is conducted by the WIC Coordinator and reconciled with the Formula Log/Crossroads inventory. The Quality Assurance tool includes criteria for physical inventory count of formula and reconciliation with Formula Log/Crossroads during the QA Review of the clinic. In addition, the audit of clinics conducted by the Office of Program Integrity also evaluates the security, receipt and issuance of formula.

CHAPTER X

MONITORING AND AUDITS

X. MONITORING AND AUDITS

(Please indicate) **State Agency:** Alabama for FY 2016

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-Subpart F to 2 CFR Part 200, or under 7 CFR 3052, as applicable: 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:

13 Number of local agencies monitored last annual period

16 Number of clinics monitored last annual period

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

18 Number of clinics to be monitored this current annual period

Specify last annual period, from: 10/01/2014 to 09/30/2015 (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: 10/01/2015 to 09/30/2016 (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: 13 (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

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 and/or clinics

Outcome of corrective action plan

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

No-shows by category

Administrative costs claimed

Financial reports

Priorities served

Caseload

Racial/ethnic

Staff/participant ratios

Participant nutrition surveillance data for participants in that local agency

Other (specify): Previous Quality Assurance Reports; Office of Program Integrity Reports; and Crossroad Clinic Reports

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

Alabama WIC Procedure Manual, Chapter XVI

X. MONITORING AND AUDITS

A. MONITORING

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): Alabama Department of Public Health Office of Program Integrity

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): WIC State Staff; Area Nutrition Directors; Office of Program Integrity Staff

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): Private Local Agencies

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): _____

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

A.2.d Validation of staff time spent on WIC: monitored at State WIC Office

X. MONITORING AND AUDITS

A. MONITORING

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): determine training needs

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

Alabama WIC Procedure Manual, Chapter XVI

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 Subpart F to 2 CFR Part 200, or under 7 CFR Part 3052, and audits conducted by USDA's OIG.

1. Audits (Federal, State, and Local)

a. Number of audits conducted during FY- 2014 : 6 .

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.)
<u>State Agency</u>	<u>Examiners of Public</u>	<u>10/01/2013-</u>	<u>Pending completion and release as of</u>
	<u>Accounts</u>	<u>09/30/2014</u>	<u>06/04/2015</u>
<u>Health Services, Inc.</u>	<u>McKean & Assoc PA</u>	<u>Year ended</u>	<u>Closed - WIC was not a major program</u>
		<u>01/31/2014</u>	
<u>Jefferson County Health Dept</u>	<u>Carr, Riggs & Ingram,</u>	<u>Year Ended</u>	<u>Closed - WIC was not a major program</u>
	<u>LLC</u>	<u>09/30/2014</u>	
<u>Mobile County Health Dept</u>	<u>S.W. Chiepalich, PC</u>	<u>Year ended</u>	<u>Closed - WIC was not a major program</u>
		<u>09/30/2014</u>	
<u>Poarch Band of Creek Indians</u>	<u>Rabren, Odom, Pierce,</u>	<u>Year ended</u>	<u>Closed - WIC was not a major program</u>
	<u>& Hayes, PC</u>	<u>12/31/2013</u>	
<u>*Alabama Council on Human Relations</u>	<u>Allen, Allen & Foster,</u>	<u>Year ended</u>	<u>Closed - WIC was not a major program</u>
<u>*(Contract ended 09/30/2013)</u>	<u>LLP</u>	<u>02/28/2014</u>	

X. MONITORING AND AUDITS

B. AUDITS

b. **Entities not audited and reason (e.g., local office is not a subrecipient local agency, entity did not expend \$500,000 or \$750,000 , as applicable, or more in Federal funds during the fiscal year, etc.)**

Entities not audited (includes both State and local agencies)

Reason Entity Not Audited

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

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

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): N/A Management decisions were not required as there were no findings related to WIC

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): N/A There were no claims recovered during these audits

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): N/A There were no claim amounts recovered for these audits

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

X. MONITORING AND AUDITS

B. AUDITS

3. Availability of Audit Reports

a. The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.

Yes No, copies are retained by: _____

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): FY13, FY10, FY09, (FY11&FY12 omitted due to low risk)

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): _____

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

CHAPTER XI

CIVIL RIGHTS

XI. CIVIL RIGHTS

(Please indicate) **State Agency:** Alabama for FY 2016

The Civil Rights section of the State Plan should cover the training of State and local staff on issues, rules and regulations related to civil rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with civil rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling civil rights complaints.

A. Administration - 246.4(a)(17): describe the procedures the State will use to comply with the civil rights requirements described in 246.8, including the processing of discrimination complaints.

B. Public Notification Requirements and Nondiscrimination Notification - 246.8(a)(1): describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants in an appropriate language (246.8(c)) through WIC Program materials.

C. Compliance Review and Monitoring Activity - 246.8(a)(2): describe the policies and procedures used to monitor and review local agencies to verify that they are in compliance with civil rights laws and regulations.

D. Data Collection and Reporting - 246.8(a)(3): describe the methods used to collect and monitor racial/ethnic data in compliance with title VI of the Civil Rights Act of 1964.

E. Complaint Handling - 246.4(a)(17): describe the policies and practices used to ensure civil rights complaints are handled properly at the State and local level.

XI. CIVIL RIGHTS

A. Administration

1. The State agency designates an individual to coordinate, implement, conduct training and enforce civil rights efforts.

Yes No

- a. The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations and instructions:

	State Agency	Local Agency
Briefing for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handouts for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Memos and updates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by civil rights coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by staff other than WIC Program	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If other, specify: FY 2014 ADPH Civil Rights Training

- b. Civil rights training is provided annually.

State agency staff Yes No

Local agency staff Yes No

- c. Civil rights training includes the following:

	State Agency	Local Agency
Collection and use of racial/ethnic data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Effective public notification systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance review techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resolution of noncompliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for language assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conflict resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If other, specify: _____

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

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

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):

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

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):

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

XI. CIVIL RIGHTS

B. Public Notification Requirements and Nondiscrimination

1. Public Notification

a. The State agency requires its local agencies to include the nondiscrimination policy statement and civil rights complaint procedure on the following (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Outreach letters to the general public | <input checked="" type="checkbox"/> Radio announcements |
| <input checked="" type="checkbox"/> Program information letters | <input checked="" type="checkbox"/> Publications |
| <input checked="" type="checkbox"/> Program information brochures | <input checked="" type="checkbox"/> Posters |
| <input checked="" type="checkbox"/> Program information bulletins | <input checked="" type="checkbox"/> Newsletters |
| <input checked="" type="checkbox"/> Newspaper announcements | <input checked="" type="checkbox"/> Referral material |
| <input checked="" type="checkbox"/> Internet | <input checked="" type="checkbox"/> Television announcements |
| <input type="checkbox"/> Letters of invitation in the public hearing process | <input type="checkbox"/> Application forms (including computer-based forms) |
| <input checked="" type="checkbox"/> Certification forms to be signed by participants | <input type="checkbox"/> Other (specify): _____ |

XI. CIVIL RIGHTS

B. Public Notification Requirements and Nondiscrimination

b. The State agency requires that the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute be displayed in the following places frequented by applicants and participants:

- Clinic waiting rooms
- Food instrument issuance offices
- Group/individual nutrition education areas
- Test kitchens
- Warehouse distribution centers
- 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Hours of service of LA/clinics operating WIC Program |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Rights and responsibilities |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Nondiscrimination policy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Civil rights complaint procedure |

1 = general public

2 = grassroots/community organizations that deal with potentially eligible minorities

3 = potential eligibles/applicants/participants

d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure Manual citation of materials used):

- Annually More frequently

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

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI; Outreach, Chapter XV

2. Nondiscrimination Notification

a. The State agency or local agency:

- Provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- Appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- All rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.

XI. CIVIL RIGHTS

B. Public Notification Requirements and Nondiscrimination

b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

M	VT	PT	BS	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	English
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spanish
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	French
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chinese
<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>We have material in English, Spanish, Vietnamese, Chinese, and Korean, Our paid translators also speak Korean, Arabic, German, and Japanese.</u>

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

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

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):

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI; Quality Assurance, Chapter XVI

2. Monitoring Activity

a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:

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

XI. CIVIL RIGHTS

C. Compliance Review and Monitoring Activity

b. The State agency checks for the following in local agency applications:

- The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- The Civil Rights Assurance is included in the State-Local Agency Agreement
- A description of the racial/ethnic makeup of the service area is included in the application
- Appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of people with limited English proficiency (LEP) reside

c. The State agency checks for the following in its civil rights reviews of its local agencies:

- Case records include racial/ethnic data
- Where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population
- The local agency has conducted civil rights training for its staff
- The project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- Program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- The nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public
- Racial/ethnic data are collected by actual count and maintained on file for 3 years
- The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- Civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1: XV

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

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

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):

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

XI. CIVIL RIGHTS

D. Data Collection and Reporting

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): ADPH-ENC-400, Information Request form, allows participant/applicant to choose ethnicity and race.

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

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

XI. CIVIL RIGHTS

E. Complaint Handling

1. The State agency ensures the following:

- WIC Program applicants and participants are informed where and how they may file a complaint of discrimination by directing them to the USDA Office of the Assistant Secretary for Civil Rights website (http://www.ascr.usda.gov/complaint_filing_cust.html) for proper Discrimination Complaint Filing processes.
- WIC Program applicants and participants are informed that they can file their complaints directly with the U.S. Department of Agriculture (who in turn forward them directly to the FNS HQ Civil Rights Division), directly with the FNS HQ Civil Rights Division, their State Agency or their local Agency. However, the local/State Agency must then forward their complaint either directly to the FNS HQ Civil Rights Division or the U.S. Department of Agriculture.
- All local agency staff are trained in discrimination complaint procedures
- All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff and forwarded to the FNS HQ Civil Rights Division.
- Complaints alleging discrimination based on race, color, national origin, or age are forwarded to the FNS HQ Civil Rights Division through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)
- Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division (for those State and local agencies without an FNS-approved grievance procedure in place).
- Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division.

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

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

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):

Alabama WIC Policy and Procedure Manual, Civil Rights, Chapter XI

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):

2015 Alabama WIC Policy and Procedure Manual, Chapter XI

CHAPTER XII

BREASFEEDING PEER COUNSELING INFORMATION

WIC Breastfeeding Peer Counseling Information

State Agency: Alabama
Formula Grant Amount: \$500,000
Grant Period October 1, 2014-September 30, 2017

The following responses are numbered according to the format of the Fiscal Year 2015 WIC Breastfeeding Peer Counseling Funds agreement which was signed by Alabama WIC Director, Amanda C. Martin, on April 7, 2015.

1. The FNS Loving Support model, *Loving Support Through Peer Counseling: A Journey Together-For WIC Managers and Loving Support through Peer Counseling: A Journey Together-For Peer Counselors* training curricula are being used and will continue to be used to train peer counselors and staff.

2. Budget

Salaries (including State Peer Counselor Coordinator)	\$ 309,566.00
Fringe	\$ 45,449.00
Travel (In State)	\$ 1,500.00
Motor Pool	\$ 6,000.00
Supplies	\$ 1,000.00
Indirect Cost	\$ 59,437.00
Grants – Mobile Co, Jefferson Co	<u>\$ 77,048.00</u>
TOTAL	\$500,000.00

The majority of Peer Counseling Funds are allocated to salaries which include a State Breastfeeding Peer Counselor Coordinator, Peer Counselors, fringe and indirect costs. Remaining funds are directed to training including supplies and travel costs. Currently, there are 69 active Peer Counseling sites statewide. Plans for expansion of the program include 10 additional sites in FY 2016. The Peer Counselors will call multiple sites.

This submission serves as the programmatic description for the FY2016 State Plan.

3. Financial reporting requirements will be met in a timely manner.

4. There are approximately 32 WIC peer counselors.

5. The number of local agencies designated by the State agency to receive funds to operate peer counseling programs 11 Public Health Areas. Funding for the program is at the state level for the Local Agencies/Counties.

CHAPTER XIII

EBT IMPLEMENTATION

FY 2016 State Plan – e-WIC Implementation Update:

- Alabama submitted their Implementation Advance Planning Document (IAPD) on September 11, 2014 and received FNS approval of the IADP on February 2, 2015. Alabama received notification from FNS on April 29, 2015 that the funding request in the IADP was approved. Alabama will receive \$2,590,046.00 to fund e-WIC implementation.
- Alabama is a member of the State Agency Model (SAM) Crossroads Consortium along with Virginia, West Virginia, and North Carolina as the lead State agency. Crossroads was developed as an EBT-ready system however; it was not designed to run paper and e-WIC simultaneously. As a result Crossroads will require modifications to simultaneously run paper and e-WIC in the Crossroads environment. A change request document is being prepared by CSC to address this functionality requirement. The functionality must be tested in the Crossroads system to ensure all potential changes are identified. The Consortium anticipates that testing and implementation of the system changes will occur during fiscal year 2016.
- State WIC and Information Technology (IT) staff are continuing to prepare for e-WIC implementation which will begin shortly after Crossroads has been upgraded.
- Alabama WIC continues to actively engage retailers in the EBT process through updates and as needed meetings of the Alabama Grocers Association WIC Task Force.

Alabama e-WIC Implementation Milestones		
Task Name	Start Date	End Date
Procurement Process e-WIC Service Provider	November 1, 2015	April 30, 2016
Procurement Process for QA Contractor	November 1, 2015	April 30, 2016
Design, Develop and Test	May 1, 2016	January 31, 2017
Pilot	February 1, 2017	April 30, 2017
Implement Area 1 - PHAs 8 and 10	May 2017	
Implement Area 2 - PHAs 9 and 11	June 2017	
Implement Area 3 - PHAs 3, 4 and 7	July 2017	
Implement Area 4 - PHAs 5 and 6	August 2017	
Implement Area 5 - PHAs 1 and 2	September 2017	
Project Closeout	October 2017	January 2017
Note: These dates are subject to change.		