

2024
WIC State Plan
(Alabama)



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

July 18, 2023

Ms. Sandra Benton-Davis
Branch Chief
Supplemental Nutrition Programs
SERO Food and Nutrition Services
61 Forsyth Street, Suite 8T36
Atlanta, GA 30303

Dear Ms. Benton-Davis:

Subject: Alabama State Plan and Procedure Manual

The Alabama Department of Public Health (ADPH), Bureau of Family Health Services, Women, Infants, and Children (WIC) Program is pleased to provide our Fiscal Year (FY) 2024 State Plan and Procedure Manual. During FY 2023, the WIC Program had many accomplishments that enabled the program to continue to provide benefits and nutrition education to participants during the COVID-19 pandemic and amid the nationwide formula shortage. The program will continue to focus on retaining WIC participants and improving benefit utilization by increasing food instrument redemption during FY 2024.

ADPH has been providing WIC services for over 45 years. It is an honor to continue to serve the population in greatest need of nutrition counseling and nutritious foods. The program will continue to operate in accordance with the FY 2024 State Plan and the most current WIC federal regulations.

If you have questions regarding Alabama's FY 2024 WIC State Plan and Procedure Manual, please call Allison Hatchett, Program Director, at 334-206-2927.

Sincerely,

Scott Harris, M.D., M.P.H.
State Health Officer

SH/ARH
Enclosures


DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: N/	7. Federal Program Name/Description: FY 2024 WIC State Plan CFDA Number, if applicable: 10.557	
8. Federal Action Number, if known: N/A	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Scott Harris, M.D., M.P.H.</u> Title: <u>State Health Officer</u> Telephone No.: <u>334-206-5200</u> Date: <u>7/26/2023</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE
FEDERAL-STATE
SUPPLEMENTAL
NUTRITION PROGRAMS AGREEMENT**

For FNS Use Only
Agreement Number

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This information is being collected to assist the Food and Nutrition Service in entering into written agreements with State agencies desiring to administer the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the WIC Farmers' Market Nutrition Program (FMNP), and/or the Seniors Farmers' Market Nutrition Program (SFMNP). This is a mandatory collection and FNS uses the information to make funds available to State agencies for the administration of one or more programs. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0332. The time required to complete this information collection is estimated to average .125 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0332). Do not return the completed form to this address.

1. NAME OF STATE AGENCY Alabama Department of Public Health Bureau of Family Health Services Women, Infants, and Children (WIC) Program	2. STATE AL	4. PROGRAM(S) ADMINISTERED <input checked="" type="checkbox"/> WIC <input type="checkbox"/> WIC FARMERS' MARKET NUTRITION PROGRAM <input type="checkbox"/> SENIOR FARMERS' MARKET NUTRITION PROGRAM
	3. EFFECTIVE DATE 10/01/2023	
5. UNIVERSAL IDENTIFIER NUMBER(S) 613842061		


No monies or other benefits may be paid out under this program unless this Agreement is completed and filed as required by existing regulations (7 CFR Parts 246, 248, and 249).

MEMBER DELEGATE CLAUSE

No Member of or Delegate to Congress, or Resident Commissioner shall be admitted to any share or part of this Agreement or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Agreement if made with a corporation for its general benefit.

CERTIFICATION REGARDING LOBBYING

The State agency, if applicable, has executed and attached to the agreement the required certification regarding lobbying and if applicable the Standard Form-LLL, "Disclosure of Lobbying Activities."

STATE AGENCY	U.S. DEPARTMENT OF AGRICULTURE
PRINTED NAME Scott Harris, M.D., M.P.H.	PRINTED NAME
BY (Signature) 	BY (Signature) _____
TITLE State Health Officer	TITLE
DATE 7/26/2023	DATE

In order to effectuate the purpose of Section 17 of the Child Nutrition Act of 1996, as amended (42 U.S.C. 1786), and Section 4402 of the Farm Security and Rural Investment Act of 2002 as amended (7 U.S.C. 3007), the United States Department of Agriculture, hereinafter referred to as the "Department," and the State Agency (item 1 above) agree as follows:

The Department agrees to make funds available to the State Agency for the administration within the State (item 2 above) of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), the WIC Farmers' Market Nutrition Program (FMNP), and/or the Senior Farmers' Market Nutrition Program (SFMNP) in accordance with applicable regulations (7 CFR Parts 246, 248, and 249) and any amendments thereto.

The State Agency agrees to accept Federal funds for expenditure in accordance with the applicable statutes and regulations, and any amendment thereto, and to comply with all the provisions of such statutes and regulations, and amendments thereto.

The State Agency further agrees to support full use of Federal funds provided to the State Agency for the administration of the WIC Program and/or the FMNP, and exclude such funds from State budget restrictions or limitations including, at a minimum, hiring freezes, work furloughs, and travel restrictions affecting the WIC Program or the FMNP.

Copies of the current regulations are attached hereto and made a part hereof. In the event of a proposed amendment of the regulations, if the State Agency gives to the Department, prior to the effective date of the amendment, written notice of its determination to discontinue the program or program activities for which administrative expenses are available, this Agreement shall be terminated as of the effective date of the amendment.

This Agreement shall be effective commencing on the date specified (item 3 above) and ending one year thereafter, unless terminated earlier as provided herein. The Department may renew this Agreement each year thereafter, by notice in writing

given to the State Agency as soon as practicable after funds have been appropriated by Congress for carrying out the WIC Program, the WIC Farmers' Market Nutrition Program, and/or the Senior Farmers' Market Nutrition Program during each such year. In any event, however, either party hereto may terminate this Agreement, by giving at least thirty days written notice.

Upon termination or expiration of this Agreement, as provided herein, the State Agency shall make no further disbursement of funds paid to the State Agency in accordance with this Agreement except to meet State expenses incurred on or prior to the termination or expiration date, notwithstanding any termination or expiration of this Agreement, and the State Agency shall promptly return all remaining funds made available to it by the Department. The obligations of the State Agency under the above cited regulations shall continue until the requirements hereof have been fully performed.

Assurance of Civil Rights Compliance

The State Agency hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or

activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the State Agency agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the State Agency, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the State Agency.

Equal Employment Opportunity Clause

During the performance of this Agreement insofar as it relates to State administrative expenses, the State Agency agrees that:

(1) the State Agency will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, handicap, or national origin. The State Agency will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, age, handicap, or national origin.

Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The State Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Department setting forth the provisions of this nondiscrimination clause.

(2) The State Agency will, in all solicitations or advertisements for employees placed by or on behalf of the State Agency, state that all qualified applications will receive consideration for employment without regard to race, color, religion, sex, age, handicap, or national origin.

(3) The State Agency will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the Department, advising the labor union or workers' representative of the

State Agency's commitments under Section 202 of Executive Order No. 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The State Agency will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(5) The State Agency will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records and accounts by the Department and the Secretary of Labor for purposes of investigation to ascertain compliance with the nondiscrimination clauses of this Agreement or with any such rules, regulations, and orders.

(6) In the event of the State Agency's noncompliance with such rules, regulations, or orders, this Agreement as it relates to State administrative expenses may be cancelled, terminated or suspended in whole or in part and the State Agency may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rules, regulations, or orders of the Secretary of Labor, or as otherwise provided by law.

(7) The State Agency will include the provisions of items (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The State Agency will take such action with respect to any sub-contract or purchase order as the Department may direct as a means of enforcing such provisions, including sanctions, for noncompliance provided, however, that in the event the State Agency becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Department. The State Agency may request the United States to enter into such litigation to protect the interests of the United States.

Under applicable regulations the Equal Employment Opportunity clause is not applicable to any Agency of the State which does not participate in, work on or under this Agreement insofar as it relates to State administrative expenses.

Assurance of Drug-Free Workplace

The State agency agrees to maintain a drug-free workplace in compliance with the Drug-Free Workplace Act of 1988, Public Law 100-690, Title V, Subtitle D, and 7 CFR part 3021.

UNITED STATES DEPARTMENT OF AGRICULTURE

NOTICE TO APPLICANTS - CERTIFICATION/DISCLOSURE REQUIREMENTS RELATED TO LOBBYING

Section 319 of Public Law 101-121 (31 U.S.C.), signed into law on October 23, 1989, imposes new prohibitions and requirements for disclosure and certification related to lobbying on recipients of Federal contracts, grants, cooperative agreements, and loans. Certain provisions of the law also apply to Federal commitments for loan guarantees and insurance; however, it provides exemptions for Indian tribes and tribal organizations.

Effective December 23, 1989, current and prospective recipients (and their subtier contractors and/or subgrantees) will be prohibited from using Federal funds, other than profits from a Federal contract, for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. In addition, for each award action in excess of \$100,000 (or \$150,000 for loans) on or after December 23, 1989, the law requires recipients and their subtier contractors and/or subgrantees to: (1) certify that they have neither used nor will use any appropriated funds for payment to lobbyists; (2) disclose the name, address, payment details, and purpose of any agreements with lobbyists whom recipients or their subtier contractors or subgrantees will pay with profits or **nonappropriated** funds on or after December 23, 1989; and (3) file quarterly updates about the use of lobbyists if materials changes occur in their use. The law establishes civil penalties for noncompliance.

If you are a current recipient of funding or have an application, proposal, or bid pending as of December 23, 1989, the law will have the following immediate consequences for you:

- You are prohibited from using appropriated funds (other than profits from Federal contracts) on or after December 23, 1989, for lobbying Congress or any Federal agency in connection with a particular contract, grant, cooperative agreement, or loan;
- you are required to execute the attached certification at the time of submission of an application or before any action in excess of \$100,000 is awarded; and
- you will be required to complete the lobbying disclosure form if the disclosure requirements apply to you.

Regulations implementing Section 319 of Public Law 101-121 have been published as an Interim Final Rule by the Office of Management and Budget as Part III of the February 26, 1990, **Federal Register** (pages 6736-6746).

UNITED STATES DEPARTMENT OF AGRICULTURE

**CERTIFICATION REGARDING LOBBYING - CONTRACTS, GRANTS, LOANS
AND COOPERATIVE AGREEMENTS**

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 any 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 subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 \$10,000 and not more than \$100,000 for each such failure.

Alabama Department of Public Health

FY 2024 WIC State Plan & Procedure Manual

Organization Name

Award Number or Project Name

Scott Harris, M.D., M.P.H., State Health Officer

Name and Title of Authorized Representative



Signature



Date

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Goals and Objectives

Alabama Women, Infants and Children (WIC) Program Goals and Objectives, FY 2024

CHAPTER I: VENDOR MANAGEMENT

Goal

Ensure authorized WIC vendors comply with program requirements and provide participants with a positive shopping experience.

Objectives

1. Identify key problem areas that impact the overall WIC shopping experience and develop effective solutions for the identified problems.
2. Develop innovative training materials for authorized WIC vendors to improve program compliance and the shopping experience.
3. Promote the use of the Vendor Information Publication (VIP) e-newsletter as a training tool for authorized WIC vendors.
4. Strengthen Program Integrity by using the routine monitoring visit as an opportunity to provide education and technical assistance to authorized WIC vendors.
5. Provide education and support to district/clinic staff regarding the eWIC shopping experience and Vendor Management.

CHAPTER II: NUTRITION SERVICES

Goal

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

Objectives

1. Continue to implement a biennial district nutrition education plan with additional state level support to educate WIC enrolled women and children of the health benefits of WIC foods and how WIC foods can help improve overall health and weight.
2. Continue to develop/revise WIC nutrition education publications for clinic use to ensure current nutrition and breastfeeding recommendations are included and make resources available in Spanish, as applicable.
3. Continue to address the problem of overweight/obesity in the WIC population and participate in the Alabama Wellness Alliance (AWA) to implement the Alabama Physical Activity and Nutrition Plan (ALPAN).
4. Encourage a statewide increase in the number of secondary nutrition education (SNE) contacts offered by promoting the use of WICHealth.org, which documents topic completion in Crossroads, and/or allowing SNE contacts via telephone for participants between required face to face visits.
5. Continue to provide training for staff working in the WIC program to include Value Enhanced Nutrition Assessment (VENA), nutrition counseling strategies and other needs identified by District Nutrition directors and/or State Office staff.
6. Continue efforts to develop and implement in-reach and outreach efforts that highlight WIC promotion, information distribution, nutrition education, breastfeeding support,

- program referral, staff development, and other applications.
7. Continue efforts to increase the number of breastfed infants. Data from the FY 2023 Alabama WIC Financial Management and Participation Report (FNS-798) indicate an average of 2,206 infants were fully breastfed from October 2022 to June 2023, representing 7.8 percent of participating infants. The average number of partially breastfed infants during FY 2023 (October 2022 to June 2023) was 2,722 or 9.6 percent of participating infants. Considering any breastfeeding (full and partially breastfed infants combined), data indicate an average of 4,928 infants receiving WIC (17.4 percent of total infants) were breastfed as of June 2023. As caseload continues to recover from COVID-related losses, the number of breastfed infants served by Alabama's WIC program has increased significantly. The number of fully breastfeeding infants increased from 2,033 in October 2022 to 2,245 in June 2023, an increase of 212 infants. Similarly, the number of partially breastfeeding infants increased from 1,952 in October 2022 to 2,945 in June 2023, an increase of 993 infants. The goal for FY 2024 is to increase the number of fully breastfed and partially breastfed infants to 20.0 percent, which represents a 2.6 percent increase compared to the current FY 2023 year-to-date average of 17.4 percent as of June 2023.
 8. Maintain access to Pacify 24-hour breastfeeding virtual support for Alabama WIC participants via contract with a commercial provider. Providing 24-hour on-demand support to breastfeeding experts (International Board Certified Lactation Consultants) will complement current breastfeeding services by enabling WIC participants to receive the support they need whenever they need it, even outside of normal clinic hours.
 9. Ensure newly hired staff complete the WIC Breastfeeding Curriculum training, as indicated by role, through on demand virtual training sessions.
 10. Ensure that at least one WIC provider in each Alabama WIC district is an International Board Certified Lactation Consultant (IBCLC) by reimbursing tuition costs associated with completing and passing required lactation specific education and reimbursing the IBCLC exam fee for staff who successfully pass the exam.
 11. Continue expanding the Breastfeeding Peer Counselor Program by increasing the number of Breastfeeding Peer Counselors by 25% (percent) and having at least 1 Peer Counselor in each district. As of August 2023, Alabama's WIC Program employs 14 Peer Counselors, who cover 6 of the 8 districts.

CHAPTER III: MANAGEMENT INFORMATION SYSTEMS (MIS)

Goal

Ensure the Crossroads Computer System is kept up to date to effectively provide quality services in a timely manner and meet federal regulations and policies.

Objectives

1. Continue to update Crossroads as needed to reflect United States Department of Agriculture (USDA) policies.
2. Continue to participate in the Crossroads User Group with Rhode Island, Virginia, and West Virginia.
3. Continue to market and demonstrate Crossroads to other state WIC agencies.
4. Test and implement system design changes identified by the User Group.
5. Maintain and add system interfaces that improve clinic efficiency.

CHAPTER IV: ORGANIZATION AND MANAGEMENT

Goal

Increase efficiency while facing increasing Program requirements.

Objectives

1. Continue to pursue filling critical vacancies to ensure adequate staffing infrastructure in the State WIC Office.
2. Continue to provide on-going support and assistance to county and district staff for improving clinic efficiency, staffing, and productivity.
3. Continue to develop spreadsheets and reports to assist district staff with budget and priority issues.
4. Continue to monitor clinical staffing and productivity standards.
5. Evaluate staffing and tasks to reflect new business operations with eWIC issuance and modify as needed.

CHAPTER V: NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

Goal

Monitor expenditures and staffing to ensure efficient use of funds.

Objectives

1. Continue to work with District management to ensure clinic costs are within budget and quality services are maintained.
2. Continue to monitor cost accounting quarterly and make staffing adjustments as needed to stay within budget and caseload needs.
3. Focus clinic efforts on maintaining caseload and conducting outreach efforts.
4. Pursue new funding opportunities to improve efforts and maximize USDA funding.

CHAPTER VI: FOOD FUNDS MANAGEMENT

Goal

Monitor food costs, availability, and purchases in order to efficiently spend food dollars.

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 district/clinic plans for maintaining caseload or increasing caseload as funds allow.
4. Continue to monitor caseload reports to make sure participants/applicants are being seen without wait lists and to update clinic appointment schedules as needed.
5. Support alternative clinic locations and times in order to accommodate current participants and potential eligible participants.
6. Monitor enrollment and improve in reach efforts for participants enrolled but not actively participating in WIC.

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 through comprehensive staff training and clinic observation.

CHAPTER IX: FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL

Goal

Continue to monitor food benefit issuance and redemption to ensure accountability according to regulations.

Objectives

1. Continue to enhance the accountability of food benefit issuance through quality assurance measures.
2. Continue to monitor the Crossroads 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 and evaluation system to evaluate the quality of participant care, evaluate compliance with federal guidelines and agency policies, and to assist in policy development and training needs.
2. Every two years, local agencies shall conduct a self-audit that encompasses participant care and clinic operations as outlined in the written quality assurance tool.

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. Continue to monitor through Quality Assurance (QA) that staff Civil Rights training and Program policies are being followed.

Chapter I

Vendor and Farmer Management

I. VENDOR AND FARMER MANAGEMENT

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

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

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

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

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

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

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

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

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

F. Administrative Review of State Agency Actions – 7 CFR 246.4(a)(14)(iii) and (a)(18): describe the procedures for conducting both full and abbreviated administrative reviews.

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

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

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

I. VENDOR AND FARMER MANAGEMENT

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

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

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

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

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

1. Number and Distribution of Authorized Vendors

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

- Yes No

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

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

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

2. Vendor Application Periods

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

- On an on-going basis
- Annually in (month) for a new agreement that begins (month) (day)
- Every two years (specify month): (month)
- Every three years (specify month): (month)
- Any time there is a participant access need
- The State agency is currently under a:
 - Federal Moratorium (specify time frame): _____
 - State agency-imposed deferral of application processing (specify time-frame and conditions): _____
- Other (specify): Alabama is shifting to 3 yr agreements effective FY 2024. Moving forward, applications submitted on or after July 1 prior to the renewal year will not be considered for authorization until January 1 of the following year (i.e., 6 month black out period straddling 3 months prior and 3 months after the October 1 effective date for 3 year vendor agreements during the renewal year.

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:

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

Optional criteria:

- A requirement to stock a full range of foods in addition to WIC supplemental foods
- A location necessary to ensure adequate participant access
- Redemption of a minimum number/volume of food instruments and CVVs/CVBs
- Satisfactory compliance with previous vendor agreement
- Certification by an approved State or local health department
- Proof of authorization as a SNAP retailer, including SNAP authorization number
- Hours of operation which meet State agency criteria (specify): Minimum of 8 hours per day, 6 days per week
- Lack of previous WIC sanctions
- Other criteria (specify):
Minimum 3,000 square feet of retail space, less than 50 percent of total food sales from the redemption of WIC Food Instruments, 60 percent 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.

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

- Yes No

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

- Yes No

c. When does the State agency assess vendors for above-50-percent status? Check all that apply:

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

- Use the A50 status determination report in the Food Delivery Portal (e.g., WIC-6 in The Integrity Profile)
- Collect food sales documentation from the vendor
- Collect food sales documentation from another agency (specify): _____
- Other (specify): _____

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

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

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

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

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

Describe the incentive approval process or attach a copy of the relevant application form and list the Appendix citation here:

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

- Yes; please provide list No
-

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

- Yes; please provide list No
-

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

- Yes; please explain: No; please explain:

Alabama ensures equitable treatment of WIC participants during routine monitoring visits, compliance investigations, and/or through investigating complaints. Vendors found to be treating WIC customers differently than non-WIC customers or providing unauthorized incentive items will be assessed the applicable sanction. This includes prohibiting WIC customers from participating in store promotions.

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

by SA by LA by Other

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | For vendors at initial authorization |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | For all vendors at authorization/reauthorization |

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

- Yes No

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

Alabama WIC Procedure Manual Chapter XI Attachment 11-1 Alabama WIC Vendor Application Packet.

4. Vendor Peer Groups

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

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

Yes No

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

Yes No

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

- WIC sales volume
- Gross food sales volume
- Number of cash registers
- Square footage of store
- Type of store
- Location of store, per [7 CFR 246.12\(g\)\(4\)\(ii\)\(A\)](#).
 - Local agency service areas Zip codes
 - City, county, or regional divisions Unique economic location (e.g., rural island, single metro area)
 - Urban/suburban/rural Other (specify): _____
 - Other (specify): _____

d. Using the chart on the next page, describe the peer groupings (e.g., supermarkets, medium and small grocery stores, convenience stores, etc.) that the State agency plans to use during the upcoming fiscal year. For State agencies with more than 18 peer groups, please attach a chart containing this Peer Group Description and list the Appendix citation here:

N/A

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

Yes; date FNS approved exemption: _____ No

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

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

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

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

I. VENDOR 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	277	0	277	0
2	Type 2: Major Independent - 5 or more cash registers	222	0	222	0
3	Type 3: Minor Independent - 3 to 4 cash registers	105	0	105	0
4	Type 4: Small - 1 to 2 cash registers	13	0	13	0
5	*Vendor Numbers as of 07/27/2023				
6					
7					
8					
9					
10					
11					
12					

I. VENDOR MANAGEMENT
A. Vendor Selection and Authorization

13									
14									
15									
16									
17									
18									

Instructions:

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

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

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

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

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

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

I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

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

The State agency makes this assessment—

- Annually Every three years
 Biennially Other (please specify): ongoing assessing eWIC redemption data by food category

Explain what procedures does the State agency have in place to assess the effectiveness of its peer group system and competitive price criteria to enhance system performance?

Alabama assesses peer groups and ensures competitive pricing by conducting an analysis of the national averages and current market prices of WIC food items compared to real time redemption data. Alabama fully transitioned to eWIC during 2019, and uses eWIC redemption data to monitor stores submitting market prices for WIC food items above the Maximum Allowable Reimbursement Levels (MARLs) within peer groups. The Crossroads management information system utilized by Alabama WIC regularly assesses a statistically significant difference in the Maximum Allowable Reimbursement Levels (MARLs) within peer groups using real time redemption data. In addition, Alabama WIC receives information regarding wholesale and market pricing from the Alabama Grocer's Association. Identifying vendors that are charging significantly higher or lower prices than their peers could be indicative of the need to transition a vendor to another peer group or to adjust the current peer group system.

Provide date of most recent FNS approval: 09/17/2017

5. Semiannual Shelf Price Collection

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

- Yes; date FNS approved exemption: 05/18/2021 No

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

6. Vendor Agreements

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

- All vendors have a written agreement with the State agency
 A standard vendor agreement is used statewide
 Vendor agreements are subject to the State's procurement procedures
 Vendor agreements/handbooks are subject to the State's Administrative Procedures Act
 A nonstandard vendor agreement is used for:

- Military commissaries
 Pharmacies that only provide exempt infant formula and/or WIC-eligible medical foods
 All pharmacies
 Mobile stores
 Other (specify): _____

- Vendors are authorized for a period of 3 year(s)
 All vendors are provided at least 15 days advance written notice of the expiration of the vendor agreement
 Chain stores sign a master agreement that includes multiple locations
 Chain stores sign an agreement for each store location
 All authorized WIC vendors are compliant with the regulatory split tender requirement at [246.12\(f\)\(4\)](#).
 Other (specify): Effective October 1, 2023, Alabama WIC is transitioning to a 3 year agreement period covering FY 2024- FY 2026. Prior to FY 2024, vendors were authorized for 2 years.

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: _____
- 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. In addition, food instruments are submitted real time with eWIC. _____

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):

Alabama WIC Procedure Manual Chapter XI . Vendor Management, Attachment 11-2 Alabama WIC Vendor Agreement

I. VENDOR MANAGEMENT

B. Vendor Training

1. Vendor Training - General

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

- Purpose of the WIC Program
- Supplemental foods authorized by the State agency
- Minimum varieties and quantities of supplemental foods that must be stocked
- Obtaining infant formula only from sources included in the State agency's list of State licensed infant formula wholesalers, distributors, and retailers, and manufacturers registered with the U.S. Food and Drug Administration
- Procedures for obtaining prior State agency approval to provide incentive items to WIC participants
- Procedures for transacting and redeeming food instruments and cash - value vouchers
- Vendor sanction system
- Vendor complaint process
- Claims procedures
- Changes in program requirements since the last training
- Recordkeeping requirements
- Replacement food instruments and cash-value vouchers
- Participant complaints
- Vendor requests for technical assistance
- Reauthorization
- Reporting changes of ownership, location, or cessation of operations
- Procedures for appeal/administrative review
- Training employees
- WIC/SNAP sanction reciprocity and information sharing
- Other (specify): Return procedures, policy regarding not issuing rain checks, importance of the vendor agreement, store monitoring visits, compliance activities, coupons/store promotions, and how to order additional training materials.

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

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

- On-site (in-store) meetings/conferences
- Off-site meetings/conferences
- During routine monitoring visits (e.g., educational buys)
- When specialized technical assistance is requested
- Written materials (e.g., newsletters)
- Audio or video recordings
- Teleconference, video conference, or webinars
- Vendor hotline
- State or local agency website

I. VENDOR MANAGEMENT

B. Vendor Training

Other (specify): _____

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

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

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

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

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

Alabama WIC Procedure Manual Chapter XI 11.5 Vendor Training and Chapter XI Attachments 11-3, 11-5, and 11-7.

2. Delegation of Vendor Training

a. The State agency delegates its vendor training to:

- Local agencies
- A contractor; specify: _____
- A vendor association/representative; specify: _____
- Other (specify): State Agency conducts virtual interactive training and assists with on site interactive training
- None (the State agency conducts all vendor training)

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

<u>Times/ FY</u>	<u>Activity</u>
<u>As needed</u>	Provided comprehensive training materials to delegated trainers
<u>As needed</u>	Provided instruction on vendor training techniques to delegated trainers
_____	Monitored performance of delegated trainers to ensure the uniformity and quality of vendor training
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Other (specify): <u>training materials are provided to delegated trainers by the State WIC Office for all newly authorized WIC vendors</u>

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

Alabama WIC Procedure Manual Chapter XI 11.5 Vendor Training and Chapter XI Attachments 11-3, 11-5, and 11-7.

I. VENDOR MANAGEMENT

B. Vendor Training

3. Documents for and Documentation of Vendor Training

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

Yes No

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

Interactive training Annual training

Educational buys Monitoring visits

Remedial training Other (specify): _____

c. The State agency produces a Vendor Handbook:

Yes No

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

https://www.alabamapublichealth.gov/wic/assets/vendor_handbook.pdf

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

Yes No

If yes, provide the link to the training: _____

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

<https://www.alabamapublichealth.gov/alphntn/featured/wic-vendor-training.html>

<https://www.alabamapublichealth.gov/wic/index.html>

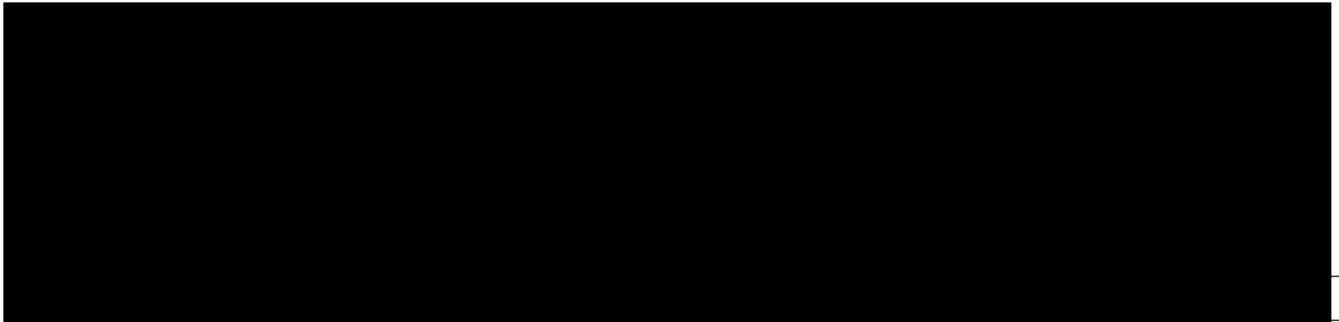
I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

1. Vendor Complaints

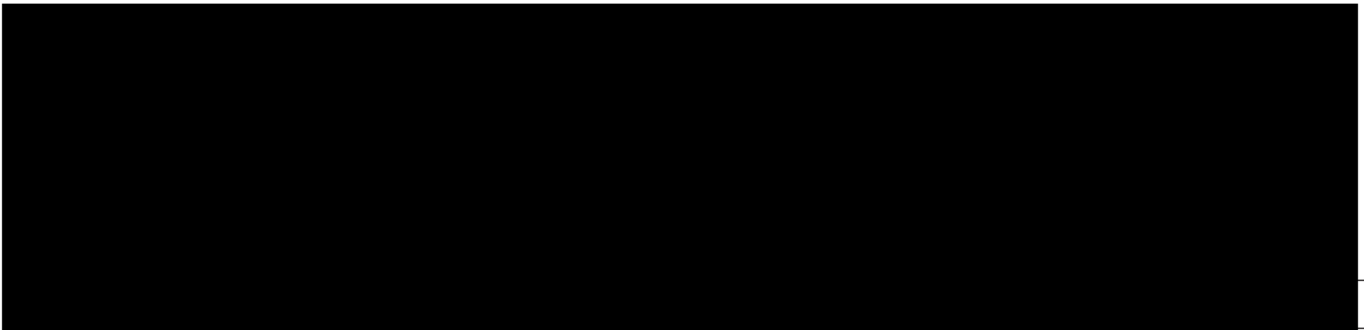
The State agency has a formal system for receiving complaints about vendors:

No; please explain: _____



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

No; please explain: _____



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

Yes, please explain: Complaints are entered into Crossroads MIS as Customer Service Issues and followed up on by either local or state WIC staff.

No; please explain: _____

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

Alabama WIC Procedure Manual Chapter XII Program Abuse

2. Identifying High-Risk Vendors

a. What criteria does the State agency use to identify high-risk vendors: (* = 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/cash-value vouchers/cash-value benefits used in the high-risk vendor analysis. (Check all that apply):

A full monthly food package for a:

Woman Infant Child Other (specify): _____

I. VENDOR MANAGEMENT

C. High-Risk Identification Systems

CVVs/CVBs

Other (specify): _____

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

1 month 2 months 3 months 4 months 5 months 6 months

Other (specify): _____

e. Vendor redemption patterns are generally compared to:

Applicable peer group patterns All vendors' patterns statewide

Other (specify): _____

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

Information regarding the Risk Analysis functionality in Crossroads MIS is available on the WIC Technology Partners website in the Crossroads Sandbox which contains the Crossroads Support Documentation, Crossroads Detailed Functional Design Documents (DFDD). Select the DFDD Crossroads Vendor document and see pages 594-656. The State Agency generates the Risk Analysis report in Crossroads on a quarterly basis. Crossroads displays the percent of all analyzed vendors who exceed the high risk threshold. If this percent exceeds the 5 percent of authorized vendors at high risk the Investigator would select vendors with the highest total risk score for investigation. The vendors with the highest total risk score would be those Crossroads identified as being at the greatest risk of fraud and abuse.

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): Special Investigators

b. Identify the activities performed during a routine monitoring visit; check all that apply:

Check the vendor's inventory of supplemental foods and/or inventory records to determine if the vendor meets the State agency's requirements for the minimum variety and quantity of supplemental foods

Check the vendor's inventory of non-supplemental foods and/or inventory records to provide information on whether the vendor is an above-50-percent vendor

Determine whether the vendor accepts forms of payment other than WIC food instruments, such as cash, personal checks, and credit cards, to provide information on whether the vendor is an above-50-percent vendor

Check the vendor's invoices of infant formula to ensure that the infant formula is obtained only from the State agency's list of infant formula manufacturers registered with the Food and Drug Administration, and infant formula wholesalers, distributors, and retailers licensed under State law

If the vendor is an above-50-percent vendor, check its stock of incentive items to ensure that such items have been approved by the State agency

Obtain the vendor's shelf prices and/or validate the vendor's price list

Review food instruments or receipts in the vendor's possession for vend violations

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

Review use of shelf tags and signage

Review expiration dates on supplemental foods

Compare prices of supplemental foods with similar items not approved as supplemental

Observe WIC transactions that occur

Verify if that the vendor has appropriate terminals deployed in the required number of lanes per [7 CFR 246.12\(z\)\(2\)](#).

Conduct an educational buy

Interview manager and/or employees

Review employee training procedures

Conduct annual vendor training or provide vendor with annual training materials

Examine the sanitary conditions of the store

Ensure that vendor is compliant with the split tender requirement

Other (specify all): Provide the Alabama WIC Program Vendor Procedures Handbook and Alabama 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) Alabama monitors vendors each FY to ensure compliance with the 5 percent minimum outlined in 7 CFR (j) (2). The 5 percent minimum of the number of vendors authorized by the State agency as of October 1 of each FY.

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

I. VENDOR MANAGEMENT

D. Routine Monitoring

- Periodic/scheduled training
- Other (specify): Investigators select vendors for routine monitoring from the Vendor Monitor/Audit Report. Priority is given to those vendors with the oldest monitoring date. _____
- 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): _____

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

Alabama WIC Procedure Manual Chapter XI Attachment 11-8 Conducting Vendor Monitoring and the Alabama WIC Vendor Monitoring Guide _____

I. VENDOR MANAGEMENT

E. Compliance Investigations

1. Investigative Practices

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



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

- Vendor is identified by the high-risk vendor identification criteria
- Random selection
- Geographical considerations
- Volume of WIC redemptions
- Participant complaints
- Other (specify): Food Delivery Portal (FDP) High Risk Indicators

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

- Yes If yes, please provide the guidelines in the Vendor Management Appendix or Cite the Procedure Manual reference: Alabama WIC Procedure Manual Chapter XI. Vendor Management, Section 11.7
- No; specify: _____

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

- Yes No

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

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

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

2. Compliance Buys

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

- Trafficking buys (exchanging food instruments for cash)
- Safe buys (transacting food instruments to see if the vendor will overcharge)

I. VENDOR MANAGEMENT

E. Compliance Investigations

- Short buys (transacting food instruments for less food items than those available to see if the vendor will charge for food items not received)
- Major substitution buys (exchanging food instruments for non-food items)
- Minor substitution buys (exchanging food instruments for unauthorized food items)
- Other (specify): Recalled items.

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

- Yes; explain: Compliance buys are tailored based on the reason the vendor was selected for an Investigation. For example, if the State WIC Office received a complaint that a vendor was allowing the purchase of unauthorized products then the Investigator would attempt to purchase an unauthorized product.
- 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): _____

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

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

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

h. Does the State agency have a clear, actionable definition of "pattern of violations" approved by its General Counsel/Administrative Officer? Yes No

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

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): If a vendor location is not readily accessible for a compliance buy due to suspicion of strangers or other circumstance 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): _____

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:

The receipts examined during an inventor audit cover a 60-day period.

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

I. VENDOR MANAGEMENT

E. Compliance Investigations

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

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

Yes; 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: _____

No

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

Alabama WIC Procedure Manual Manual, Chapter XI, Vendor Management, Attachment 11-2 Alabama WIC Vendor Agreement

I. VENDOR MANAGEMENT

F. Administrative Review of State Agency Actions

1. Types of Administrative Reviews

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

Informal Desk Reviews	Abbreviated Admin. Reviews	Full Admin. Reviews	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to competitive price selection criterion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Denial due to minimum stocking selection criterion
<input type="checkbox"/>	<input 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 XIII Administrative Appeals

2. Administrative Review Procedures

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

- Yes; please indicate: Hearing of contested cases rules found in Chapter 420-1-3 of the Alabama Administrative Code.
- No

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

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

I. VENDOR MANAGEMENT

F. Administrative Review of State Agency Actions

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

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

c. Administrative reviews are conducted by:

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

d. The following procedures are followed for administrative reviews:

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

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

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

Alabama WIC Procedure Manual Chapter XIII Administrative Appeals

I. VENDOR MANAGEMENT

G. Coordination with SNAP

1. WIC/SNAP Information Sharing

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

Yes No

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

Once a year

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

Periodically, as changes occur

Upon request

Other (specify): _____

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

Yes No

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

Yes (specify): Chapter 1, Section 1.19 Record Confidentiality, C Vendor Information, of the Alabama WIC Program Procedure Manual outlines in detail Alabama's procedures regarding information sharing. All WIC employees are required to notify their immediate supervisor of any vendor information requests who will in turn notify the Alabama WIC Program Director. The request will be reviewed by the Alabama WIC Program Director to ensure it is appropriate and in compliance with section 246.26 (e) of the Federal Regulations. Alabama only shares vendor information in accordance with section 246.26 (e) of the Federal Regulations which includes; vendor's name, address, telephone number, web site/e-mail address, store type, and authorization status. No vendor information requests are granted without first consulting with the Alabama WIC Program Director. If information is requested by a person enforcing Federal or State law or local ordinance who is not directly connected with administration or enforcement of the WIC Program or SNAP, the request is handled by the Department's General Counsel. General Counsel will consult with the Alabama WIC Program Director as needed while reviewing any requests for vendor information.

No

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

See Attached SNAP - WIC Information Sharing Agreement - Attachment III

I. VENDOR MANAGEMENT

H. Staff Training

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

State	Local	Other (contractor)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor selection and authorization
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor training
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Routine monitoring
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	WIC/SNAP information sharing and handling of confidential WIC vendor data
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High-risk vendor identification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vendor management information system

Not applicable

Other (specify): _____

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

Monthly

Quarterly

Other frequency: On an as needed basis.

No vendor advisory council

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

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

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

Manually (via the FDP screens)

Upload comma delimited file

Upload XML file

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

I. VENDOR MANAGEMENT

I. Participant Access

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

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.

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

Yes No

- a. If yes, describe below paste or attach and provide a citation of the procedures used for assessing vendor applications for participant access. Provide sufficient details so steps can be followed and criteria applied to a specific vendor

Prior to notifying a vendor applicant of denial due to failure to meet the Criteria for Participation an Inadequate Participant Access assessment is completed. Per Chapter 420.10.2 of the Alabama Administrative Code governing the WIC Program, the Department may in its discretion waive any of the vendor criteria for participation to ensure adequate participant access to WIC Program benefits. Adequate participant access exists if an authorized WIC vendor is within ten miles of the violative vendor and no geographic barriers or other conditions make participant access unreasonably difficult. The Alabama State WIC office uses two forms to document Inadequate Participant Access assessments: 1) A form for denied Vendor Applicants and 2) A form for Violative Vendors/CMP Assessment. See Attachment IV.

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

I. VENDOR MANAGEMENT

J. Farmer/Farmers' Market Authorization

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

1. Does the State agency delegate any tasks related to the management of the Farmers or Farmers' Markets to another entity?

No

Yes (specify what tasks and to whom): _____

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

Authorization by the WIC Farmers' Market Nutrition Program (FMNP)

Selection criteria established separately from FMNP

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

4. The State agency considers applications:

On an on-going basis Every three years

Annually Every two years

Other (specify): _____

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

I. VENDOR MANAGEMENT

K. Farmer/Farmers' Market Agreements

1. Agreement periods are for:

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

2. Agreements are:

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

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

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

4. Agreement provisions include:

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

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

- Collect sales tax on CVV/CVB purchases

I. VENDOR MANAGEMENT

K. Farmer/Farmers' Market Agreements

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

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

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

I. VENDOR MANAGEMENT

L. Farmer/Farmers' Market Training

1. Farmer/farmers' market training includes:

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

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

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

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

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

4. The State agency delegates training to:

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

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

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

- Yes No

If yes, provide the citation: _____

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

- Yes No

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

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

I. VENDOR MANAGEMENT

M. Farmer Monitoring

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

FMNP Sample of farmers/farmers markets for monitoring

WIC sample of vendors for monitoring

2. **Monitoring includes:**

Covert methods, such as compliance buys

Overt methods, such as routine monitoring

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

I. VENDOR MANAGEMENT

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

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

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

2. Farmers/farmers' markets may administratively appeal:

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

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

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

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

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

Chapter II

Nutrition Services

II. NUTRITION SERVICES

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

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

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

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

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

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

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

II. NUTRITION SERVICES

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

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

Yes No

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

Yes No NA, State agency has not authorized local agency(ies).

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

Yes No NA, State agency has not authorized local agency(ies).

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

A needs assessment

Goals and objectives for participants

Evaluation/follow-up

Other (list): _____

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

Quarterly or annually written reports

Year-end summary report

Annual local agency reviews

Other (specify): _____

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

Yes No

ADDITIONAL DETAIL: Nutrition Services Supporting Documentation:

AL WIC Procedure Manual- Chapter 3 Nutrition Education, Chapter 15 Quality Assurance

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

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

Yes No

II. NUTRITION SERVICES

A. Nutrition Education

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

- State-developed questionnaire issued by local agencies
- Locally-developed (questionnaires need approval by State Agency): Yes No)
- State-developed questionnaire issued by State agency
- Focus groups
- Other (specify): Local agencies may obtain input from participants through local suggestion boxes, focus groups, and discussion with participants. The State WIC Office does not oversee these efforts. The State WIC Office does informally talk with participants during Quality Assurance reviews and site visits. Suggestions are also received through ADPH Customer Service surveys and emails and shared with Local Agencies.

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): These results are used by Local Agencies to modify nutrition education and breastfeeding support efforts to better reach participants.

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

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

- Face-to-face, individually or group
- Online/Internet (individually or group)
- Telephone
- Food demonstration
- A delivery method performed by other agencies, i.e., EFNEP, SNAP-Ed. Please describe the type of nutrition education delivered.
EFNEP - please refer to the AL WIC Procedure Manual Ch. 3 Nutrition Education, Attachments 3-3 MOU between EFNEP of the AL Cooperative Extension and WIC.
- Other (specify): _____

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

- Individual nutrition education contacts tailored to the participant's needs.
- Group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
Group would consist of same participant category and mutual interests, i.e. prenatal breastfeeding education.
- Once a Group nutrition education contact is identified and planned participants are informed and encouraged to attend.
Other (specify): Online contacts relevant to the participant's needs in keeping with VENA.

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 set goals |
| <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 care plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation of completing care plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Participant set goal
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

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

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 type="checkbox"/>	<input type="checkbox"/>	Licensed Practical Nurses
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Registered Nurses
<input type="checkbox"/>	<input type="checkbox"/>	B.S. in Home Economics
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	B.S. in the field of Human Nutrition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Registered Dietitian or M.S. in Nutrition (or related field)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dietetic Technician (2-year program completed)
<input 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, per [7 CFR 246.12\(r\)\(1-4\)](#).

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

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 are designated by the participant/parent/guardian at certification/subcertification.

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

AL WIC Procedure Manual: Ch. 3 Nutrition Education, Ch. 4 Nutrition Assessment/Visit Standards, Ch. 15 Quality Assurance.

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:

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

Yes No

II. NUTRITION SERVICES

A. Nutrition Education

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

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

See attachment AL WIC Publications and Forms; AL WIC Procedure Manual Ch. 3 Nutrition Education

II. NUTRITION SERVICES

A. Nutrition Education

5. Nutrition Education Needs of Special Populations

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

M H S B

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

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

See attachment AL WIC Publications and Forms; AL WIC Procedure Manual Ch. 3 Nutrition Education, Ch. 7 Special Populations.

6. Breastfeeding Promotion and Support Plan

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

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

II. NUTRITION SERVICES

A. Nutrition Education

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

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

7. Breastfeeding Peer Counseling

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

- Yes No

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

- Full amount available BFPC funds.
- Specific amount of available BFPC funds \$ 600,000 (Not to exceed the full amount available.)

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

FY 2024 BFPC Line Item Budget Worksheet and Narrative attached

c. Please provide the approximate number of WIC peer counselors in your State: 14

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

14

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

8

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

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

- Yes No

II. NUTRITION SERVICES

A. Nutrition Education

- g. **Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC participants outside usual clinic hours and outside the WIC clinic.**
 Yes No
- h. **Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**
 Yes No
- i. **Defined job parameters and job descriptions for breastfeeding peer counselors**
 Yes No
- If yes, the job parameters for peer counselors (check all that apply):**
- Define settings for peer counseling service delivery (check all that apply):
- Home (peer counselor makes telephone calls from home)
 - Participant's home (peer counselor makes home visits)
 - Clinic
 - Hospital
- Define frequency of participants contacts
- Define procedures for making referrals
- Define scope of practice of peer counselor
- j. **Defined job parameters and job descriptions for designated breastfeeding expert.**
 Yes No
- k. **Compensation and reimbursement of breastfeeding peer counselors**
 Yes No
- l. **Training of State and local staff (managers, Designated Breastfeeding Expert, Peer Counselors, CPAs, others) through FNS-developed training curriculum**
 Yes No
- m. **Training of WIC clinic staff about the role of the WIC peer counselor**
 Yes No
- n. **Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):**
- Timing and frequency of contacts
 - Documentation of participants contacts
 - Referral protocols
 - Confidentiality
 - Use of social media
 - Other, (specify): _____
- o. **Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):**
- Regular, systematic contact with peer counselor
 - Regular, systematic review of peer counselor contact logs
 - Regular, systematic review of peer counselor contact documentation
 - Spot checks
 - Observation
 - Other, (specify): Performance appraisal and supervisor review

II. NUTRITION SERVICES

A. Nutrition Education

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

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

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

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

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

- Standardized training using FNS-developed curriculum
- Ongoing training at regularly scheduled meetings
- Home study
- Opportunities to "shadow" or observe lactation experts and other peer counselors
- Training/experience to become senior level peer counselors, (WIC-Designated Breastfeeding Expert, etc.)
- Other, (specify): _____

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

AL WIC Procedure Manual Ch. 6 Breastfeeding Promotion and Support.

II. NUTRITION SERVICES

B. Food Package Design

1. Authorized WIC-Eligible Foods

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

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

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

- Yes No

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

See AL WIC Procedure Manual Ch. 5 Supplemental Foods Attachments 5-1 Criteria for Approving AL WIC Food Packages and 5-2 AL WIC Approved Foods Brochure.

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

Yes No

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pregnant women/Partially (Mostly) Breastfeeding |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fully Breastfeeding women |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Postpartum, non-breastfeeding women |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 0-5 months |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 6-11 months |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Children |

e. WIC Formulas:

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

- Yes No

(2) The State agency requires medical documentation for contract infant formula (that does not meet the requirements in Table 4 at [246.10\(e\)\(12\)](#) per [7 CFR.246.10\(d\)\(1\)\(vi\)](#)).

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

II. NUTRITION SERVICES

B. Food Package Design

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

Yes No

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

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

Yes No

Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies in regards to payment of WIC-eligible exempt infant formulas and medical foods.

f. Rounding:

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

II. NUTRITION SERVICES

B. Food Package Design

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

Yes No

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

AL WIC Procedure Manual Ch. 5 Supplemental Foods.

2. Individual Nutrition Tailoring

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

Yes No

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

Homeless individuals and those with limited cooking facilities

Residents of institutions

Other (specify): _____

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

AL WIC Procedure Manual Ch. 5 Supplemental Foods.

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):

AL WIC Procedure Manual Ch. 5 Supplemental Foods.

II. NUTRITION SERVICES

B. Food Package Design

3. Prescribing Packages

a. Individuals allowed to prescribe food packages:

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

AL WIC Procedure Manual Ch. 5 Supplemental Foods.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition and breastfeeding assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC Nutrition risk criteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening protocol (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of nutrition education remotely	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

AL WIC Procedure Manual Ch. 1 Program Administration, Ch. 3 Nutrition Education, Ch. 6 Breastfeeding Promotion and Support.

WIC Directory of Publications and Forms

July, 2023

*Highlighted items are forms

ADPH Form:	Description:	Revision Date:	Packaged:	Available from:
WIC-100/100S	Do You Need Additional Information	2/12	-	Doc. Library
WIC-104	WIC Referral/Medical Information Form	8/20	-	Doc Library
WIC-111a	WIC Formula Prescription for Infants	8/21	-	Doc Library alabamapublichealth.gov/wic
WIC-111b	WIC Formula Prescription for Child and Woman	8/21	-	Doc Library alabamapublichealth.gov/wic
WIC-112	Formula Log/Issuance Sheet	8/18	-	Doc Library
WIC-114	Hospital Special Formula Notification	8/21	-	State WIC Office
WIC-115/115S	Letter of Support (Spanish on Back)	06/99	-	Doc Library
WIC-116/116S	No Proof Form (Spanish on Back)	06/99	-	Doc Library
WIC-117	Immunization Book Marker		Packs of 100	Warehouse
WIC-118/118S	What to Bring to Your Appointment (Spanish on Back)	02/16	Pads of 100	Doc Library/Warehouse
WIC-119	AI WIC Program Eligibility Expiration Notice	12/16	-	Doc Library
WIC-140	Postcard - Reminder		Packs of 100	Warehouse
WIC-154/154S	Mom-To-Be (Spanish on Back)	6/18	-	Doc Library/Warehouse
WIC-155E	Clinic ID/Appointment card	4/19	Packs of 50	Warehouse
WIC-156	Warning Insert		Packs of 100	Warehouse
WIC-157/157S	Who is Eligible for WIC (Spanish on Back)	05/23	Packs of 100	Doc Library/Warehouse
WIC-160	We Missed You/Card		Packs of 100	Warehouse
WIC-280/280S	Food Safety Tips	02/23	Packs of 100	Warehouse
WIC-308/308S	What Should I Eat? Breastfeeding and Non-Breastfeeding Moms	07/23	Packs of 100	Warehouse
WIC-330	Breastfeeding Supply Accountability Form		Packs of 100	Doc Library

ADPH Form:	Description:	Revision Date:	Packaged:	Available from:
WIC-331	Clinic Issuance and Inventory Form for Breast Pumps and Silicone Nipple Shields		-	Doc Library
WIC-331a	Clinic Issuance and Inventory Form for Non-Returnable Breastfeeding Items			Doc Library
WIC-333	Breast Pump Loan/Release Form		-	Doc Library
WIC-335	Single-User Electric Breastpump Issuance			Doc Library
WIC-351	Requisition Breastfeeding Resources Form		-	Doc Library/Warehouse
WIC-352	Property Removal Form			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	10/10	Packs of 100	Warehouse
WIC-404/404S	What's On Your Plate?		Packs of 100	Warehouse
WIC-414/414S	Iron You Need It!	08/05	Packs of 100	Warehouse
FHS- 285E/S	Make Good Food Choices To Help Prevent Lead Poisoning	05/06	Packs of 100	Warehouse
WIC-430/430S	What Should I Eat? Pregnant Moms	07/23	Packs of 100	Warehouse
WIC-431	Nutrition for the Teenage Mother-to-Be	03/96	Packs of 100	Warehouse

WIC-437/437S	Drugs & Alcohol Can Hurt Unborn Baby	06/04	Pads of 100	Warehouse
WIC-437/437S	Why You Should Quit Smoking	03/96	Pads of 100	Warehouse
WIC-439/439S	WIC Wants You To Know Healthy Choices		Packs of 100	Doc Library/ Warehouse
WIC-440/440S	Feed Me, I'm Yours 0-6 months	06/23	Packs of 100	Warehouse
WIC-441/441S	Feed Me, I'm Yours 6-12 months	06/23	Packs of 100	Warehouse
WIC-443/443S	How to Make Formula		Packs of 50	Warehouse
WIC-444/444S	Time for a Cup	02/23	Packs of 100	Warehouse
WIC-445/445S	Baby Oral Checklist	02/23	Pads of 100	Warehouse
WIC-446/446S	Healthy Tips for Picky Eaters	05/23	Pads of 100	Warehouse
WIC-447/447S	Fruit & Vegetable Tip Card	05/23	Pads of 100	Warehouse

ADPH Form:	Description:	Revision Date:	Packaged:	Available from:
WIC-470/470S	What Should My Child Eat?	07/23	Packs of 100	Warehouse
WIC-471	Healthy Eating for 1 Year Olds	4/21	Packs of 100	Warehouse

WIC-472	Healthy Eating for 2 Year Olds	4/21	Packs of 100	Warehouse
WIC-473	Healthy Eating for 3 Year Olds	4/21	Packs of 100	Warehouse
WIC-474	Healthy Eating for 4 Year Olds	4/21	Packs of 100	Warehouse
WIC-475/475S	Folic Acid for Women	12/97	Packs of 100	Warehouse
WIC-493/493S	Second Hand Smoke (Spanish on Back)		-	Doc Library
WIC-600/ 600S	Get Healthy with WIC: Try Something New with Fruits and Vegetables		Packs of 100	Warehouse
WIC-601	Get Healthy with WIC (Make Half of Your Grains-Whole Grains)		Packs of 100	Warehouse
WIC-602	Get Healthy with WIC (A Healthy Choice Low Fat Dairy)		Packs of 100	Warehouse
WIC-603	Get Healthy with WIC (More Than Meat Protein)		Packs of 100	Warehouse
WIC-671/671S	Help Your Child Drink for Health!	06/04	Packs of 100	Warehouse
WIC-673	ADPH Employee/Family Receiving WIC Benefits or Serving as a Proxy	8/18		Doc Library
WIC-675	Learner Centered Approach		Packs of 100	Warehouse
WIC-676	Guide for Obtaining Hemoglobin (Hgb)/Hematocrit (Hct) Values			Distributed by State Office when revised

WIC-677	Effective Communication Checklist	1/17		Doc Library
WIC-678	WIC Coordinator Monitoring Checklist		-	Doc Library
WIC-679	WIC Coordinator Monitoring Checklist-Comments Page			Doc Library
WIC-694/694S	WICHealth.org Insert	10/22	Packs of 100	Doc Library/Warehouse
WIC-697	WIC Measures Up!	04/23	Packs of 100	Warehouse
WIC-700/700S	WIC Approved Foods	10/22	Packs of 50	Warehouse
WIC-720	Breastfeeding Certificate		Packs of 100	Warehouse
WIC-737	Electric Breast Pump Reminder/Postcard		Packs of 100	Warehouse

ADPH Form:	Description:	Revision Date:	Packaged:	Available from:
WIC-738/738S	Why Should I Nurse My Baby		Single Books	Warehouse
WIC-740/740S	Pump Kit Cleaning		Pads of 100	Warehouse
WIC-750	Peer Counselor Participant Contact Log	7/22	Packs of 50	Doc Library/Warehouse
WIC-752	Alabama WIC Peer Counseling Program-Green card (Spanish on Back)	1/6	Packs of 50	Warehouse
WIC-753	Peer Counselor Weekly Activity Report	7/22	Packs of 50	Doc Library/Warehouse
WIC-754	Moms Helping Moms. Meet Your WIC Breastfeeding PC	8/18	Packs of 100	Warehouse
WIC-755	WIC Circle of Care for Breastfeeding Mothers. How PC's Help	8/18	Packs of 100	Warehouse
WIC-760/760S	Our First Week – Breastfeeding Information	11/8	Packs of 100	Warehouse
WIC-762	Ten Steps to Successful Breastfeeding		Packs of 50	Warehouse
WIC-763/763S	Breastfeeding: The Older Baby		Packs of 100	Doc Library/Warehouse
WIC-764/764S	Breastfeeding: Growing Healthy Babies & Moms		Packs of 100	Doc Library/Warehouse
WIC-766/766S	Expressing Your Breast milk		Packs of 100	Doc Library/Warehouse
WIC-767/767S	Breastfeeding Basics: Getting Started		Packs of 100	Doc Library/Warehouse
WIC-768/768S	Managing Basic Breastfeeding Challenges	10/12	Packs of 100	Doc Library/Warehouse
WIC-770/770S	Thinking about Breastfeeding?	7/16	Packs of 100	Doc Library/Warehouse

WIC-771	Busy Moms Loving Support		Packs of 100	Warehouse
WIC-772	Encouragement Loving Support	2014	Packs of 100	Warehouse
WIC-773	Ready, Set, Breastfeed! Loving Support		Packs of 100	Warehouse
WIC-774	10 Tips for Dads Loving Support		Packs of 100	Warehouse
WIC-775	Confidence Loving Support		Packs of 100	Warehouse
WIC-782	Breastfeeding Support Card		Packs of 100	Warehouse
WIC-NVRA-1	A & B, State of AL Agency-Based Voter Registration Application		Packs of 250	Warehouse
WIC-NVRA-2	State of AL Postcard Voter Registration Form		Packs of 200	Warehouse
WIC-NVRA-3	State of AL instructions for Agency-Based compliance to NVRA		Single Sheet	Warehouse

WIC-NVRA-4	Voter Registration Application Transmittal Form		Single Sheet	Warehouse
WIC-NVRA-5	Envelope for mailing to Board of Registration		Packs of 25	Warhouse
WIC-NVRA-6	Registration Guideline		Single Sheet	Warehouse
	Expired/Damaged Formula Form	9/16		Doc Library
	Vendor Training Checklist Form			State WIC Office

Chapter III

Management Information System (MIS)

III. MANAGEMENT INFORMATION SYSTEM (MIS)

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

for **FY: 2024**

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

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

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

A. System Planning and Operation – 246.4(a)(11)(iv): Describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security.

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

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

A. System Planning and Operation (Online and Offline)

1. Management Information System Planning

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

- Title IVa (TANF)
- Title V (MCH)
- Title XIX (Medicaid)
- Supplemental Nutrition Assistance Program (SNAP)
- Other (specify): The Alabama Department of Public Health follows state procedures for planning, approving and monitoring goods and services as regulated by the Office of Information Technology (OIT) of the Alabama Department of Finance. See AL OIT Policy 380-01, Computer Device Refresh.
- No

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

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

- Yes
- No

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

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: Management Information System Appendix and/or Procedure Manual (cite): All documents related to the Crossroads MIS are available for access by state and local staff.

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 type="checkbox"/>	
EBT Data 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"/>	
Custom software maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Gainwell=XRUG</u>
	<u>maintenance and enhancement contract</u>		
Printing forms/FIs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Backup computer facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
Back-up files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EBT processing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Conduent=eWIC</u>
<u>Processor</u>	<input type="checkbox"/>	<input type="checkbox"/>	

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

- Equipment Services Software

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

- Yes No

d. The State agency periodically reviews system costs billing.

- Yes No

e. The State agency acquires banking services through:

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

f. The State agency acquires EBT services through:

- Competitive bids among EBT processors
 State hosted EBT services
 Other: Request for Proposal (RFP).

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

4. System Security/Data Confidentiality

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

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

- Periodic risk assessments are performed by ADPH Security Officer.
- Data uploaded to mobile applications, participant portals, etc. are secure and participant information is protected.
- Other (specify): Password auditing (every 60 days) 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 electronic benefit transfer 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.
ADPH Warehouse, 1635 Mitchell Young Road, Montgomery, Alabama 36108
- 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):

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

- 5. Description of MIS changes that occurred in the past year:** Temporary CVB increases, Crossroads desktop for end of Internet Explorer support.
- 6. Description of MIS changes planned for the upcoming year:** Crossroads user group requested defect fixes and enhancements, risk code changes.

B. Participant Characteristics Minimum Data Set

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

State Agency IS Collects:

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

or

- Service Site ID.** A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.

- ☒ **Case ID.** A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's MIS for the individual.) Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.
- ☒ **Client Date of Birth.** Month, day and year of participant's birth reported in MMDDYYYY format.
- ☒ **Client Race/Ethnicity.** The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.
- ☒ **Certification Category.** The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).
- ☒ **Expected Date of Delivery or Weeks Gestation.** For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.
- ☒ **Date of Certification.** The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.
- ☒ **Sex.** For infants and children, male or female.
- ☒ **Priority Level.** Participant priority level for WIC Program certification.
- ☒ **Participation in TANF, SNAP, Medicaid.** The participant's reported participation in each of these programs at the time of the most recent WIC Program certification.
- ☒ **Migrant Status.** Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).
- ☒ **Number in Family/Household or Economic Unit.** The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).
- ☒ **Family/Household or Economic Unit Income.** For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii). Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.
- ☒ **Nutrition Risk(s) Present at Certification.** Up to 10 highest priority nutritional risks present at the WIC Program certification
- ☒ **Hemoglobin or Hematocrit.** That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.

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

OPTIONAL:

Supplemental Data Set

State Agency IS Collects	State Agency IS Plans to Collect
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- | | | |
|-------------------------------------|--------------------------|--|
| <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. |

C. WIC Systems Functional Requirements Checklist

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

State Agency System Performs	State Agency System Planned	Automated Cord Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
<input type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2d. Assigns more than 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3a. Converts incremental income (weekly, monthly) to an annual figure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Associates family members.

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Statewide data is maintained to facilitate families transferring within the State. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Transfers certification data to the central computer facility electronically either in real time or batch mode. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Captures or documents the nutrition education provided each participant as well as the topics covered. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Uses table-driven food packages. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8a. Uses standard pre-defined food packages. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8b. Enables easy food package tailoring. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8c. Performs edits to prevent over-issuance during food package creation. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Enables food instruments to be issued when the participant is present for pick-up, i.e., on-demand. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Captures or documents the name of the programs to which the participant was referred. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Performs food instrument reconciliation. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Produces standard Dual Participation Report. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Produces standard Integrity Profile (TIP) Report. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Produces standard Rebate Billing Report. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Produces standard Participation Report. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Produces Participant Characteristics Datasets. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Captures basic transaction data by vendor. |

State Agency System Performs

State Agency System Planned

Automated Core Function/Capabilities

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



25. Allows for ad hoc reporting.



KAY IVEY
Governor

STATE OF ALABAMA

OFFICE OF INFORMATION TECHNOLOGY



JIM PURCELL
Acting Secretary

POLICY 380: Computer Device Refresh

VERSION NUMBER	Policy 380-01
VERSION DATE	August 10, 2018
POLICY TITLE	Computer Device Refresh
OBJECTIVE	The objective of this policy is to establish an effective approach to information technology (IT) lifecycle management by replacing aging IT equipment following a planned device upgrade strategy.
AUTHORITY	<p>The authority of the Office of Information Technology (OIT) to create and enforce policies relating to the management and operation of IT by state agencies, and exceptions to such authority, are derived from:</p> <p><i>Articles 8 and 11 of Chapter 4 of Title 41, and Chapter 28 of Title 41, Code of Alabama 1975 (Acts 2013-68 and 2017-282).</i></p> <p>Policies of the OIT are approved and signed by the Governor</p>
APPLICABILITY	<p>The requirements and responsibilities defined in OIT policies apply to all departments, agencies, offices, boards, commissions, bureaus, and authorities (referred to generally as <i>agency</i> or <i>agencies</i>) and authorized individuals in the employment of the State of Alabama responsible for the management, operation, or use of state IT.</p> <p>This policy applies to the following IT devices:</p> <ul style="list-style-type: none"> • Desktops, laptops, tablets, and smartphones • Servers, mass-storage systems, and backup systems • Peripheral devices such as printers and scanners • Network communications and control equipment • Security, access control systems, and logging devices • IP-based voice communications equipment • Software running on any of the devices listed above

STATEMENT OF POLICY

It is imperative that agencies establish and implement policies to refresh (replace) or extend the useful life of IT equipment under their control. As IT equipment ages, the cost of maintenance increases and the likelihood of downtime (and lost productivity) increases. An effective IT refresh cycle ensures IT assets are compatible with the current technological environment and allows state agencies to maximize their service productivity.

The optimal age for replacing IT devices varies by device and is influenced by many factors including (but not limited to) the type of use, changes in technology, changes to user requirements, and the expected duration of vendor support.

This policy does not require a single standard schedule for refresh, but does require agencies to plan for system refresh based on the requirements and recommendations provided herein.

It is the policy of the OIT that:

- Agencies track the age of IT assets under their control.
- Agencies establish a device refresh policy for IT devices (as listed above) based on these recommended guidelines:
 - Portable devices: refresh every 2-4 years
 - Desktop PCs and peripheral devices: 3-5 years
 - Servers, network devices, appliances: 5-10 years
 - Software: follow vendor support dates
 - Include consideration of systems that may outlive their component parts (e.g., a mass-storage system lifespan may be 10 years or more, but individual hard drives may need to be replaced more frequently)

OIT RESPONSIBILITIES

Advise agencies when widely utilized applications and major operating systems are approaching the end of vendor support.

Utilize available forums (user groups, State Security Council, or CIO Advisory Council) to encourage agencies to review annually their IT refresh policy.

When requested, provide advice to agencies for the establishment and implementation of an IT refresh policy.

AGENCY
RESPONSIBILITIES

Develop an IT refresh policy for routine replacement of IT equipment that provides, within budgetary constraints, a complete refresh of IT within expected and supported system lifespans.

Include within IT expenditures, a line item on the annual budget for planned future replacement cost of computer hardware and software items.

Select IT equipment that can be reasonably expected to meet users' needs for at least 3 to 4 years (except for mobile devices which may have a shorter expected lifecycle).

For leased computers and other data processing equipment, ensure the replacement cycle is defined in the lease contract and that it complies with the requirements of this policy.

Enforce this policy through periodic compliance inspections of agency information systems with intent of identifying systems older than the recommended refresh age or no longer supported by the vendor (or by a third-party support provider).

When it is required that IT systems continue operation beyond life-expectancy or without vendor (or third-party) support, agency shall provide to OIT written documentation justifying continued use of unsupported systems and include a remediation plan and replacement or upgrade schedule.

Other than computer equipment kept for temporary replacement parts, all other computer equipment, upon warranty or support expiration, shall be decommissioned, sanitized, and sent to surplus or disposed of in accordance with applicable policies or procedures.

USER
RESPONSIBILITIES

Inform supervisors when computer systems are suboptimal to properly fulfill their roles and responsibilities.

EFFECTIVE DATE

This policy shall be effective upon its approval by the Secretary of Information Technology and the Governor of Alabama as evidenced by the signatures of the Secretary and Governor being affixed hereto.

SUPERSEDES

This is the initial policy and does not supersede a previous version.

The undersigned, as Acting Secretary of Information Technology of the State of Alabama, exercising the power vested in that Office by the laws of this state, declares this policy to be adopted as of the date on which the Governor has approved and signed it.



Jim Purcell
Acting Secretary of Information Technology

ORDERED



Kay Ivey
Governor

This 13 day of September, 2018.

DOCUMENT CHANGE HISTORY

Version	Version Date	Comments
380-01	08/10/2018	Initial version

Business Continuity Plan for Local Agency Operations in the Event Crossroads is Unavailable

Prerequisites:

1. Staff has been trained on the Business Continuity plan.
2. Crossroads required Data Elements form is available.
3. Form is available to document other activities (classes, nutrition ed, care plan, changes in family/participant demographics, food Rx)
4. Staff has run the AL Master Participant List report from Crossroads monthly and printed or saved it to a local device or jump drive.
5. All Crossroads data is replicated to databases at the ADPH disaster recovery site.
 - a. If one or more clinics are down, the state office and other clinics assist with reporting and information sharing. The clinic staff will complete certifications on paper as stipulated below and benefits can be loaded remotely.
 - b. If the state office is down, a copy of the main application server would be installed at the disaster recovery site and users would be given an alternate URL to access Crossroads.

When Crossroads is initially unavailable, and duration is uncertain:

- Check with local IT support to determine if a local problem.
- If not a local problem, notify AL Help Desk and appropriate AL Crossroads staff.
- Continue to certify participants using Required Data Elements form.
- Order special formulas from AL state office.

When Crossroads is expected to be unavailable for a week or longer:

- Continue to certify applicants:
 - Complete new certifications by completing Required Data Elements form.
 - Complete subsequent certifications by reviewing the AL Master Participant List and completing Required Data Elements form.
- Continue to provide classes, individual nutrition education, assessments:
 - Ask family about any changes in demographic or personal information, and food prescription. Document any reported changes on Required Data Elements form.
 - Complete Required Data Elements form to document services
- Continue to provide food benefit issuance:
 - Ask family about any changes in demographic or personal information, and food prescription. Document any reported changes on Required Data Elements form.
 - *For all participants except those on exempt formula or WIC-eligible medical foods:*
 - Issue each participant one month food benefit and possibly issue up to three months if the situation warrants.
 - Ask participant to call for a future appointment when Crossroads is back on line or continue procedure in place for open access clinics.
 - *For any participant on exempt formula or WIC-eligible medical foods, select one of these options:*
 - Issue up to a week's supply from inventory on hand.

- Order product from AL state office.
- Thoroughly document actions/instructions.

When Crossroads system is available again:

- Enter data documented on forms:
 - Required Data Elements
 - Other data forms as needed
 - Print required notices
 - When Crossroads becomes available participants may be contacted either by phone or mail to schedule appointments.

Chapter IV

Organization and Management

IV. ORGANIZATION AND MANAGEMENT

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

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

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

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

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

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

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

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

IV. ORGANIZATION AND MANAGEMENT

A. State Staffing

1. State Level Staff

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

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	<u>1</u>	<u> </u>	<u>1</u>
Nutritionist	<u>6.25</u>	<u> </u>	<u>6.25</u>
Vendor Specialist	<u>6</u>	<u> </u>	<u>6</u>
Program Specialist	<u>4</u>	<u> </u>	<u>4</u>
Financial Specialist	<u>2.1</u>	<u> </u>	<u>2.1</u>
Breastfeeding Coordinator	<u>2</u>	<u> </u>	<u>2</u>
(MIS/EBT) Specialist	<u>3.25</u>	<u> </u>	<u>3.25</u>
Intern	<u>0</u>	<u> </u>	<u>0</u>
Other (specify): <u>Program Administration</u>	<u>0.35</u>	<u> </u>	<u>0.35</u>
<u>Administrative Support Assistants</u>	<u>4.95</u>	<u> </u>	<u>4.95</u>
<u>SAM Crossroads MIS Project Manager</u>	<u>1</u>	<u> </u>	<u>1</u>

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

Yes No

If yes, please attach and/or reference the location of the State agency's WIC organization chart:
See Attachments for FY 2024: WIC Org Chart, FHS Org Chart, Finance Org Chart, IT Org Chart

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

<https://www.alabamapublichealth.gov/blog/assets/organizationalchart.pdf>

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

Yes No

If yes, please attach and/or reference the location of the position descriptions:
See Attachment: Employee Responsibilities

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual Ch. 1 Program Administration

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>AL State WIC Office staff allocate 100%</u>	<u>100</u>
<u>of time and effort to cover all functions listed with the</u>	_____
<u>exception of fiscal reporting provided by external partial</u>	_____
<u>FTE and technical support.</u>	_____
Total	<u>100</u>

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

3. Drug-Free Workplace

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

Yes No

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

ADPH Drug Free Workplace Policy #2004-019 attached.

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

IV. ORGANIZATION AND MANAGEMENT

B. Evaluation and Selection of Local Agencies

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

1. Local Agencies Authorized

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

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

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

Local agencies include 8 health department jurisdictions (public health districts) and 2 private (non-health department) local agencies geographically located within 2 of the 8 public health districts.

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

Annually

Biennially

On an on-going basis

Other (specify) ADPH solicits an RFP for private (non-health department) local agencies when there is a need and funds are 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

Other (specify) RFP is submitted for a 2 year term with an optional 2 year renewal for services in the Montgomery, AL area.

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

4. Selection Criteria

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

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

IV. ORGANIZATION AND MANAGEMENT

B. Evaluation and Selection of Local Agencies

b. The State agency conducts studies (provide date of most recent study: 06/16/2023) of the cost-effectiveness of local agency operations that examine:

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

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

See Attached: Local Agency Cost Effectiveness Study

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

- Yes (state contract duration): 1 year unless otherwise stated No

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

See attachments: Health Services Inc, Jefferson County, Mobile County, and Poarch Creek Indian agreements.

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

- Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:
- No

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

AL WIC Procedure Manual Ch. 12 Program Abuse

7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach and/or reference the location of the listing: AL WIC Mobile App; <https://www.alabamapublichealth.gov>

- 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
-

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

WIC Clinic List by District attached.

IV. ORGANIZATION AND MANAGEMENT

C. Local Agency Staffing

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

1. Staffing Standards

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

Credentials

Staffing levels

Staff-to-participant ratio standards

Time spent on WIC functions

Other (specify): _____

Functions of CPAs

Paraprofessional requirements

Separation of duties to ensure no conflicts of interest

Other (specify): _____

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

Breastfeeding promotion and support

Other (specify): Provider/Clerical to Participant Ratio and Provider/Clerical Visits per Day

Other (specify): _____

IV. ORGANIZATION AND MANAGEMENT

C. Local Agency Staffing

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

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

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

3. Local Agency Breastfeeding Staffing Requirement

- a. 8 Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.
- b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS-developed curriculum.
- Yes No
- c. 6 Number of local agencies with breastfeeding peer counselors

IV. ORGANIZATION AND MANAGEMENT

D. Plan of Alternate Operating Procedures (Disaster Plan)

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

1. State agency has developed a WIC disaster plan.

Yes No

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

Yes, what agency(ies): Alabama Department of Health Center for Emergency Preparedness maintains the ADPH Emergency Management Plan. In addition, the WIC Disaster plan is outlined in the WIC Procedure Manual chapter 2, Certification, Section 18 Guidance During Disaster/ Emergency Situations

No

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

Yes No

4. The disaster plan addresses:

a. Disaster and Public Health Emergency Planning.

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

Internal/external communications plan

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

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

Plans are submitted with State Plans for approval

Train staff and test readiness periodically on approved plans

Other (describe) Alabama Department of Health Center for Emergency Preparedness maintains the ADPH Emergency Management Plan. In addition, the WIC Disaster plan is outlined in the WIC

b. Alternate Certification Procedure Manual chapter 2, Certification, Section 18 Guidance During Disaster/Emergency Situations

Remote certification

Physical presence

Anthropometric data

Eligibility documentation

Certification period (temporary or fully certified)

Signature requirements

Verification of certification (VOC) issuance

Other (describe) _____

c. Alternate Benefit Issuance and Redemption

Electronic benefit (EBT) issuance sites

Out of State benefit redemption

Replace EBT cards

Replace destroyed supplemental foods

IV. ORGANIZATION AND MANAGEMENT

D. Plan of Alternate Operating Procedures (Disaster Plan)

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

IV. ORGANIZATION AND MANAGEMENT

D. Plan of Alternate Operating Procedures (Disaster Plan)

Home Food Delivery

Other (describe) _____

d. Vendor Management Requirements

Minimum stocking requirements (MSR)

Vendor Monitoring Schedules

Emergency authorization of vendors

Other (describe) _____

e. Nutrition Services

Infant Formula

Medically fragile participants

Medical documentation

State agency options for evacuated participants

Food package adjustments

Breastfeeding Support

Other (describe) _____

f. Allowable Cost

Necessary equipment (health and safety) approval process

Use of WIC staff

Cost of personal protective equipment (PPE)

Other (describe) _____

g. Participants

Access to program records

Certification and food issuance sites and procedures

Publication notification of variances in program operations

Use of mobile devices

Other (describe) _____

h. Alternate Procedures

Local agency monitoring

Procedures to access the extent of a disaster and report findings

Use of mobile clinics

Management Information System (MIS) Recovery

Back up filing systems

Back up computer systems

MIS alternate procedures

Reciprocal agreement with bordering States

Plan to ensure continuity of services for priority populations

IV. ORGANIZATION AND MANAGEMENT

D. Plan of Alternate Operating Procedures (Disaster Plan)

- Collect and report on alternate operating procedures implemented
- Other (describe) _____

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

- Yes No

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

- Yes No

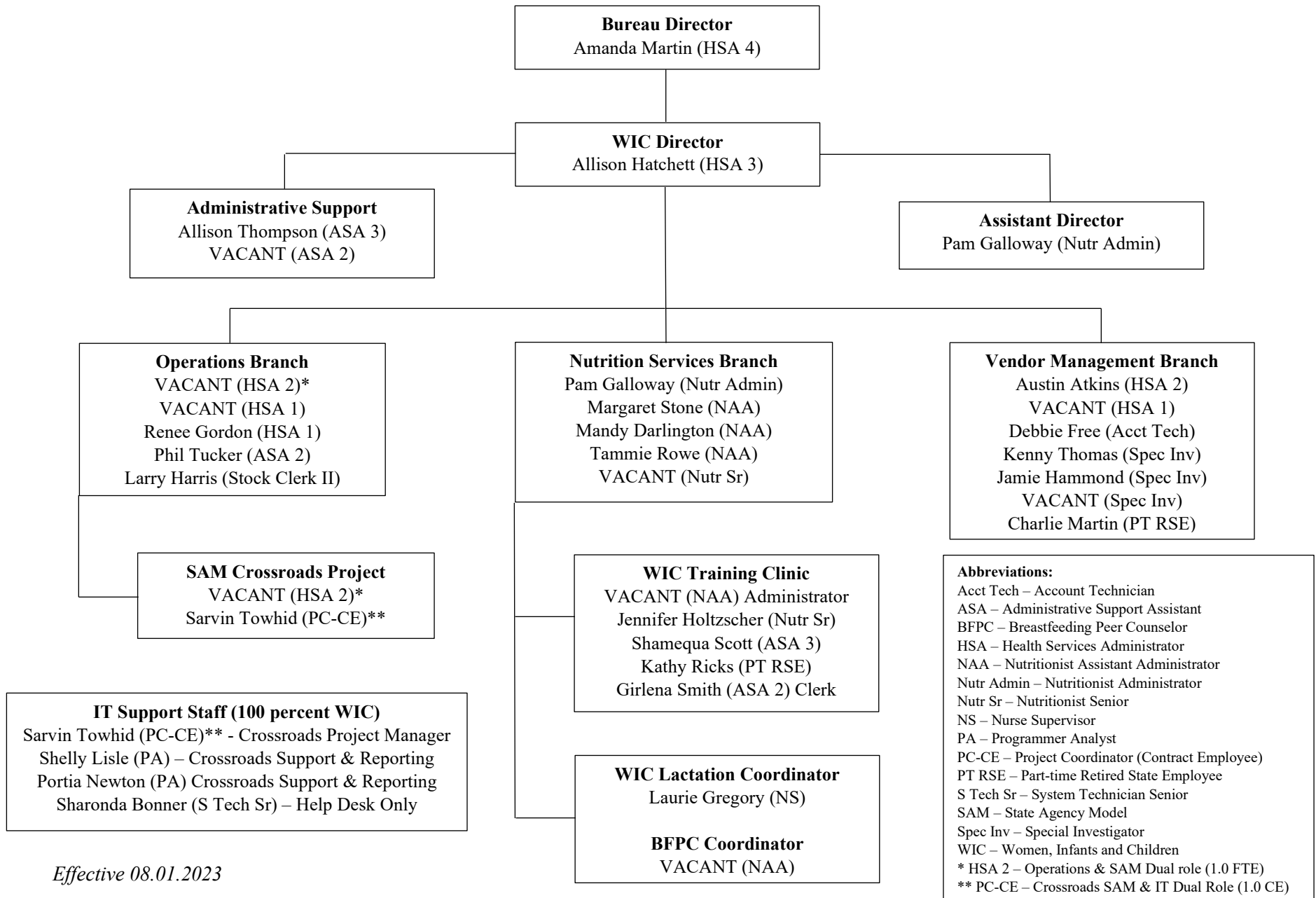
6. The State agency has a designated staff person to coordinate disaster planning.

- Yes No

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

Access to program records

Alabama Department of Public Health
 Bureau of Family Health Services
 Women, Infants and Children (WIC) Program
 Organizational Chart



Effective 08.01.2023

EAST CENTRAL DISTRICT

as of 8/1/2023

5 Medical Park
Valley, AL 36854

Office

Cell (work cell)

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
011 - Autauga	Prattville	219 North Court St. Prattville, AL 36067	334-361-3743/361-3718	M-F 7:30-5:00	Darlene Hicks, RDN
061 - Bullock	Union springs	674 Hicks Industrial Blvd, Union Springs, 36089	334-738-3030/738-3008	M-F 8:00-5:00	Tracey Johnson, NA/Morgan Sikes, RDN
092 - Chambers	Valley	5 North Medical Park Dr., Valley, AL 36854	334-756-0758/756-0765	M-F 8:00-5:00	Vivian Nelloms, ASA/Miclah Hood, RDN
191 - Coosa	Rockford	9518 US 231, Rockford, AL 35136	256-377-1068/377-1067	Tues 8:00-4:30	Darlene Hicks, RDN
261 - Elmore	Wetumpka	6501 Hwy, 231 No., Wetumpka, AL 36092	334-567-1171/567-1186	M-F 8:00-5:00	Nicole. Smith, NA/Darlene Hicks, RDN
411 - Lee	Opelika	1801 Corporate Drive, Opelika, AL 36801	334-745-5765/745-9830	M-F 8:00-5:00	Adriane Lawrence, ASA/Morgan Sikes, RDN
433 - Lowndes	Hayneville	507 E. Tuskeena St., Hayneville, AL 36744	334-548-2564/548-2566	M-F 8:00-5:00	Pamela Foster, ASA/Darlene Hicks, RDN
441 - Macon	Tuskegee	812 Hospital Rd., Tuskegee, AL 36083	334-727-1800/727-7100	M-F 8:00-5:00	Tracey Johnson, NA/Kelly Wiggins, RDN
511 - Montgomery	Montgomery	3060 Mobile Hwy., Montgomery, AL 36108	334-293-6450/293-6404	M-F 7:30-5:00	Aailiyah Daniels, RDN
514 - Montgomery Training Clinic	Montgomery	401-A Coliseum Blvd., Montgomery, AL 36109	334-270-9263/271-1314	M-F 7:30-4:30	Shamequa Scott, ASA/Jennifer Holtzscher, RDN
517 - Health Services, Inc. (Main)	Montgomery	2905 East South Blvd. Montgomery, AL 36116	334-834-5811/356-1487	M-F 7:30-4:30	Opeyemi "Ope" Adewumi, NA/Montana Crane, RDN
519 - 'HSI/Chisholm	Montgomery	100 Vandiver Blvd., Montgomery, AL 36110	334-832-4338/832-9971 ext. 6	W,F 7:30-4:30	Opeyemi "Ope" Adewumi, NA/Montana Crane, RDN
571 - Russell	Phenix City	1850 Crawford Rd., Phenix City, AL 36867	334-297-0251/291-5478	M-F 7:30-5:00 EST	Kourtnei Mitchell, NA/Miclah Hood, RDN
621 - Tallapoosa	Dadeville	220 LaFayette Street, Dadeville, AL 36853	256-825-9203/329-1798	M-F 8:00-5:00	Kalana Hammonds, ASA/Kelly Wiggins, RDN
622 - Tallapoosa	Alexander City	2078 Sportplex Blvd., Alexander City, AL 35010	256-329-0531/825-6546	M-F 8:00-5:00	Tanya Adkins, OM/Kelly Wiggins, RDN

JEFFERSON DISTRICT

as of 4/17/2023

Natalie Clements, RDN
 P.O. Box 2648
 Birmingham, AL 35202

205-930-1482
 Fax 205-930-1328

Cell 205-542-8625 (work cell)

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
371 - Jefferson Central	Central Health Center	1400 6th Ave., So., Birmingham, AL 35233	205-930-1119/930-1379	M-F 7:45-4:30	Gail Hill (205-930-1119)
373 - Jefferson Western	Western Health Center	631 Bessemer Super Hwy, Midfield, AL 35228	205-715-6130/241-5235	M-F 7:45-4:30	Morgan Massey, RDN (205-715-6130)
375 - Jefferson Eastern	Eastern Health Center	601 West Blvd, Birmingham, AL 35206	205-510-3404/838-4394	M-F 7:45-4:30	Micah Madsen RDN (205-510-3404)
Jefferson Administration		1400 6th Ave., So., Birmingham, AL 35233	205-930-1482/930-1328		Natalie Clements or Marie Hughey (205-930-1536)

Natalie.Clements@jcdh.org

Marie.hughey@jcdh.org

Phone line for participants to call:

205-558-2144

1 = Central

3 = Eastern

5 = Western

e-mail: wic@jcdh.org

MOBILE DISTRICT

as of 4/17/2023

251-410-5775

Fax-251-405-4530

251-690-8967 Aimee Walton-Jackson

Mobile County Health Dept.

P.O. Box 2567, Mobile, AL 36652

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
493 - Mobile	Keeler	251 N. Bayou St. Mobile, AL 36603	251-690-8829/431-9018	M-F 7:30-4:30 Sat. 8:00-12:00	Dhvani Patel, NA/Margaret McCulloch, RDN
494 - Mobile	Southwest Mobile Formerly Tillman's Corner	5580 Inn Road, Mobile, AL 36619	251-602-8451/602-8459	M-F 7:30-4:30	LaDina Hudson, NA/Margaret McCulloch, RDN
495 - Mobile	Citronelle	19255 Main St., Citronelle, AL 36522	251-866-5940/866-9121	T, Th 8:00-3:00	Darrian Weatherspoon, NA/Margaret McCulloch, RDN
498 - Mobile	Semmes	3810 Wulff Road East, Semmes, AL 36575	251-445-0581/649-6708	M-F 8:00-4:30	Kimbe Hawthorne/Virginia Stabler, RDN
499 - Mobile	Eight Mile	4008 St. Stephens Rd., Eight Mile, AL 36613	251-457-4186/456-8340	M-F 7:30-4:30	Tammy Zan, RDN/Virginia Stabler, RDN

mmcculloch@mchd.orgvstabler@mchd.org

251-445-2253

NORTHEASTERN DISTRICT

as of 4/17/2023

Reba Brannan, MPH, RDN
P.O. Box 846, Pelham, AL 35124

205-685-4177
Fax 205-664-4148

Amy Minish, RD *
3400 McClellan Blvd, Anniston, AL 36201

256-240-6631 (Desk)
256-237-7523 (Clinic)
Fax 256-741-3679

256-283-1150 (work cell)

CLINIC # / COUNTY	CITY	ADDRESS	Phone	HOURS	CONTACT / WIC COORDINATOR
051 - Blount	Oneonta	1001 Lincoln Ave, Oneonta, AL 35121	205-274-2120/274-2210	M-F 7:30-5:00	Taylor Carbone, RD/Jennifer Kujan, RDN
081 - Calhoun *	Anniston	3400 McClellan Blvd, Anniston, AL 36204	256-237-7523/741-3679	M-F 7:30-5:00	Megan McKinney, RDN
101 - Cherokee *	Centre	833 Cedar Bluff Road, Centre, AL 35960	256-927-3132/927-2809	M-F 8:00-5:00	Regina Majors, ASA/Megan McKinney, RDN
141 - Clay *	Lineville	86892 Hwy 9, Lineville, AL 36854	256-396-6421/396-9172	M-F 8:00-5:00	Jenny Adams, RDN
151 - Cleburne *	Heflin	90 Brockford Road, Heflin, AL 36264	256-463-2296/463-2772	M-F 8:00-5:00	Christina Clemons, ASA/Jenny Adams, RDN
251 - DeKalb	Ft. Payne	2401 Calvin Dr., SW, Ft Payne, AL 35967	256-845-1931/845-2967	M-F 8:00-5:00	Mary Elizabeth Meadows, RDN
281 - Etowah	Gadsden	709 E. Broad Street, Gadsden, AL 35903	256-547-6311/549-1579	M-F 8:00-5:00	Lauren Davenport, RDN
561 - Randolph *	Roanoke	320 Main Street, Roanoke, AL 36274	334-863-8981/863-8975	M-F 8:00-5:00	Jenny Adams, RDN
581 - St. Clair	Ashville	31675 US Hwy 411, Ashville, AL 35953	205-594-4919/594-7134	2nd & 4th Th	Jennifer Kujan, RDN
582 - St. Clair *	Pell City	1175 23rd St. No., Pell City, AL 35125	205-338-3357/338-4863	M-F 8:00-5:00	Jennifer Kujan, RDN
592 - Shelby	Pelham	2000 County Services Dr. Pelham, AL 35124	205-685-4197/664-3164	M-F 7:30-5:00	Reba Brannan, RDN/Juanita Wooley, RDN
611 - Talladega *	Talladega	1004 South St. East, Talladega, AL 35160	256-362-2593/362-0529	M-F 8:00-5:00	Anna Keith, RDN
612 - Talladega *	Sylacauga	311 North Elm Ave., Sylacauga, AL 35150	256-249-3807/245-0169	M-F 8:00-5:00	Blair Sims, NA/Anna Keith, RDN

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Amy.Minish@adph.state.al.us

NORTHERN DISTRICT

as of 4/17/2023

Jessie Simmons, MS, RDN
 3821 US Hwy 31 South
 Decatur, AL 35603

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 Fax 256-353-4432

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
171 - Colbert	Tuscumbia	1000 S. Jackson Hwy., Sheffield, AL 35660	256-383-1231/314-6435	M-F 7:30-5:00	Irina Flannagin, RN/Danna Rutz, RDN
221 - Cullman	Cullman	601 Logan Ave., S.W., Cullman, AL 35055	256-734-1030/737-9646	M-F 7:00-5:00	Judith Lucas ASA/Kendra Whitley, RDN
301 - Franklin	Russellville	801 Hwy 48, Russellville, AL 35654	256-332-2700/332-1563	M-F 8:00-5:00	Kim Wooten, RN/Danna Rutz, RDN
360 - Jackson	Scottsboro	204 Liberty Lane, Scottsboro, AL 35769	256-259-4161/574-5691	M-F 8:00-5:00	Candace Fennell, ASA/Lauren Jett, RDN
391 - Lauderdale	Florence	4112 Chisholm Road, Florence, AL 35630	256-764-7453/764-4185	M-F 8:00-5:00	Jennifer Tolbert, RN/Danna Rutz, RDN
401 - Lawrence	Moulton	13299 Alabama Hwy 157, Moulton 35650	256-974-1141/974-5350	M-F 8:00-5:00	Misty Appleton, ASA/Danna Rutz, RDN
421 - Limestone	Athens	20371 Clyde Mabry Dr., Athens, AL 35611	256-232-3200/232-6632	M-F 8:00-5:00	Geraldine Remisse,RDN
450 - Madison	Max Luther	301 Max Luther Dr. NW, Huntsville, AL 35811	256-533-0826/533-1570	M-F 7:30-5:00	Sheryl Gilbreath, NA/Kashera Sims, MS,RDN
451 - Madison	New Hope	156 Church Ave, New Hope, AL 35760	256-723-4199/533-1570	Friday 9:00-4:00	Kashera Sims, MS,RDN
454 - Madison	Huntsville Hosp	Huntsville Hospital, Huntsville, AL	256-265-4961/533-1570	M-F 8:00-5:00	Valerie Tabor, MS, RDN/Kashera Sims, MS, RDN
455 - Madison	Redstone	3443 Aerobee Road, Huntsville, AL 35808	256-876-2798/533-1570	Wed-1st,3rd,5th 8-12 Wed-2nd, 4th 1-4	Sheryl Gilbreath, NA/Kashera Sims, MS, RDN
471 - Marion	Hamilton	2448 Military St. So., Hamilton, AL 35570	205-921-3118/921-7954	M-F 8:00-5:00	Kimberly Herron, ASA/Danna Rutz, RDN
482 - Marshall	Guntersville	150 Judy Smith Drive, Guntersville, AL 35976	256-582-3174/582-3548	M-F 8:00-5:00	Kimberlyn Rudolph, NA/Lauren Jett, RDN
521 - Morgan	Decatur	3821 US Hwy 31 South, Decatur, AL 35603	256-560-6574/355-0345	M-F 8:00-5:00	Kisha Franklin, NA/Geraldine Remisse, RDN
671 - Winston	Double Springs	110 Legion Road, Double Springs, AL 35553	205-489-2101/489-2634	M-F 8:00-5:00	Janet Baughn, RN/Kendra Whitley, RDN

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SOUTHEASTERN DISTRICT

Angela Stevens
634 School Street
Eufaula, AL 30027

Office 334-678-5858/334-678-2800
Fax 334-678-5307

as of 4/17/2023

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
032 - Barbour	Eufaula	634 School St., Eufaula, AL 36027	334-687-4808/687-6470	M-F 8:00-5:00	Angela Stevens, RDN
071 - Butler	Greenville	350 Airport Road, Greenville, AL 36037	334-382-3154/382-3530	M-F 7:30-5:00	Elaine Womack, ASA/Angela Stevens, RDN
161 - Coffee	Enterprise	2841 Neal Metcalf Rd., Enterprise, AL 36017	334-347-9574/347-7104	M-F 8:00-5:00	LaKresha Tucker, RN/Angela Stevens, RDN
201 - Covington	Andalusia	23989 Alabama Hwy 55, Andalusia, AL 36420	334-222-1175/222-1560	M-F 8:00-5:00	Vivian Burnette, ASA/Angela Stevens, RDN
211 - Crenshaw	Luverne	15 Hospital Dr., Luverne, AL 36049	334-335-2471/335-3795	M-F 8:00-5:00	Patty Rushing, RN/Angela Stevens, RDN
231 - Dale	Ozark	532 W. Roy Parker Rd., Ozark, AL 36360	334-774-5146/774-2333	M-F 8:00-5:00	Brittany Senn, NA/Angela Stevens, RDN
311 - Geneva	Hartford	300 Co. Rd., 41 Hartford, AL 36344	334-684-2257/684-3970	M-F 8:00-5:00	Lisa Mixon, ASA/Angela Stevens, RDN
341 - Henry	Abbeville	505 Kirkland St., Abbeville, AL 36310	334-585-2660/585-3036	M-F 8:00-5:00	Tracy Brannon, RN/Angela Stevens, RDN
351 - Houston	Dothan	1781 E. Cottonwood Rd., Dothan, AL 36302	334-678-2800/678-5307	M-F 8:00-5:00	Jennifer Hicks, NA/Angela Stvens RDN
551 - Pike	Troy	900 S. Franklin Dr., Troy, AL 36081	334-566-5744/566-8534	M-F 8:00-5:00	Carmen Rogers, RN/Angela Stevens, RDN

Angela.Stevens@adph.state.al.us

SOUTHWESTERN DISTRICT

as of 8/1/2023

Baldwin Co HD-Environmental
 22251 Palmer Street
 Robertsdale, AL 36567

Office 251-947-1645
 251-947-1671
 Fax 251-947-3236

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
021 - Baldwin	Bay Minette	312 Courthouse Sq., Bay Minette, AL 36507	251-937-6935/580-4767	M-F 8:00-5:00	Quatranæ Findley, ASA/Stacy Lewis, MS, RDN
				Closed 12-1	
025 - Baldwin	Robertsdale	23280 Gilbert Dr., Robertsdale, AL, 36567	251-946-8040/946-8080	M-F 8:00-5:00	Lisa Bowman, ASA/Stacy Lewis, MS, RDN
026 - Baldwin	Foley	8158 Hwy 59, Unit 108, Foley, AL 36535	251-943-7260/943-7280	M-F 8:00-5:00	Maria Clarke, ASA/Liane Martin, RDN
				Closed 12-1	
121 - Choctaw	Butler	1001 South Mulberry Ave. Butler, AL 36904	205-459-4026/459-4027	M-F 8:00-5:00	Lisa Lockett, ASA/Rebecca Stewart, RDN
131 - Clarke	Grove Hill	22600 Hwy 84 E., Grove Hill, AL 36451	251-275-3772/275-4253	M-F 8:00-5:00	Kelly Boykin, ASA/Rebecca Stewart, RDN
181 - Conecuh	Evergreen	102 Wild Avenue, Evergreen, AL 36401	251-578-1952/578-5566	M-F 8:00-5:00	Julie Salter, ASA/Liane Martin, RDN
241 - Dallas	Selma	100 Sam O. Moseley Dr., Selma, AL 36701	334-877-2809/875-7960	M-F 8:00-5:00	Rachel Owens, ASA/Rebecca Stewart, RDN
271 - Escambia	Brewton	1115 Azalea Place, Brewton, AL 36426	251-867-5765/867-5179	M-F 8:00-5:00	Liane Martin, RDN
272 - Escambia	Atmore	8600 Hwy 31 N., Atmore, AL 36502	251-368-9188/368-9186	M-F 8:00-5:00	Liane Martin, RDN
273 - Escambia	Poarch	5811 Jack Springs Rd, Atmore, AL 36502	251-368-9136/368-1329	M-F 8:00-5:00	Amy Hoven, ASA/Jill Lee, DTR
460 - Marengo	Linden	303 Industrial Drive, Linden, AL 36748	334-295-4205/295-0124	M-F 8:00-5:00	Angelia Stabler, ASA/Rebecca Stewart, RDN
501 - Monroe	Monroeville	416 Agriculture Dr. Monroeville, AL 36460	251-575-3109/575-7935	M-F 8:00-5:00	Monique Tucker, ASA/Stacy Lewis, RDN
650 - Washington	Chatom	14900 St. Stephens, Ave, Chatom, AL 36518	251-847-2245/847-3480	M-F 8:00-5:00	Shannon Mitchell, ASA/Stacy Lewis, MS, RDN
				Closed 12-1	
661 - Wilcox	Camden	107 Union Street, Camden, AL 36726	334-682-4515/682-4796	M-F 8:00-5:00	Jennifer Perryman, ASA/Rebecca Stewart, RDN

WEST CENTRAL DISTRICT

as of 4/17/2023

Laura Griffin, RDN 205-562-6980
 P.O. Box 70190, Tuscaloosa, AL 35407 Fax 205-556-2701

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
041 - Bibb	Centreville	281 Alexander, Ave., Centerville, AL 35042	205-926-9702/926-6536	M-F 8:00-5:00	Sandy Wilson, NA /LeeAnn Wagner, RDN
111 - Chilton	Clanton	301 Health Center Dr., Clanton, AL 35045	205-755-1287/755-2027	M-F 8:00-5:00	Amy Cleckler, NA/LeeAnn Wagner, RDN
291 - Fayette	Fayette	215 1st. Ave., N.W., Fayette, AL 35555	205-932-5260/932-3532	M-F 8:00-5:00	Brittney Stallworth, NA/Leigh Ann Colvin, RDN
321 - Greene	Eutaw	412 Morrow Avenue, Eutaw, AL 35462	205-372-9361/372-9283	M-F 8:00-5:00	Dorinda Jones, NA/Laura Griffin, RDN
331 - Hale	Greensboro	670 Hall Street, Greensboro, AL 36744	334-624-3018/624-4721	M-F 8:00-5:00	Caroline Crawford, NA/Laura Griffin, RDN
	Moundville			2nd, 4th Tues	Caroline Crawford, NA/Laura Griffin, RDN
381 - Lamar	Vernon	300 Springfield Rd, Vernon, AL 35592	205-695-9195/695-9214	M-F 8:00-5:00	Brittney Stallworth, NA/Leigh Ann Colvin, RDN
531 - Perry	Marion	1748 S. Washington St., Marion, AL 36756	334-683-6155/628-3010	M-F 8:00-5:00	Caroline Crawford, NA/Laura Griffin, RDN
532 - Perry	Uniontown	54 Hamburg-Duncan Rd, Untiontown, AL Mail goes to 531 Perry/Marion	334-628-6226/628-3010	T-Thur 8:30-4:00 1st, 3rd Tues	Caroline Crawford, NA/Laura Griffin, RDN
541 - Pickens	Carrollton	80 Hospital Drive, Carrollton, AL 35447	205-367-8157/367-8374	M-F 8:00-5:00	Dorinda Jones, NA/Sailaja Reddy, RDN
601 - Sumter	Livingston	1121 N Washington St., Livingston, 35470	205-652-2320/6527919	M-F 8:00-5:00	Dorinda Jones, NA/Jane Neill, RDN
631 - Tuscaloosa	Tuscaloosa	2350 Hargrove Rd., E. Tuscaloosa, Al 35405	205-562-6900/562-6902	M-F 8:00-5:00	Sailaja Reddy, RDN
635 - Tuscaloosa	Maude Whatley	2731 M.L. King Jr. Blvd., Tuscaloosa, AL 35403	205-614-6139/345-3993	M, TU, TH, F 8:00-4:00	Sandy Wilson, NA/Laura Griffin, RDN
641 - Walker	Jasper	705 20th Ave E., Jasper, AL 35501	205-221-9775/221-8810	M-F 7:30-5:00	Leigh Ann Colvin, RDN

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Chapter V

Nutrition Services and Administration (NSA) Expenditures

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

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

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

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

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

A. Funds Allocation-246.4(a)(13): (14)(ix) describe the policies and procedures used to allocate administrative funds to local agencies, including start-up funds, and conversion of food funds to NSA funds.

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

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

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

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

F. Indirect Costs-246.4(a)(12) and 246.14(a)(1)(ii): describe the policies and procedures used to document and monitor indirect cost rates and services at the State and local level.

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

A. Funds Allocation

1. Allocation Process

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

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

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

- Task force/committee of selected local agencies
 Comment on proposals made available to all local agencies
 Other (describe): _____

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): Availability of funding

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):

Attached Reports: Alabama WIC NSA Funding Narrative with Attachments, Daily Fund Balance Report, Employee Time Report, FY 2021 WIC Food Expenditures, FY 2023 WIC Grant Review May 2023, FY 2021 WIC NSA Budget vs. Actuals, FY 2021 WIC NSA Expenditures, FY 2024 WIC District Budget Allocations, HF-10 Requisition, Indirect Cost Rate, and Sample Inventory Logs

2. Conversion of Food Funds to NSA Funds

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

- Not applicable
 Based on a plan submitted to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency.
 The State agency achieves, through acceptable measures, increases in participation in excess of the FNS-projected level for the State agency.
 Describe measures used to increase participation:
Media, WIC website, digital media, local outreach, advisory councils, various outreach materials, WIC smart phone app (AL WIC App), food package changes

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

AL WIC Procedure Manual Ch. 14 Outreach.

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

A. Funds Allocation

3. The State's Fiscal Year runs from 10/01/2023 to 09/30/2024

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

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

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

- Yes No

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

- Yes No

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

Line items

- | | |
|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Maintenance and repair |
| <input type="checkbox"/> ADP services | <input type="checkbox"/> Materials and supplies |
| <input type="checkbox"/> Breastfeeding aids | <input type="checkbox"/> Memberships, subscriptions, and professional activities |
| <input type="checkbox"/> Capital expenditures | <input type="checkbox"/> Printing and reproduction |
| <input type="checkbox"/> Clinic/lab services | <input type="checkbox"/> Training and education |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Employee salaries | <input type="checkbox"/> Travel |
| <input checked="" type="checkbox"/> Employee fringe benefits | |
| <input type="checkbox"/> Lease or rental of space | <input checked="" type="checkbox"/> Other (specify): Local agency budgets also include indirect costs. (PLA) Private local agency budgets include salary, fringe benefits, indirect costs, supplies, travel, and utilities. |

Functions

- | | |
|--|---|
| <input type="checkbox"/> General administration/
program management | <input type="checkbox"/> Breastfeeding promotion/support (e.g., breastfeeding aids) |
| <input type="checkbox"/> Food delivery | <input type="checkbox"/> Client services |
| <input type="checkbox"/> Certification | |
| <input type="checkbox"/> Nutrition education | <input type="checkbox"/> Other (specify): _____ |

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

- Yes No

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

- Uses local agency budgets or prior year expenditures
- Uses a state agency information system to collect and compile expenditure and cost data
- Extracts or consolidates data reported under other State or local agency systems to group costs under the federal line items and functions
- Other (describe): _____

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

Attached Reports: Alabama WIC NSA Funding Narrative with Attachments, Daily Fund Balance Report, Employee Time Report, FY 2021 WIC Food Expenditures, FY 2023 WIC Grant Review May 2023, FY 2021 WIC NSA Budget vs. Actuals, FY 2021 WIC NSA Expenditures, FY 2024 WIC District Budget Allocations, HF-10 Requisition, Indirect Cost Rate, and Sample Inventory Logs

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

C. State and Local Agency Access to Funds

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

Cash basis Accrual basis

Other (specify): _____

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

2. Reimbursement/Provision of Funds to Local Agencies

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

Yes (state conditions): _____

No

Not Applicable (Proceed to next section.)

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

Monthly Quarterly

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

At or below the level of its approved budget line item

Supported by appropriate documentation (e.g., check or receipt)

A reasonable and necessary expense for WIC

Other (specify): _____

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

Submit a supplemental request

Provide a justification for exceeding the budget line item

Make an offsetting adjustment to another line item in its budget

Request approval of a budget modification

Other (explain): _____

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

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

- b. The State agency last evaluated its time documentation protocol on (specify date). _____
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):

See attached Employee Time Report and Timesheet Summary. Cost accounting for ADPH employees is completed electronically through the TimeTrac system.

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):

3. Local Agency Report Forms

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

Yes No Not Applicable (Proceed to next section)

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

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

Annually Every two years Every three years

Other (specify): _____

The review is conducted by:

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

D. Reporting and Reviewing of State and Local Agency Expenditures

CPA or audit firm

Other (specify): 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.

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):

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

Yes No

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

V. 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

(If other, specify): State Breastfeeding Coordinator and State BFPC Coordinator's salaries at the SA level.

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

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

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

Source	Amount
_____	_____
_____	_____
_____	_____

Method(s):

- Activity reports
 Time studies
 Itemizing expenditures
 Other (specify): _____

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

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

E. Nutrition Education Costs

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

When they report routine NSA costs Does not apply

Through a different system (specify): _____

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:

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

c. If applicable, cite the effective date of the State agency's executed cost allocation plan for indirect cost: 10/01/2021

If applicable, cite the expiration date of the State agency's most recent executed indirect cost allocation plan: 09/30/2024

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 checked="" type="checkbox"/> Other (specify): <u>All other services</u> |

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): _____
- Done for local agency level indirect costs (frequency): _____
- Not done at either level.

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

F. State and Local Agency Indirect Costs

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

	At SA	At LA
Indirect cost agreements/plans	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Other documentation related to the establishment and charging of indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

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

- Required submission of indirect cost agreement by the local agency to the State agency
- Assessment of how the rate or method is applied (correct time period, percentage, and base)
- Verification that the State agency had previously approved the local agency to negotiate such an agreement
- Post-review or audit to ensure the rate was applied correctly
- Other documentation related to the establishment and charging of indirect costs (list):

- Not applicable

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

Funds Allocation

The Alabama Department of Public Health's (ADPH) method for allocating federal Women, Infants, and Children (WIC) Program 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 State WIC Office budget from the estimated administrative funds, taking in consideration any factors that may affect this calculation. The State WIC Office budget is usually based on previous fiscal year expenditures. After removing the State WIC Office budget, the net administrative funds are available for distribution to Alabama counties located within each public health district (i.e., local agency).

The allocation process continues with determining the estimated food available number which is divided by the targeted caseload to establish the average 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 current fiscal year's previous closed months' caseload with each county receiving a proportional share based on its total caseload. Each county's caseload is annualized and multiplied by the cost per participant establishing the projected administrative fund for the upcoming 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. No conversion of funds occurs until the fiscal year closes.

NSA funds allocated to the county/public health district (i.e., local agency) **only pay for personnel costs (salary, fringe, and indirect) at the county level.** The State WIC Office budget includes WIC personnel costs (salary, fringe, and indirect), travel, supplies, WIC Crossroads data system, eWIC processing, nutrition education, outreach, breastfeeding promotion and support, etc.

Local Agency Budgets/Expenditure Plans

Prior to the start of a new fiscal year, each District Administrator presents and defends their budget at a hearing attended by the State Health Officer, Health Budget and Finance, county, and State WIC Office personnel. The State Health Officer has final approval of all budgets. Alabama is separated into eight public health districts with each District 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 salary, fringe, and 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.

ADPH employees 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 ADPH's cost accounting time system, TimeTrac. Once approved by the employee's immediate supervisor, the employee's time is also entered into the State of Alabama's payroll system (GHRIS), which programmatically integrates to the State of Alabama Accounting and Resource System (STAARS). These monthly time records are sufficient certifications that the employee worked on the federal program. The Bureau of Financial Services also produces a Timesheet Summary Report which is issued from TimeTrac.

The following cost centers capture time charged NSA funds within 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. ADPH's indirect cost rate agreement does not include Jefferson and Mobile counties because they negotiate their own indirect cost rates. Provisional rates are used until final rates are determined. Current approved provisional rates for the period beginning October 1, 2021, through September 30, 2024, are:

1. 29.20 percent - State
2. 75.60 percent - County
3. 8.50 percent - Area Groups (i.e., Public Health Districts)

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.

Various STAARS infoAdvantage and Cost Accounting System reports are used to monitor programs. This financial data is compiled monthly in an Excel spreadsheet that enables the comparison of prior year cost and full-time employees (FTEs) to current year-to-date 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 agency expenditures and availability of funds. The review process allows the program to make timely decisions involving the availability of funds to accomplish objectives, adjust working FTEs, and maintain efficiency standards.

Property/Procurement

Property

All equipment with a purchase price over \$500 purchased by 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 ADPH's Logistics Division. Logistics then issues an identification 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 ADPH, 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's Finance Procurement Officer for further processing. Equipment shared by multiple programs is prorated based upon time coded to each program.

Sources for purchases:

1. Contract Vendors. Alabama's State Purchasing awards purchasing contracts based on a competitive bid process.
2. Purchases Less than \$25,000 (State Bid Law). Purchases are solicited through Alabama Buys (the state procurement system) for a short-term competitive bid. These solicitations are known as quick quotes and must remain open to the public for a minimum of three days. All vendor assigned to the commodity will receive an email requesting a quote.
3. Purchases Greater than \$25,000 (State Bid Law). Items not available on state contracts with an estimated total cost is \$25,000 or more require a formal bid process through State Purchasing.
4. Sole Source. The purchases commodities/services that are available from only one vendor are considered sole source and a 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, and
(c) Letter signed by the ADPH's State Health Officer indicating the uniqueness of the item/service, how it is used by ADPH and stating the vendor is sole source.

ADPH's Finance Procurement Officer will process the internal requisition by entering pertinent data into the State Purchasing data system referred to as Alabama Buys. 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 invitation 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's 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 programs for monitoring expenditures.

After goods are received, the invoice is reviewed and approved for payment by the requesting bureau. The invoice is then sent to ADPH's Finance Division 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 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 the Health Finance Procurement Division to process for payment to the vendor. Vendor payments will appear on a Detail Voucher List that is available to programs for monitoring expenditures.

Financial Management Reviews

The Office of Program Integrity (OPI) conducts financial management reviews of the local agencies at least once every two years with at least 20 percent of the sites being monitored as required by United State Department of Agriculture (USDA) guidelines. Local agencies are defined as private contract agencies providing WIC services on behalf of ADPH, and the eight public health districts within ADPH. 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; and accountability of expenditures, particularly personnel costs through the examination of cost accounting records. Additional subrecipient monitoring procedures are applied to the contracted private local agencies as well as Jefferson and Mobile counties. Mobile and Jefferson are treated as subrecipients of ADPH since they were established as separate, legal entities prior to the creation of the State's Department of Public Health (ADPH). 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 OPI are reviewed by the Director of OPI and a Nutrition Consultant with the State WIC Office. 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 Office Nutrition Consultant for review. Finally, any findings identified in the independent audit reports for the subrecipients 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 and in accordance with the requirements of OMB Circular A-133. Any required recoupment of funds is either adjusted during the current fiscal year, if appropriate, or returned to USDA, Food and Nutrition Service (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 determine the future rebates to be received. Reports used are the Monthly Infant Formula Invoice and the Formula Purchased by WIC Participants.

Net Federal Obligations (Line 3) is the difference of Adjusted Gross Obligations minus Estimated Rebates (Line 1 – Line 2).

Total Participation prior to month closeout (Line 18) is determined utilizing the maximum caseload that can be supported by the food funding available and is determined 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 (Lines 4 and 6) - WIC transactions are recorded daily into ADPH's automated STAARS accounting system. Food expenses are recorded daily based on funding requirements received from ADPH's WIC electronic benefit transfer processor (eWIC), Conduent. Administration expenses are approved by appropriate program staff and processed through STAARS. Receipts as well as encumbrances are also entered into STAARS.

Food outlays as reported on the FNS-798 are taken from ADPH's WIC Crossroads system. A financial status report is generated monthly from Crossroads that captures when and what was redeemed.

State level administration expenses as well as encumbrances are taken from reports that are processed through ADPH's STAARS system.

Vendor and participant collections are receipted in STAARS and recorded as program income on the FNS-798.

Federal Participation (Lines 15 to 18) - Federal participation numbers are produced by ADPH's WIC Crossroads management information system. The State Agency receives participation counts for all Local Agencies and WIC clinics from Crossroads, through the monthly Enrollment/Participation Report. The Enrollment/Participation Report is provided by Crossroads in 3 forms:

1. Statewide (Attachment A)
2. District/Local Agency (Attachment B)
3. Clinic (Attachment C)

A copy of each is attached. The Enrollment/Participation Report bases participation counts on the number of persons issued food or food instruments; the number of fully breastfed infants who receive no food 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 infant who is 6 to 12 months old.

All forms of the Enrollment/Participation Report are produced by Crossroads at the State level and then distributed to the WIC Clinic and District (Local Agency) levels on a monthly basis.

Enrollment/Participation Reports provide the number of participants enrolled and participating by category and priority. Reports also include other participant characteristic data. Priority level is automatically assigned by Crossroads based on the nutritional risk criteria. The report provides participation data by District (Local Agency) to measure breastfeeding performance.

Enrollment and participation numbers are also monitored monthly by District level staff and a monitoring report is submitted to the State WIC Office on a quarterly basis by the District level staff. The monitoring reports are reviewed by the State WIC Director. Strategies are developed by District 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 ADPH's balance on hand for both Food and NSA and is used to ensure that any federal draws are not in excess of immediate cash needs.

Food Draws

ADPH runs a report out of the eWIC processor (Conduent) Administrative Terminal detailing daily food costs to determine what our funding requirement is for that day. The amount, if any, drawn from the

ADPH's Letter of Credit will be the difference between the updated Food Balance on ADPH's daily fund balance report and the daily food costs detailed on the eWIC processor report. This process is altered when monthly formula rebates are received from Alabama's contracted infant formula manufacturer (Mead Johnson Nutritionals). Once the rebate deposit is recorded in STAARS, foods 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 STAARS infoAdvantage report is run off the previous quarter's expenditures. The total expenditure amounts are divided by 6 (bimonthly) to calculate an estimated administration amount that will be drawn on or around each payday. The day's WIC Administration Fund Balance amount is then added to or subtracted from this calculated draw amount. If the Administration Fund Balance is a positive amount, then this amount will be subtracted from the calculated draw amount. If the Administration Fund Balance is a negative amount, then this amount will be added to the calculated draw amount. This total is the amount drawn from the administration 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 meet monthly with ADPH Finance staff to review the status of WIC grant expenditures at the Clinic, District, and State level. Finance produces a spreadsheet with the status of expenditures to date at the time of the grant review for each District (Local Agency) and rolls this up to a statewide total. Districts that are over budget are contacted for adjustment, as needed. District Administrators are allowed to reallocate funds between WIC clinics as long as the District total is not exceeded to better maximize caseload and funding.

Subgrantee Claims

Subgrantee claims may be assessed based upon subgrantee financial management reviews. If a claim is assessed during the fiscal year, subgrantees are required to reduce the next monthly invoice by the claim amount. If a claim occurs at the end of the fiscal year, subgrantees are required to pay back funds.

Payments to Subgrantees

All subgrantees submit their signed monthly invoices with back-up data for processing. The WIC account technician examines and verifies the accuracy of the invoice and supporting documents. The Director of the Bureau of Family Health Services Administration branch examines and approves the invoice for payment. The invoice is then paid by the WIC grant accountant within the Bureau of Financial Services.

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
Generated on: 07/03/2023 09:39:34 AM

Alabama WIC

	Enrollment	Priority						Gender		Address Status		
		I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	11089	9848	0	0	1194	47	0	0	11089	18	9	2
Breastfeeding	5264	4662	264	0	286	51	1	0	5264	6	5	2
Non-Breastfeeding	10875	1	0	10164	0	91	619	0	10875	7	3	1
Infant	29953	18968	9837	26	751	371	0	15260	14693	27	0	4
Child	61539	109	3	29119	249	32059	0	31490	30049	51	0	9
	118720	33588	10104	39309	2480	32619	620	46750	71970	109	17	18

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	13942	13822	28249	56013	First	1651	Over Income	28
Black or African American	11413	12931	25995	50339	Second	4133	No Risk (< 4 months)	0
American Indian or Alaskan Native	836	792	2035	3663	Third	5269	Categorically Ineligible	37
Asian	169	131	319	619	Other	36	Not an AL Resident	1
Native Hawaiian or Pacific Islander	81	70	79	230	Total	11089	Total	66
Multi-Race	787	2207	4862	7856				
				118720				

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	11213
May 2023	Breastfeeding	Fully Breastfed	2232
May 2023	Breastfeeding	Partially Breastfed <= MMA	1048
May 2023	Breastfeeding	Partially Breastfed > MMA	283
May 2023	Breastfeeding	Fully Formula Fed	1264
May 2023	Non-Breastfeeding	Not Applicable	9398
May 2023	Infant	Fully Breastfed	2249
May 2023	Infant	Partially Breastfed <= MMA	1282
May 2023	Infant	Partially Breastfed > MMA	1730
May 2023	Infant	Fully Formula Fed	23351
May 2023	Child	Not Applicable	57543
			111593

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
Generated on: 07/03/2023 09:35:13 AM

Alabama WIC
 EAST CENTRAL

	Enrollment	Priority						Gender		Address Status		
		I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	1696	1167	0	0	525	4	0	0	1696	3	4	0
Breastfeeding	739	587	107	0	38	7	0	0	739	0	4	1
Non-Breastfeeding	1763	0	0	1532	0	14	217	0	1763	0	2	0
Infant	4708	2720	1826	5	100	57	0	2356	2352	3	0	1
Child	8709	12	2	2473	17	6205	0	4478	4231	7	0	3
	17615	4486	1935	4010	680	6287	217	6834	10781	13	10	5

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	1398	1389	2485	5272	First	218	Over Income	2
Black or African American	2508	2839	5223	10570	Second	609	No Risk (< 4 months)	0
American Indian or Alaskan Native	166	198	412	776	Third	859	Categorically Ineligible	14
Asian	38	24	73	135	Other	10	Not an AL Resident	0
Native Hawaiian or Pacific Islander	13	8	11	32	Total	1696	Total	16
Multi-Race	75	250	505	830				
				17615				

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	1697
May 2023	Breastfeeding	Fully Breastfed	332
May 2023	Breastfeeding	Partially Breastfed <= MMA	93
May 2023	Breastfeeding	Partially Breastfed > MMA	64
May 2023	Breastfeeding	Fully Formula Fed	205
May 2023	Non-Breastfeeding	Not Applicable	1537
May 2023	Infant	Fully Breastfed	325
May 2023	Infant	Partially Breastfed <= MMA	114
May 2023	Infant	Partially Breastfed > MMA	302
May 2023	Infant	Fully Formula Fed	3773
May 2023	Child	Not Applicable	8359
			16801

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
Generated on: 07/03/2023 09:35:13 AM

Alabama WIC
 JEFFERSON

	Enrollment	Priority						Gender		Address Status		
		I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	1027	984	0	0	41	2	0	0	1027	1	0	0
Breastfeeding	1014	965	1	0	41	7	0	0	1014	1	0	0
Non-Breastfeeding	1143	0	0	1115	0	5	23	0	1143	2	0	1
Infant	3452	2844	455	1	126	26	0	1752	1700	3	0	2
Child	6709	44	0	4123	59	2483	0	3369	3340	3	0	2
	13345	4837	456	5239	267	2523	23	5121	8224	10	0	5

Race	Woman	Infant	Child	Total	Trimester		Counts	Ineligible		Counts
					First	Second		Third	Other	
White	976	936	1819	3731	First	Second	119	403	Over Income	1
Black or African American	2114	2338	4532	8984	Third	Other	502	3	No Risk (< 4 months)	0
American Indian or Alaskan Native	18	13	44	75	Total		1027	Categorically Ineligible		1
Asian	20	19	28	67				Not an AL Resident		0
Native Hawaiian or Pacific Islander	6	4	7	17				Total		2
Multi-Race	50	142	279	471						
				13345						

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	1106
May 2023	Breastfeeding	Fully Breastfed	320
May 2023	Breastfeeding	Partially Breastfed <= MMA	233
May 2023	Breastfeeding	Partially Breastfed > MMA	39
May 2023	Breastfeeding	Fully Formula Fed	304
May 2023	Non-Breastfeeding	Not Applicable	970
May 2023	Infant	Fully Breastfed	309
May 2023	Infant	Partially Breastfed <= MMA	270
May 2023	Infant	Partially Breastfed > MMA	403
May 2023	Infant	Fully Formula Fed	2309
May 2023	Child	Not Applicable	6078
			12341

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
Generated on: 07/03/2023 09:35:13 AM

Alabama WIC
MOBILE

	Enrollment	Priority						Gender		Address Status		
		I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	1069	1027	0	0	37	5	0	0	1069	3	1	1
Breastfeeding	487	465	8	0	11	3	0	0	487	0	0	0
Non-Breastfeeding	1068	0	0	1038	0	7	23	0	1068	2	0	0
Infant	3039	1986	994	0	25	34	0	1554	1485	6	0	0
Child	5943	1	0	4511	0	1431	0	3041	2902	13	0	1
	11606	3479	1002	5549	73	1480	23	4595	7011	24	1	2

Race	Woman	Infant	Child	Total	Trimester		Counts	Ineligible		Counts
					First	Second		Third	Other	
White	1009	1015	1996	4020	128	412	526	3	Over Income	4
Black or African American	1515	1777	3517	6809					No Risk (< 4 months)	0
American Indian or Alaskan Native	33	29	51	113					Categorically Ineligible	3
Asian	18	13	33	64					Not an AL Resident	0
Native Hawaiian or Pacific Islander	4	7	5	16						
Multi-Race	45	198	341	584						
				11606	Total	1069			Total	7

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	1051
May 2023	Breastfeeding	Fully Breastfed	189
May 2023	Breastfeeding	Partially Breastfed <= MMA	70
May 2023	Breastfeeding	Partially Breastfed > MMA	26
May 2023	Breastfeeding	Fully Formula Fed	170
May 2023	Non-Breastfeeding	Not Applicable	981
May 2023	Infant	Fully Breastfed	191
May 2023	Infant	Partially Breastfed <= MMA	85
May 2023	Infant	Partially Breastfed > MMA	207
May 2023	Infant	Fully Formula Fed	2436
May 2023	Child	Not Applicable	5741
			11147

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
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Alabama WIC
 NORTHERN

Enrollment	Priority						Gender		Address Status		
	I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	2287	2127	0	0	146	14	0	2287	4	1	0
Breastfeeding	1001	868	29	0	89	15	0	1001	2	0	0
Non-Breastfeeding	2487	0	0	2333	0	23	131	2487	2	0	0
Infant	6259	4282	1699	6	170	102	0	3178	3	0	0
Child	12783	1	0	5617	5	7160	0	6650	7	0	0
24817	7278	1728	7956	410	7314	131	9828	14989	18	1	0

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	4078	4140	8742	16960	First	381	Over Income	10
Black or African American	1130	1313	2214	4657	Second	917	No Risk (< 4 months)	0
American Indian or Alaskan Native	264	199	557	1020	Third	985	Categorically Ineligible	11
Asian	36	30	61	127	Other	4	Not an AL Resident	0
Native Hawaiian or Pacific Islander	15	19	20	54	Total	2287	Total	21
Multi-Race	252	558	1189	1999				
				24817				

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	2308
May 2023	Breastfeeding	Fully Breastfed	479
May 2023	Breastfeeding	Partially Breastfed <= MMA	265
May 2023	Breastfeeding	Partially Breastfed > MMA	53
May 2023	Breastfeeding	Fully Formula Fed	93
May 2023	Non-Breastfeeding	Not Applicable	2085
May 2023	Infant	Fully Breastfed	467
May 2023	Infant	Partially Breastfed <= MMA	300
May 2023	Infant	Partially Breastfed > MMA	152
May 2023	Infant	Fully Formula Fed	4934
May 2023	Child	Not Applicable	11479
			22615

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
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Alabama WIC
 NORTHEASTERN

Enrollment	Priority						Gender		Address Status		
	I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	1793	1683	0	0	95	15	0	1793	0	0	0
Breastfeeding	843	757	37	0	42	7	0	843	0	0	1
Non-Breastfeeding	1302	1	0	1246	0	15	40	1302	0	0	0
Infant	4254	2375	1692	8	135	44	0	2227	2027	0	1
Child	9218	23	0	4469	55	4671	0	4680	4538	2	1
17410	4839	1729	5723	327	4752	40	6907	10503	2	0	3

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	2786	2735	5679	11200	First	244	Over Income	3
Black or African American	791	929	1916	3636	Second	623	No Risk (< 4 months)	0
American Indian or Alaskan Native	164	176	551	891	Third	921	Categorically Ineligible	3
Asian	16	13	44	73	Other	5	Not an AL Resident	0
Native Hawaiian or Pacific Islander	28	25	25	78	Total	1793	Total	6
Multi-Race	153	376	1003	1532				
				17410				

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	1771
May 2023	Breastfeeding	Fully Breastfed	379
May 2023	Breastfeeding	Partially Breastfed <= MMA	140
May 2023	Breastfeeding	Partially Breastfed > MMA	34
May 2023	Breastfeeding	Fully Formula Fed	225
May 2023	Non-Breastfeeding	Not Applicable	1128
May 2023	Infant	Fully Breastfed	391
May 2023	Infant	Partially Breastfed <= MMA	189
May 2023	Infant	Partially Breastfed > MMA	308
May 2023	Infant	Fully Formula Fed	3170
May 2023	Child	Not Applicable	8527
			16262

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
Generated on: 07/03/2023 09:35:13 AM

Alabama WIC
 SOUTHEASTERN

Enrollment	Priority						Gender		Address Status		
	I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	1209	1154	0	0	52	3	0	1209	2	3	1
Breastfeeding	384	358	10	0	11	5	0	384	1	1	0
Non-Breastfeeding	974	0	0	937	0	11	26	974	0	1	0
Infant	2764	1580	1067	4	69	44	0	1382	1382	6	0
Child	5982	4	0	3711	12	2255	0	3051	2931	14	0
11313	3096	1077	4652	144	2318	26	4433	6880	23	5	2

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	1325	1256	2533	5114	First	222	Over Income	0
Black or African American	1021	1143	2488	4652	Second	402	No Risk (< 4 months)	0
American Indian or Alaskan Native	96	74	226	396	Third	582	Categorically Ineligible	0
Asian	19	11	35	65	Other	3	Not an AL Resident	1
Native Hawaiian or Pacific Islander	3	2	5	10	Total	1209	Total	1
Multi-Race	103	278	695	1076				
				11313				

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	1206
May 2023	Breastfeeding	Fully Breastfed	165
May 2023	Breastfeeding	Partially Breastfed <= MMA	95
May 2023	Breastfeeding	Partially Breastfed > MMA	23
May 2023	Breastfeeding	Fully Formula Fed	67
May 2023	Non-Breastfeeding	Not Applicable	837
May 2023	Infant	Fully Breastfed	174
May 2023	Infant	Partially Breastfed <= MMA	137
May 2023	Infant	Partially Breastfed > MMA	95
May 2023	Infant	Fully Formula Fed	2231
May 2023	Child	Not Applicable	5534
			10564

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
Generated on: 07/03/2023 09:35:13 AM

Alabama WIC
SOUTHWESTERN

Enrollment	Priority						Gender		Address Status		
	I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	969	718	0	0	247	4	0	969	4	0	0
Breastfeeding	471	372	56	0	37	5	1	471	2	0	0
Non-Breastfeeding	882	0	0	778	0	9	95	882	1	0	0
Infant	2575	1344	1111	1	79	40	0	1318	1257	4	0
Child	5806	15	1	1088	29	4673	0	2983	2823	5	0
10703	2449	1168	1867	392	4731	96		4301	6402	16	0

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	1125	1092	2354	4571	First	166	Over Income	7
Black or African American	1069	1180	2908	5157	Second	348	No Risk (< 4 months)	0
American Indian or Alaskan Native	50	69	76	195	Third	452	Categorically Ineligible	1
Asian	13	12	22	47	Other	3	Not an AL Resident	0
Native Hawaiian or Pacific Islander	7	4	4	15	Total	969	Total	8
Multi-Race	58	218	442	718				
				10703				

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	976
May 2023	Breastfeeding	Fully Breastfed	224
May 2023	Breastfeeding	Partially Breastfed <= MMA	72
May 2023	Breastfeeding	Partially Breastfed > MMA	21
May 2023	Breastfeeding	Fully Formula Fed	149
May 2023	Non-Breastfeeding	Not Applicable	782
May 2023	Infant	Fully Breastfed	236
May 2023	Infant	Partially Breastfed <= MMA	85
May 2023	Infant	Partially Breastfed > MMA	187
May 2023	Infant	Fully Formula Fed	2000
May 2023	Child	Not Applicable	5654
			10386

AL Crossroads Enrollment Participation
Date Range: 05/01/2023 - 05/31/2023
Generated on: 07/03/2023 09:35:13 AM

Alabama WIC
 WEST CENTRAL

	Enrollment	Priority						Gender		Address Status		
		I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	1039	988	0	0	51	0	0	0	1039	1	0	0
Breastfeeding	325	290	16	0	17	2	0	0	325	0	0	0
Non-Breastfeeding	1256	0	0	1185	0	7	64	0	1256	0	0	0
Infant	2902	1837	993	1	47	24	0	1493	1409	2	0	0
Child	6389	9	0	3127	72	3181	0	3238	3151	0	0	0
	11911	3124	1009	4313	187	3214	64	4731	7180	3	0	0

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	1245	1259	2641	5145	First	173	Over Income	1
Black or African American	1265	1412	3197	5874	Second	419	No Risk (< 4 months)	0
American Indian or Alaskan Native	45	34	118	197	Third	442	Categorically Ineligible	4
Asian	9	9	23	41	Other	5	Not an AL Resident	0
Native Hawaiian or Pacific Islander	5	1	2	8	Total	1039	Total	5
Multi-Race	51	187	408	646				
				11911				

Part Month	WIC Category	Formula Given Amount	Participation
May 2023	Pregnant	Not Applicable	1098
May 2023	Breastfeeding	Fully Breastfed	144
May 2023	Breastfeeding	Partially Breastfed <= MMA	80
May 2023	Breastfeeding	Partially Breastfed > MMA	23
May 2023	Breastfeeding	Fully Formula Fed	51
May 2023	Non-Breastfeeding	Not Applicable	1078
May 2023	Infant	Fully Breastfed	156
May 2023	Infant	Partially Breastfed <= MMA	102
May 2023	Infant	Partially Breastfed > MMA	76
May 2023	Infant	Fully Formula Fed	2498
May 2023	Child	Not Applicable	6171
			11477

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
REQUISITION**

FOR FINANCE USE ONLY

SHIP CODE:
BILL CODE:

SNAP#: _____

REQ #: _____

REQUESTING UNIT:
SHIP TO ADDRESS:
CITY STATE ZIP:

DATE:

FUND	AGENCY	ORGAN.	OBJECT			
QUANTITY ORDERED	UNIT MEASURE	COMMODITY CODE/DESCRIPTION			UNIT COST	EXTENDED COST
				TOTAL	\$0.00	

STATE HEALTH OFFICER

Authorized Program Approval

Chapter VI

Food Funds Management

VI. FOOD FUNDS MANAGEMENT

(Please indicate) State Agency: Alabama

for FY: 2024

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

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

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

- A. **Cost Containment Measures** - **246.4(a)(14)(xi)**, **246.4(a)(14)(xvii)**, **246.16a(a)**: describe the policies and procedures used to implement cost containment measures as they relate to infant formula contracts, their approval and the processing of infant formula and/ or other rebates, and food package cost containment practices.
- B. **Funds Monitoring/798 Reporting** - **246.4(a)(2)**; **(a)(12)**; **and** **(a)(14)**: describe the State agency's funding sources, how food obligations are calculated to allow for inflation, rebate cash management, and monthly closeout monitoring activities.
- C. **Participation Reporting** - **246.4(a)(11)**: describe the methods used to accurately document and monitor participation at the State and local level, and methods for monitoring changes in participation by priority.

VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

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

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

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

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

2. Cost Containment Contracts for Infant Formula

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

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

- Home food delivery system
- Direct distribution food delivery system
- Retail food delivery system
- Other (specify): Infant formula purchased directly from the manufacture or wholesaler

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

- Home food delivery system
- Direct distribution
- Retail food delivery system
- Other (specify): Infant formula purchased directly from the manufacture or wholesaler

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

- Home food delivery system
- Direct distribution system
- Retail food delivery system
- Other (specify): Infant formula purchased directly from the manufacture or wholesaler

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, attach contract
in Appendix | If no, check which applies:
<input type="checkbox"/> Granted waiver
<input type="checkbox"/> ITO with participation under 1,000 as of April (<i>Proceed to question A.4.
Cost Containment for Other Foods</i>) |

VI. FOOD FUNDS MANAGEMENT

c. For a single-supplier system or multi-supplier: Date contract/agreement: 10/01/2021

Manufacturer	Original Term Began	Original Term Expires	Extension Options
Mead Johnson Nutritionals	10/01/2021	09/30/2024	2 one year extensions

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

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

My rebate price sheet is available and attached as Appendix: Chapter VI. Infant Formula Rebate Price Sheet
(Proceed to A. 3. Infant Formula Issuance.)

Primary Contract Infant Formula				
Product/Unit Size	Manufacturer	Rebate/Unit	Net price/Unit	% WS Discount
Liquid Concentrate				
Milk-Based				
Soy-based*				
Powder				
Milk-based				
Soy-based*				
Ready to Feed				
Milk-Based				
Soy-based*				
Exempt Formula (If applicable)				

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

3. Infant Formula Issuance.

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

Yes No

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

Contract 85 percent

Non-contract 15 percent

Exempt infant formula 15 percent

Non-exempt infant formula

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

4. Cost Containment for Other Foods

a. Rebates are also obtained on other WIC foods.

Yes (specify foods and attach contract in Appendix):

No

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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):

	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		LEB
Lowfat fresh fluid milk		X		LEB
Skim fresh fluid milk		X		LEB
Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify):		X		
Shelf-stable milk (e.g., evaporated milk, UHT, whole/ low fat/nonfat dry milk)	X	X		
Cheese		X	X	LEB
Yogurt	X	X	X	
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	X	

VI. FOOD FUNDS MANAGEMENT

Dry beans/peas		X	X	
Canned Fish		X	X	
Canned beans/peas		X	X	

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 Management Information 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):

Frequency

Data

D/W/M

- Food instruments and cash-value vouchers paid for issue month
- Food instruments and cash-value vouchers outstanding for issue month
- Food instruments and cash-value vouchers that have expired
- Food instruments and cash-value vouchers that are void/unclaimed

VI. FOOD FUNDS MANAGEMENT

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

3. Rebate Cash Management

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

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

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

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

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

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

d. Monthly invoices are submitted with supporting data.

- Yes
- No

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 benefits for payment (provide the number of days):

N/A 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): 30 days

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

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

<u>State WIC</u>	<u>State FM</u>	<u>Other (Specify)</u>
<input 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"/>	eWIC (Conduit) By electronic transfer to vendor's or farmer's bank

VI. FOOD FUNDS MANAGEMENT

Other (specify):

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

C. Participation Reporting

1. Participation Counting

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

- The calendar month
- The computer system cycle month
- Other (specify):

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

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

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

- Special code on food instrument
- Special areas of State designated as State-supported areas
- Pro rata allocation based on proportion of Federal to State funds spent
- Other (specify):
- N/A

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

- Sends warnings
- Applies financial sanctions
- Requires manual reporting
- Other (specify): N/A

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.**

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Yes No

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

Yes No

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

Yes No

3. **Participation by Local Agency**

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

Yes No N/A

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

Chapter VII

Caseload Management

VII. CASELOAD MANAGEMENT

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

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.

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

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

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

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

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

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

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

F. Waiting List Management - 246.4(a)(11)(i); 246.7(f)(1),(2): describe the policies and procedures used for processing applicants.

VII. CASELOAD MANAGEMENT

A. No-Show Rate

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

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

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

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

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

2. Monitoring No-Show Rates

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

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

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

VII. CASELOAD MANAGEMENT

A. No-Show Rate

AL WIC Procedure Manual Ch. 1 Program Administration, Ch. 2 Certification, Ch. 3 Nutrition Education.

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):

AL WIC Procedure Manual Ch. 9 Reports.

VII. CASELOAD MANAGEMENT

B. Allocation of Caseload

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

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

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

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

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

Yes No

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

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

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

FY 2022 Quarterly Monitoring Report Example, FY 2023 WIC District Budget Allocations, FY 2023 Projected Statewide Participation

VII. CASELOAD MANAGEMENT

B. Allocation of Caseload

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

Yes No

If yes, attach procedure in the Caseload Management Appendix.

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):

See attached FY 2024 Projected Statewide Participation

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 must develop a budget based upon the target caseload allocated by the State Agency. Expenditures are monitored by program and financial staff to ensure local agencies are not overspending.

VII. CASELOAD MANAGEMENT

C. Caseload Monitoring

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Participation levels/rates | <input type="checkbox"/> High-risk participant levels/rates |
| <input checked="" type="checkbox"/> No-show rates | <input type="checkbox"/> Food costs per participant |
| <input checked="" type="checkbox"/> Food costs by area | <input checked="" type="checkbox"/> Other (specify): <u>Quarterly Monitoring Reports submitted by District Nutrition Directors.</u> |
-

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

AL WIC Procedure Manual Ch. 1 Program Administration, Attachment Quarterly Monitoring Reports.

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

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

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

FY 2023 Quarterly Monitoring Report Example, FY 2024 Projected Statewide Participation

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

- Monthly
 - Quarterly
 - Other (specify): monthly when necessary
 - Not applicable
-

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

Alabama Procedure Manual Chapter 1 Program Administration Attachment 1-2 Quarterly Monitoring Report

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):

AL WIC Procedure Manual Ch. 14 Outreach

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

- Foster care agencies
- Protective service agencies
- Child welfare authorities
- Other (specify): See Alabama WIC Procedure Manual Chapter 14 Outreach Attachment 14-2 Local Agencies/Partners. _____

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):

FY 2023 Participation Characteristics Report

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 medias posts, AL WIC app for smart phone notifications.

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

State Agency	Local Agency	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Newspapers
<input type="checkbox"/>	<input type="checkbox"/>	Radio
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Posters
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Letters
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brochures/pamphlets
<input type="checkbox"/>	<input type="checkbox"/>	Television
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social Media (Twitter, Facebook, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify): <u>Radio and television media are utilized when funds are available or through public service announcements, Social Media, AL WIC app, or ADPH website.</u>

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 and community organizations

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

VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

When an ITO State agency operates as both the State and local agency "All" should be checked.

2. Accessibility to Special Populations

a. The State agency requires [all, some, none] local agencies to implement the following to meet the special needs of employed applicants/participants.

All	Some	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expedited clinic procedures for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evening/weekend nutrition education classes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): Some clinics offer early morning/evening or Saturday clinics where staffing allows.

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

All	Some	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special clinic hours to accommodate travel time to clinic sites
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of mobile clinics to rural areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for rural participants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special appointment/scheduling procedures for rural participants who do not have access to public transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special food instrument/cash value voucher issuance cycles for rural participants (check one): <input type="checkbox"/> 2 months issuance, <input type="checkbox"/> 3 months issuance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): Multiple Local Agencies offer special clinic hours; low risk participants receive 3 months food benefit issuance to reduce travel to clinics.

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

All	Some	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formal coordination with rural/migrant health centers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special outreach activities aimed at migrants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special clinic hours/locations to service migrant populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expedited appointment procedures to accommodate migrant families
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special food instrument/cash value voucher issuance cycles for migrant families (check one): <input type="checkbox"/> 2 months issuance <input type="checkbox"/> 3 months issuance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): Clinics work with local agencies/groups to promote WIC services to migrants.

d. The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

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

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

e. The State agency requires [all, some, none] local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):

All	Some	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undertake regular and ongoing outreach to homeless individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into communal food service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

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

AL WIC Procedure Manual Ch. 2 Certification.

3. Unserved Geographical Areas

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

A geographic area of the state where a WIC clinic is located, and the clinic is not accessible by residents of the geographic area.

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

Yes No

b. The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation

Yes No, an update list is provided in the Appendix N/A, State agency has no local agencies

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

See definition 3.a. No one geographic area of the state takes priority over the other in regards to being accessible to WIC services.

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

5. The State agency has a plan to:

- Inform potential local agencies of the Program and the availability of technical assistance in implementation
- Describes how State agencies will take all reasonable actions to identify potential local agencies
- Encourage potential and existing local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served
- The State agency does not have local agencies and does not plan to have local agencies. Explanation of how underserved and/or partially served areas are addressed is below.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation) AND/OR SA/ITO explanation of how the State agency without local agencies addresses underserved or partially served areas:
AL has 67 counties with more than 90 clinics providing WIC services. There is no geographic area of the state without access to WIC services.

VII. CASELOAD MANAGEMENT

F. Waiting List Management

Waiting List Management and Procedures

1. **The State agency has specific policies/procedures for the establishment and maintenance of waiting lists, which are used by all local agencies.**
 Yes No
2. **Waiting list procedures are uniform throughout the State agency.**
 Yes No, but State agency approves all exceptions
 No, local variation allowed without State agency approval
3. **The State agency routinely monitors waiting lists.**
 Yes No No. for the current Fiscal Year, the State agency does not have a waiting list.
4. **The State agency requires/allows subprioritization of waiting lists by (check all that apply):**
 No subprioritization permitted Income
 Nutrition risk Age
 Point system
 Special target populations (specify): _____
 Other (specify): _____
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
8. **The State agency requires all local agencies to maintain waiting lists (telephone and/or pre-certification) with the following information (check all that apply):**
 Name
 Address
 Phone number(s)
 Date placed on waiting list
 Category
 Priority
 Nutritional risk

VII. CASELOAD MANAGEMENT

F. Waiting List Management

- Income eligibility status
 - Method of application
 - Date applicant notified of placement on the waiting list
 - Other (specify): Crossroads (MIS) allows the State Agency to define a waiting list and complete the certification process. However, if the participant meets the defined wait list requirements, they are added to the waiting list maintained by Crossroads and no food benefits are issued.
-

9. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list. If the State agency has no locals, it provides the information.

- Yes No

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

Alabama Women, Infants and Children (WIC) Program

FY 2024 Projected Statewide Participation

Chapter VII. Section C. Caseload Management

FY 2024 Projected Statewide Participation

Total = 111,593 (Year to date average May 2023 caseload)

Women = 25,438 (22.8 percent)

Infants = 28,612 (25.6 percent)

Children = 57,543 (51.6 percent)

Chapter VIII

Certification, Eligibility and Coordination of Services

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards, and criteria), and the coordination of certification activities with other health services.

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

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

A. Eligibility Determination and Documentation - 246.7(c)(1); 2(1); 246.7(d)(1); (2)(v)(B): describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit.

B. Nutrition Risk Determination, Documentation, and Priority Assignment - 246.4(a)(11)(i): describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation.

C. Health Care Agreements, Referrals, and Coordination - 246.4(a)(6); (7); (8) and (19): describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs.

D. Processing Standards - 246.4(a)(11)(i); 246.7(f)(2): describe the State agency's processing procedures to ensure that the required standards and timelines are met.

E. Certification Periods - 246.4(a)(11)(i); 246.7(g): describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods.

F. Transfer of Certification - 246.4(a)(6); (11)(i); and 246.7(k): describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.

G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 246.4(a)(11)(i); (16); (17) and (18); 246.7(h); 246.7(i)(10); 246.7(j); 246.7(l): describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system .

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility, Determination, and Documentation

1. Application Process

- a. The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program

Yes No

- b. The State agency shares State wide or at local agency (check one), a common income application or certification form with (check all that apply):

No other benefit programs Medicaid
 TANF Maternal and Child Health (MCH)
 SNAP Other reduced price health care program(s)
 Other (specify): _____

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

2. Residency, Identity and Physical Presence Requirements

- a. The State agency requires documentation of residency

Yes
 Signed statement that documentation of residency information is not available and why (e.g. homeless, theft, fire)
 No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement):

- b. The State agency has reciprocal agreements concerning residency with other States agencies

Yes; list states: _____
 No:
Describe any reciprocal agreements _____

- c. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):

Homeless applicants Institutionalized applicants
 Migrants: Indian Tribal Organizations
 None Other (specify): _____

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

Driver's licenses
 Passport
 State issued identification card
 Employer issued identity card
 Documentation from participation in a means-tested program
 Other (Please list all that are accepted): Please see attachment 2-1 Proof Documentation List for Income Assessment (AL WIC Procedure Manual Ch. 2 Certification).

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

3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):

- All pregnant women Pregnant women not visibly pregnant
 Postpartum women Children
 Infants Other (specify): _____

4. Income Limits for Eligibility

a. The State agency gross income limit for income eligibility is at or below 185% of the federal income guidelines

- Yes, with no local agency exceptions
 Yes, with local agency variation
 No, with no local agency exceptions
(specify State maximum percent of poverty: _____ %)
 No, with local agency variation
(specify State maximum percent of poverty: _____ %)

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

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):

See attached WIC Income Guidelines.

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility, Determination, and Documentation

c. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in 246.7(d)(2)(vi):

	<u>Poverty Level</u>
<input checked="" type="checkbox"/> TANF (specify State "percent of poverty")	_____ %
<input checked="" type="checkbox"/> SNAP	_____ %
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	
<input checked="" type="checkbox"/> Pregnant women and infants	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 Meals	_____ %
<input type="checkbox"/> Supplemental Security Income (SSI)	_____ %
<input type="checkbox"/> Other State-provided health insurance (specify State "percent of poverty" maximum _____ %)	_____ %
<input type="checkbox"/> Food Distribution Program or Indian Reservation (FDPIR)	_____ %
<input 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):

5. Income Eligibility Documentation

a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State requires (check all that apply):

- Documentation of income information
- Signed statement that documentation of income information is not available and why
- Notation in the participant record if the applicant declares no income and why
- Other (specify): _____

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility, Determination, and Documentation

b. Exceptions to income documentation are made for the following:

- The necessary information is not available
- The income documentation presents an unreasonable barrier to participation as determined by the State agency
- Those applicants with no income
- Those applicants who work for cash
- Other (specify): Victims of disaster or applicants who work for cash and the employer refuses to provide a letter of support.

c. If the applicant does not supply the necessary documentation at the certification appointment, local agencies are generally instructed to do one of the following:

- Certification process is terminated and no food instruments/cash-value vouchers are provided; appointment rescheduled
- Temporary certification (not to exceed 30 days) for applicants that have one qualifying nutrition risk and are able to present at least two of the three required documents (identification, residency, and income) during a certification appointment is completed and food instruments are provided. However, if applicant does not provide documentation within 30 days, certification expires, and a new eligibility determination must be conducted.
- Other (specify): _____

d. The State agency requires State-wide, or at local agency (check one), the verification of applicant income information, if determined necessary.

- No
- Yes (check all sources required, as appropriate):
 - Employer
 - Public assistance offices
 - State employment offices (wage match, unemployment)
 - Social Security Administration
 - School districts/offices
 - Collateral contacts
 - Other (specify): AL WIC Procedure Manual Ch. 2 Certification Attachment Guide to Determining WIC Income Eligibility.

e. The State agency has specific policies that define actions to be taken for mid-certification appointments if participant's income eligibility changes.

- Yes; Please specify No

When there is knowledge of a change in income or adjunctive eligibility status - AL WIC Procedure Manual Ch. 2 Certification.

f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies.

- Yes No Not Applicable

g. The State agency has specific policy that addresses income from benefits provided by a State-administered programs.

- Yes No

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 Family subsistence Supplemental Allowance (FSSA) payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.

Yes No

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility, Determination, and Documentation

6. In determining an applicant's income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base.

Yes, State-wide No

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

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):

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 Ch. 2 Certification

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 agency ensures its policy and procedures comply with this requirement:

- Yes No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

1. Nutrition Risk Determination and Documentation

- a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply):

Qualification	Can certify for:	
	Priorities I-III	All Priorities
RD or Master's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input type="checkbox"/>	<input 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>Dietetic Technician, Registered (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
- Use data from a state Health Information Exchange (including access to medial referral data via a participant/physician portal)

- c. The State agency uses only FNS-approved nutrition risk criteria, as referenced in Policy Memorandum #2011-5, WIC Nutrition Risk Criteria, and transmittal memorandum (dated December 17, 2020) that list the revised risk criteria requiring implementation by 10/1/2022, published on the FNS PartnerWeb, to document nutrition risk. (Note: A more recent transmittal memorandum was issued on November 17, 2022, however, the revised criteria included in this memorandum are not scheduled to be implemented until October 1, 2024.)

- Yes No

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

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

- Yes (list criteria): _____
- No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

e. Hematological risk determination:

The State agency requires (check one of the following):

- Bloodwork data to be collected at the time of certification (Statewide).
- Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.

The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in [246.7\(e\)\(1\)\(ii\)\(B\)](#).

- Yes No

The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.

- Yes No

f. Anthropometric risk determination:

The State agency allows (check one):

- Anthropometric data for certification to be no older than 60 days (Statewide)
- A shorter (less than 60 days) limit on age of anthropometric data for certification

g. Nutrition assessment:

(i) Local agencies are required to perform a complete nutrition assessment (as described in the *Value Enhanced Nutrition Assessment [VENA] Guidance*) for all participants.

- Yes No (explain):

(ii) Local agencies are required to perform a mid-certification nutrition assessment (as described in the *Guidance for Providing Quality Nutrition Services during Extended Certification Periods*) for all participants with an extended certification period.

- Yes Not Applicable: (The State Agency does not utilize the extended certification option for any participant category)

(iii) The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System (MIS).

- Yes No

If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below.

If no, the State agency assures quality of nutrition assessment by:

- Requiring local agencies to submit forms for approval
- Annually monitoring the locally developed forms during local agency reviews
- Other (specify): _____

(iv) Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)

- Yes (specify): USDA Infant Nutrition Feeding Guide, USDA VENA Guidance, Dietary Guidelines for Americans, My Plate Food Guide, and AAP.

- No (explain): _____

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

See attached MIS screen shots for nutrition assessment intake information.

2. Documentation

a. **The State agency requires documentation in the applicant's case file for all nutrition risk criteria used to establish WIC eligibility (check one) (as described in FNS Policy Memorandum #2008-4, WIC Nutrition Services Documentation):**

Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)

Yes, with CPA discretion when to waive documentation requirement (no written policy)

No (explain): _____

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

b. As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:

- All identified risk criteria are recorded
- A set number of criteria _____ is recorded (maximum number is 10 criteria)
- Local agency personnel decide how many and which criteria are recorded
- Other (specify): _____

3. Priority Assignments

a. Participants certified for regression

- Remain in the same priority in which they were previously assigned
- Are assigned to Priority VII, regardless of their initial priority at first certification
- Other (specify): _____

b. The State agency requires verification for all nutrition risk criteria that require a physician's diagnosis.

- Yes No

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

c. Participants may be certified for regression (check all that apply):

- A single six-month period
- One time following a certification period
- No policy, local agency discretion

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

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

e. Participants certified solely due to homelessness/migrancy are assigned to the following priority:

	IV	V	VI	VII
Pregnant Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Breastfeeding Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Postpartum Women			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Children		<input checked="" type="checkbox"/>		<input type="checkbox"/>

f. Attach a copy of any nutrition risk criteria that will be added, modified or deleted during the coming fiscal year. For each criterion, indicate:

- Applicable participant category
- Applicable priority level(s)
- Whether a physician's diagnosis is required
- SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

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

See attached Nutrition Risk Criteria Changes FY 2024

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):

- | | |
|--|---|
| <input checked="" type="checkbox"/> SNAP | <input type="checkbox"/> Rural/migrant health centers |
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> Hospitals |
| <input checked="" type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> Childhood immunization |
| <input type="checkbox"/> SSI | <input checked="" type="checkbox"/> Immunization registries |
| <input type="checkbox"/> EPSDT | <input type="checkbox"/> Well-child programs |
| <input type="checkbox"/> MCH programs | <input type="checkbox"/> Child protective services |
| <input type="checkbox"/> Children's health insurance | <input type="checkbox"/> Children with special health care needs program(s) |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Private physicians |
| <input type="checkbox"/> Lead Screening | <input type="checkbox"/> IHS facilities |
| <input type="checkbox"/> other (specify): _____ | |

b. Formal agreements for coordination of services include:

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

c. The State agency requires local agencies to coordinate services with, and/or develop referral systems for, the following (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> SNAP | <input checked="" type="checkbox"/> Children with special health care needs |
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> Early and Periodic Screening, Diagnostic and Treatment (EPSDT) |
| <input type="checkbox"/> SSI | <input checked="" type="checkbox"/> Expanded Food and Nutrition Education Program (EFNEP) |
| <input checked="" type="checkbox"/> Medicaid | <input 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 type="checkbox"/> Schools | <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"/> Rural/migrant health centers |
| <input checked="" type="checkbox"/> Well-child programs | |
| <input type="checkbox"/> Other (specify): _____ | |

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

2. Local Agency Referral Procedures

a. The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:

- State Medicaid Program, including presumptive eligibility determinations, where available
- Child support services
- SNAP
- Substance abuse counseling/treatment programs
- TANF, including presumptive eligibility determinations, where available
- Other State-funded medical insurance programs (specify): _____
- Other nutrition services (specify): _____
- EPSDT Program
- Children's Health Insurance program(s)
- Other (specify): _____

b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral using the checkbox on the right):

- | | Primary |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> State agency-developed referral forms | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Maintain a list of local resources for drug and other harmful substance abuse | <input checked="" 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 checked="" type="checkbox"/> |
| <input type="checkbox"/> Automated client/participant information exchange | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Written literature on the WIC Program | <input type="checkbox"/> |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> |

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):

Yes (check): Medicaid TANF MCH SNAP

Yes, other (specify): _____

No

e. The State agency requires local agencies to monitor referrals to determine the extent of health or social services utilization in addition to State monitoring systems.

Yes No

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

f. To facilitate referrals to the Medicaid Program, the State agency provides each local agency a chart showing the maximum income limits, according to family size, applicable to pregnant women, infants, and children up to age 5 under the Medicaid Program.

Yes No

g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services.

Yes No

h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.

Yes No

i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:

Food banks

Food pantries

Soup kitchens or other emergency meal providers

SNAP

The Emergency Food Assistance Program (TEFAP)

Food Distribution Program on Indian Reservations (FDPIR)

Other (specify): Local Agency Staff make referrals when appropriate and not necessarily based on 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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

C. Health Care Agreements, Referrals, and Coordination

I. The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:

- Food banks
 - Food pantries
 - Soup kitchens
 - SNAP
 - The Emergency Food Assistance Program (TEFAP)
 - Food Distribution Program on Indian Reservations (FDPIR)
 - Other (specify): Medicaid – if the participant is receiving an exempt formula and the needs are in excess of WIC maximum allowances.
-

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):
Screenings are completed for all WIC infants and children using an interface with Alabama's immunization registry (ImmPRINT) and the WIC Crossroads management information system (MIS).
- 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

d. **Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for program benefits.**

Yes No

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

Crossroads (AL MIS) captures appointments made outside processing standards and creates a Pending List. Staff are instructed to work the Pending List in Crossroads to meet Federal Regulations. See Ch. 2 Certification and Ch. 9 Reports.

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):

AL WIC Procedure Manual Ch. 2 Certification, Ch. 9 Reports.

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

E. Certification Periods

1. Certification Period Standards

- a. (i) The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished:
- Yes, at all local agencies
 - Yes, at selected local agencies
 - No
- (ii) The State agency authorizes local agencies to certify children for a period of up to one year provided that participant children receive required health and nutrition services:
- Yes, at all local agencies
 - Yes, at selected local agencies
 - No
- (iii) The State agency authorizes local agencies to certify breastfeeding mothers for a period extending up to the infant's first birthday or until breastfeeding is discontinued (whichever comes first), if there is no decrease in health and nutrition services that the participant would otherwise receive during a shorter certification period:
- Yes, at all local agencies
 - Yes, at selected local agencies
 - No
- (iv) The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:
- No
 - Yes (describe): A mid-certification visit is required at approximately six (6) months within the twelve (12) month period. This appointment includes updating participant's anthropometric measurements, follow-up on nutrition assessment and care plan developed at certification, providing appropriate nutrition education and making referrals as needed.

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 3 consecutive issuances

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

E. Certification Periods

- Other (specify): Dual participation; Pregnant women who are not visibly pregnant and fail to provide proof of pregnancy; Priority II infants who have not been evaluated by CPA by eight (8) weeks of age. _____

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

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

- a. The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO):

Intra-State	Inter-State	WIC Overseas	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

- b. A participant ID card/folder/documentation is provided which also serves as a VOC:

Yes No

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

Yes No

- d. VOCs are issued to the following (check all that apply):

- All participants
- Migrants
- Homeless
- Participants relocating during certification period
- Persons affiliated with the military who are transferred overseas
- Other (specify): Upon request of any participant

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

AL WIC Procedure Manual Ch. 2 Certification

2. The State agency requires all local agencies to include the following information on the VOC (check all that apply):

- Name of participant
- Date certification performed
- Date income eligibility last determined
- Nutritional risk condition of the participant
- Date certification period expires
- Signature/printed or typed name of certifying local agency official
- Name/address/phone number of certifying local agency
- Identification number or some other means of accountability
- Other (specify): Nutrition risk 803, if Migrant; Food benefit data (first day to spend, last day to spend); and food prescription.

3. The State agency requires all local agencies to accept as valid all VOCs from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:

- Participant name
- Name and address of the certifying agency
- Date the current certification period expires

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

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):

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

1. Dual Participation

a. The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies:

Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): AL WIC Procedure Manual Ch. 12 Program Abuse, Ch. 9 Reports

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):

No

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

AL WIC Procedure Manual Chapter 12 Program Abuse Attachments 12-1 Participants Sanction for Program Abuse and 12-2 Agreements between AL WIC/ADPH and surrounding State WIC Programs

2. Participant Rights and Responsibilities

a. The State agency has uniform notification procedures that are used by all local agencies statewide:

Yes No

b. The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form, and must be read by or to the applicant, parent, or caretaker:

Yes No

c. The State agency has implemented a policy of disqualifying participants for not picking up food instruments:

Yes No Not applicable

If yes, the policy is communicated to participants in the participant rights and responsibilities materials:

Yes No Not applicable

d. The State agency has implemented a policy to specifically inform participants that they are not allowed to sell WIC food benefits, including online:

Yes No; explain:

e. The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:

Yes No; explain:

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

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

f. The State agency has developed special notification policies and procedures for the following:

- Applicant/participant who cannot read
- Applicant/participant who speaks in a language other than English
- Homeless
- Migrants
- Persons with disabilities
- Other (specify): _____

g. The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:

- Eligibility at each certification
- Ineligibility at initial certification
- Mid-certification disqualification
- Expiration of a certification period
- Waiting list status
- Other (specify): _____

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

3. Fair Hearing and Sanction System

a. The State has a law or regulation governing participant appeals:

- Yes No

b. The State agency has established statewide fair hearing procedures:

- Yes; attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference in additional detail section below.
- No

c. State or local agency actions against participants include (check all that apply):

- Reclaiming the value of improperly received benefits
- Disqualification from the program for up to one year
- Suspension from the program mid-certification
- Other (specify): _____

d. Appeal hearings are held at:

- WIC State agency parent agency
- Other State agency or hearing board (specify): _____
- Local WIC agency
- Other (specify): _____

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

e. Statewide fair hearing procedures include (check all that apply):

- Request for hearing
- Local agency responsibilities
- Denial or dismissal of request
- Continuation of benefits
- Rules of procedure
- Responsibilities of hearing official
- Fair hearing decision
- Other (specify): _____
- Judicial review

f. State agency procedures require written notification for (check all that apply):

- Appeal rights
- Request for hearing
- Denial or dismissal of request
- Notice of hearing
- Termination within certification period
- Fair hearing decision
- Judicial review
- 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):

AL WIC Procedure Manual Chapter 13 Administrative Appeals

WIC Income Eligibility Guidelines
Effective May 1, 2023 - June 30, 2024

Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
Each additional family member add	\$9,509	\$793	\$397	\$366	\$183

Chapter IX

Food Delivery and Food Instrument (FI) Accountability and Control

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

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

Food delivery and food instrument (FI) (*Food instrument* means a voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods) accountability and control involve the production, issuance, redemption, and monitoring of automated and manual food instruments through retail systems and the delivery of WIC Program foods by non-retail methods, i.e., home delivery and direct distribution.

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

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

Electronic Benefit Transfer (EBT) Implementation and Management

A. Electronic Benefit Transfer (EBT): [246.4\(a\)\(1\)](#), [\(a\)\(14\)\(xix\)](#), [\(a\)\(14\)\(xx\)](#), [\(a\)\(19\)](#), [246.12\(h\)\(3\)](#), [\(w\)-\(bb\)](#): describe the policies and procedures the State agency is using to implement and operate EBT

Retail Food Delivery Systems

B. Food Instrument Control Overview - [246.4\(a\)\(11\)\(iii\)](#), [\(a\)\(14\)\(i\)](#), [\(a\)\(14\)\(vi\)](#), and [\(a\)\(14\)\(xii\)](#): describe the policies and procedures used by the State agency in producing, monitoring and accounting for the use of food instruments.

C. Food Instrument Pick-up and Transaction - [246.4\(a\)\(11\)\(iii\)](#) and [\(a\)\(14\)\(vi\)](#): describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.

D. Food Instrument Redemption and Disposition - [246.4\(a\)\(14\)\(vi\)](#): describe the procedures used to reconcile food instruments as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments as either validly issued, lost/stolen/damaged, expired, duplicate, or not matching issuance records.

E. Manual Food Instruments - [246.4\(a\)\(11\)\(iii\)](#), [\(a\)\(14\)\(i\)](#), [\(a\)\(14\)\(vi\)](#) and [\(a\)\(14\)\(ix\)](#): describe the procedures for issuing and accounting for manual food instruments, including the procedures for documentation and disposition.

F. Special Food Instrument Issuance Accommodations - [246.4\(a\)\(11\)\(iii\)](#), [\(a\)\(14\)\(i\)](#), [\(a\)\(14\)\(vi\)](#), [\(a\)\(14\)\(ix\)](#), [\(a\)\(14\)\(xiv\)](#) and [\(a\)\(21\)](#): describe alternatives to participant food instrument pick-up for issuance (e.g., mail or electronic issuance) and how the integrity of program services and fiscal accountability is ensured.

G. Vendor Cost Containment System Certification - [246.4\(a\)\(14\)\(xv\)](#), [246.12\(g\)\(4\)\(vi\)](#): describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

Non-Retail Food Delivery Systems

H. Home Food Delivery Systems - [246.4\(a\)\(11\)\(iii\)](#), [246.4\(a\)\(14\)\(i\)](#), [\(a\)\(14\)\(vi\)](#), [\(a\)\(14\)\(vii\)](#) and [\(a\)\(14\)\(xii\)](#): describe how the State agency's home delivery system operates including but not limited to the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries and ensuring safe food delivery of WIC foods, if applicable.

I. Direct Distribution Food Delivery Systems - [246.4\(a\)\(11\)\(iii\)](#), [\(a\)\(14\)\(i\)](#), and [\(a\)\(14\)\(vi\)](#), [\(a\)\(14\)\(vii\)](#), and [\(a\)\(14\)\(xii\)](#): describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of food safety, as applicable.

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

A. Electronic Benefit Transfer (EBT)

1. Is EBT implemented statewide?

Yes (*Proceed to question 2*)

No (*Continue to 1.a.*)

a. Does the State agency have an active EBT Project as of July 31, 2016?

Yes No

b. Does the State agency follow APD requirements for EBT management and reporting?

Yes No

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

The State Agency permits replacement of e-WIC cards.

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

The State Agency has a customer service line that is available 24 hours a day.

4. Does the State agency use the formula for EBT terminal minimum lane coverage in [7 CFR 246.12\(z\)](#)?

Yes No

a. If no, please provide the date of the approval of the approved alternative installation formula as required per 7 CFR [246.12\(z\)\(2\)](#).

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

B. Food Delivery and Food Instrument Control Overview

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

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

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

b. The State agency conducts FI inventories (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):

Automated - EBT Cards	Physical - Paper FIs
<u> L </u> Daily/perpetually	<u> </u> Daily
<u> </u> Other (specify): _____	<u> </u> Weekly
	<u> </u> Monthly
	<u> </u> Other (specify): _____

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

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

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

d. The EBT system allows for the following (check all that apply):

- A unique and sequential number benefit issuance identifier
- Each EBT purchase is matched to an authorized vendor, farmer, or farmers' market prior to authorizing payment per [7 CFR 246.12\(x\)\(3\)](#)
- System contains authorized supplemental foods
- System contains first and last dates of use for electronic benefits

e. The State agency provides a toll-free number for participant/vendor/farmer inquiries on:

- Paper Food Instrument Cash-value voucher EBT Card/Sleeve None

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

Procedure Manual, Chapter 8, Food Benefit Delivery, Section 8.2.A

2. Food Instrument Accountability

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

B. Food Delivery and Food Instrument Control Overview

a. FIs are delivered to local agencies by:

- State agency staff Local agency staff
- US Postal Service On-demand printing
- Contracted service (e.g., UPS, Purolator, etc.)
- Other (specify): _____

b. FIs (blank stock and preprinted ready for issuance) are delivered to the local agency (check all that apply):

- | Blank | Preprinted |
|--|---|
| <input checked="" type="checkbox"/> Not applicable | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> Twice a month |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Once every two months | <input type="checkbox"/> Once every two months |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Other (specify): _____ |

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

- Not Applicable:
- Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants
- Local agencies conduct an initial review to void food instruments for participants known to have been terminated from the Program
- Inventories of food instruments are not conducted by the same local agency staff responsible for issuing/voiding food instruments
- Procedures are in place to ensure the proper disposal of unused/duplicate/voided FIs
- Other (specify): _____

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

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

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

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

Procedure Manual, Chapter VIII, Food Benefit Delivery, Section 8.4.C.4

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

C. Food Instrument Pick-up and Transaction

1. Food Instrument Pick-Up Policy and Procedures

a. Food instruments are issued by (check all that apply):

	All Locals	Most Locals	Some Locals
Local agency director	<input 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 paper food instruments or EBT cards:

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

Local agency staff initials

Date of food instrument pick-up

Stub with participant signature or initials

Other (specify): Electronic signature

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): late subsequent certification

e. The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply):

Authorized vendors/farmers Selecting WIC-approved foods

Transaction procedures Signature on FIs

Use of proxy Reporting problems/requesting assistance

Participant violations (i.e., selling or offering to sell WIC benefits)

Other (specify): _____

f. The State agency requires local agency staff to provide participants with a list of authorized vendors/farmers/farmers' markets:

Yes No

g. The State agency permits a participant to transact food instruments with any authorized vendor or farmer/farmers' market in the State:

Yes No

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

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

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

C. Food Instrument Pick-up and Transaction

- Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs for all homeless WIC participants in a facility
- Limits proxy to a specified number of FI pick-ups
- Limits proxy to a minimum age
- Limits proxy assignment to local WIC staff
- Other (specify): _____

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

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

D. Food Instrument Redemption and Disposition

1. Food Instrument Disposition Procedures for paper FI issuance

a. The State agency system assures 100% disposition of all issued FIs

Yes No

If no, specify the circumstances that prevent 100% disposition:

b. Local agencies are supplied with a report on the final disposition of its FIs:

Yes (specify period): _____ No

c. The State agency monitors each local agency's:

- Number of manual FIs utilized
- Number of unclaimed FIs
- Number of voided FIs
- Number of redeemed FIs with no issuance record

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

2. Unclaimed, Voided, Prorated FIs

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

Not applicable Daily Weekly Monthly

Other (specify): _____

b. The State agency requires local agencies to return "voided" FIs:

Not applicable Daily Weekly Monthly

Other (specify): _____

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

3. Lost/Stolen/Damaged Food Instruments

a. The State agency requires local agencies to report lost/stolen/damaged FIs to (check all that apply):

State agency Police department State agency's banking institution

EBT Coordinator

Other (specify): The State Agency reviews a report of deactivated and replaced e-WIC cards.

b. Replacement/duplicate FIs Issuance

(1) Replacement/duplicate FIs are issued when FIs are reported lost:

No

Depends on the circumstances

Yes (If FIs are reissued, it is done):

Immediately

Following notification of State agency/bank agency

After a _____ day waiting period (specify number of days)

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

D. Food Instrument Redemption and Disposition

(2) Replacement/duplicate FIs are issued when FIs are reported stolen:

- No
- Depends on the circumstances
- Yes (If FIs are reissued, it is done):
 - Immediately
 - Following notification of State agency/bank agency
 - After a _____ day waiting period (specify number of days)

(3) Replacement/duplicate FIs are issued when FIs are reported damaged:

- No
- Depends on the circumstances
- Yes (If FIs are reissued, it is done):
 - Immediately
 - Following notification of State agency/bank agency
 - After a _____ day waiting period (specify number of days)
- Other (specify): _____

c. Is a police report required before replacement benefits are issued when reported stolen?

- Yes
- No

d. The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen/damaged FIs (check all that apply):

- Stops payment on the lost/stolen/damaged FIs
- Notifies vendor or farmer
- Other (specify): e-WIC cards are automatically deactivated if reported lost/stolen/damaged.

Please provide a copy/citation of the State agency's policy and procedures that ensure that lost/stolen FIs cannot be redeemed OR lost/stolen/damaged EBT cards will be replaced and associated benefits transferred ([7 CFR 246.4\(a\)\(14\)\(xix\)](#)).

Procedure Manual, Chapter 8, Food Benefit Delivery, Section 8.4.C.

e. The local agency documents in the participant's file that replacement FIs were issued:

- Yes No

f. If it is established that lost/stolen/damaged FIs are transacted by the participant who reported them lost/stolen/damaged, the following actions are taken:

- A claim for cash repayment is issued to participant
- Participant is disqualified; specify the period of time: _____
- Participant receives a warning
- Other (specify): e-WIC cards are automatically deactivated if reported lost/stolen/damaged.

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

- Reported to police for investigation

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

D. Food Instrument Redemption and Disposition

- State agency or local agency does an investigation
 - State agency or local agency notifies the participant
 - Other (specify): e-WIC cards are automatically deactivated if reported lost/stolen/damaged.
-

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

Procedure Manual, Chapter 8, Food Benefit Delivery, Section 8.4.C.

h. The State agency monitors the level of reported lost/stolen/damaged FIs by local agency:

- Yes No

4. Benefit Redemption Review ([7 CFR 246.12\(k\)\(1\)](#))

- a. Describe in detail how the State agency sets maximum allowable reimbursement levels for payment for supplemental foods (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.**

The State Agency (SA) uses redemption data collected from the Management Information System (MIS) to establish the Maximum Allowable Reimbursement Level (MARL) for payment, also known as the Not to Exceed (NTE) amount. The Information Technology (IT) Support established a rule in our MIS to calculate the NTE on a recurring basis based on options set by SA Administrators. NTE amounts are updated on a 30-day schedule, and they are currently calculated on average redemption prices based on the last 185 days. Two standard deviations are added to the average prices to establish the NTE. NTEs are calculated by peer group at the UPC level. A default NTE is used if there are not at least 25-50 redemptions in the 185 days for a particular food item. The default NTE is set based on the average prices on the previously collected price survey. The system also has a mechanism in place where the NTE will require manual approval if the current NTE is more or less than 15% of the previous NTE. This will help track price deflation and inflation.

Our current rule in our MIS, Crossroads, states: Interval in Days = 30. This means that the price will be recalculated every 30 days. Standard Deviation Above the Mean = 2. This means that this rule is adding 2 standard deviations to the average mean price.

Span in Days = 185. This means that the UPC's NTE is based on redeemed prices for the last 185 days (about 6 months).

Minimum Count = 50. This means that a new NTE will be re-calculated every 30 days if there are at least 50 redemptions for the item in the last 185 days. If not, the default NTE will be selected. The minimum count may range from 25-50 based on the item. Some items need a lower minimum count because the overall redemptions for that item is really low.

Percentage Threshold = 15%. This means that if the NTE changes greater than or less than 15% from the previous NTE, an approval record will be established, and the Vendor staff will have to go to the NTE Approval page and approve the UPCs for the peer group(s) before the new NTE will take effect.

To establish our competitive price selection criteria (CPSC), the SA uses a Market Basket approach for CPSC. The market basket consists of ten of the most redeemed food items, which includes: bread, cheese, dry peas/beans, eggs, powder formula (Enfamil Infant), adult cereal (Cheerios 18 oz.), infant cereal 8 oz., juice 64 oz., peanut butter, and whole milk. The market basket will be recalculated every 6 months using the average prices of the current vendors' redemption data by peer group. Two standard deviations will be applied to the average prices to establish the competitive priced market basket. SA vendor applicants and all active vendors will need to meet the CPSC of their appropriate peer group.

Alabama WIC does not authorize above-50 percent vendors. There are no MARLs established for above 50-percent vendors.

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

D. Food Instrument Redemption and Disposition

(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 Cost Containment document, Alabama uses two standard deviations 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):
In accordance with the Interim Guidance on WIC Cost Containment document, Alabama uses two standard deviation from the mean to set maximum allowable reimbursement levels.

b. The State agency screens redemption request 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase or requested price exceeds price limitations (FI only)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase price missing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered purchase price
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor/farmer identification missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Invalid/counterfeit vendor/farmer identification
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transacted before specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transacted after specified period
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Redeemed after specified period
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered dates
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mismatched signature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altered signature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

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

D. Food Instrument Redemption and Disposition

c. When the payment amount on a food instrument item exceeds the maximum allowable reimbursement amount, what action does the State agency take?

- Reimburses the vendor for amounts up to the maximum allowable reimbursement amount
- Reimburses the vendor at the peer group average
- Rejects the reimbursement request but allows the vendor to resubmit
- Rejects the reimbursement request without allowing the vendor to resubmit
- Other (please specify): _____

d. Where pre-edit screens are used, the proportion of FIs reviewed includes:

- All FIs Percentage of FI (_____ %)
- Other (please specify): _____

e. The edit system(s) that use(s) maximum allowable reimbursement levels to screen for vendor overcharges rejects food instruments based on:

Pre-Edit	Post-Edit	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not To Exceed or Maximum Prices
<input type="checkbox"/>	<input type="checkbox"/>	Percentage above average (_____ %)
<input type="checkbox"/>	<input type="checkbox"/>	Amount above average (\$ _____)
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

(c) Other (please specify): _____ Yes No

f. The following actions are used to control against unauthorized stores redeeming FIs:

- Provide up-to-date list of authorized vendors to participants at certification and/or FI issuance
- Remove a vendor/farmer/farmers' ability to conduct transaction when it is no longer authorized
- Conduct compliance buy to verify if unauthorized store transacts and redeems FIs
- State agency or its banking institution checks vendor/farmer/farmers' market ID numbers on redemption requests against the authorized vendor/farmer/farmers' market list before paying vendors/farmers/farmers' markets for FIs submitted for redemption
- Inform all participants who might use the unauthorized store
- Other (specify): _____

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

5. Price Lists

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

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

b. Shelf Price list data are collected:

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

c. Shelf Price data are collected by:

- State agency staff
- Local agency staff
- Reports are submitted by vendors

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

D. Food Instrument Redemption and Disposition

EBT system

Other (specify): _____

d. The data collected has food prices for (check all that apply):

All brands and sizes of supplemental foods

Highest price supplemental food items within food categories

Most commonly redeemed food items; please specify:

All authorized vendors

A sample of authorized vendors (please describe the sampling method used):

Other (specify): All WIC approved cereals in specific size containers and all infant formulas issued by Alabama WIC that could be purchased 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

Other (explain): During review of weekly AL EBT Vendor Over NTE redemption report.

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

Manually on a routine or as needed basis

In an Automatic Data Processing system and uses it to:

Generate estimated food instrument values

Help inform WIC staff on vendor selection decisions

Develop vendor peer groups

Flag individual food instruments that appear to be overcharges

Other (specify): _____

6. System to Detect Suspected Overcharges

a. Does the State agency screen for suspected overcharges?

Yes, vendor claims are issued for overcharges

No, the State agency makes price adjustments to food instruments submitted for redemption at amounts above edit limits.

No, the State agency does not identify overcharges and/or issue claims for overcharges. (Proceed to section *D. Manual Food Instruments*.)

Other (specify): Redemption data is captured on a continuous basis through transaction history. Vendors will be monitored through the AL EBT Vendor Over NTE Report can be reviewed daily by vendor staff. Vendors who consistently have transactions over the NTE amount will be evaluated to determine if they are in the correct peer group. Vendors who appear to be in the correct peer group and consistently have a high number of transactions over the NTE amount, will be evaluated for competitive price using the CPSC Worksheet.

b. The methods used to identify potential vendor overcharges are:

Comparison of vendor's redemption prices to charged prices (via receipt)

Other (specify): Vendors will be monitored through the AL EBT Vendor Over NTE Report and can be reviewed

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

D. Food Instrument Redemption and Disposition

daily by vendor staff. Vendors who consistently have transactions over the NTE amount will be evaluated to determine if they are in the correct peer group. Vendors who appear to be in the correct peer group and consistently have a high number of transactions over the NTE amount, will be evaluated for competitive price using the CPSC Worksheet.

c. To receive payment or justify and correct a claim for a price adjustment or vendor overcharge, the vendor must: (Check all that apply)

- Provide an updated price list
- Provide written justification for the higher prices
- Provide receipts
- Other (specify): _____

d. What action(s) is/are taken when a potential vendor overcharge is identified? (Check all that apply)

- Routine monitoring or remedial vendor training is conducted
 - Vendor is designated as high-risk and scheduled for compliance investigation
 - Vendor is provided with a written warning of potential sanction for overcharging
 - Other (specify): If a vendor no longer meets the competitive price requirement, the vendor will be asked to lower their prices. If the overcharging continues, a compliance investigation will be conducted. If the vendor displays a pattern of overcharging, the vendor will be removed from the WIC Program with a mandatory disqualification for three years. A pattern for compliance investigations is defined as committing the same violation two or more times during a compliance investigation which consists of at least three buys. These guidelines are outlined under the Sanction Schedule in the Alabama WIC Program Vendor Procedure Handbook, the Alabama WIC Administrative Rules, and Alabama WIC Vendor Agreement.
-

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

Alabama WIC Procedure Manual Chapter XI Attachment 2 - Alabama WIC Vendor Agreement

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

E. Manual Food Instruments

DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Manual FIs Policy

a. Manual FIs are utilized for the following reasons:

- New participants
- Automated FIs not available
- Mutilated automated FIs
- Wrong food package on automated FI
- Wrong dollar amount on automated FI
- Provide for the special needs of the homeless
- Food package tailoring
- Routine monitoring visits (i.e., educational buys) of vendors/farmers
- Compliance buys of vendors/farmers
- Special conditions, e.g., disasters
- Other (specify): _____

b. The State agency requires the following for completing the manual FI register:

- Participant/proxy signature Local agency staff initials
- Date of FI pick-up Other (specify): _____

c. Manual FIs have a "Not to Exceed Value" of:

- Same dollar amount for all manual food instruments \$ _____
- Variable dollar amount depending on type of prescription on manual FI
- Variable dollar amount depending on participant category on manual FI
- No limit
- Other (specify): _____

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

2. Manual FI Documentation and Disposition

a. A report containing the serial numbers of manual FIs issued by local agencies is sent to the State agency:

- Not applicable Weekly Monthly
- Other (specify): _____

b. Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual FIs issued and redeemed but for which no participant record currently exists by utilizing:

- Turnaround documents to establish valid certification records
- Telephone calls to the State/local agency on irregularities
- Other (specify): _____

c. If the manual FI inventories do not achieve 100% reconciliation of all issued and unissued FIs, the local agency (check all that apply):

- Reports the FI serial numbers to the State agency

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

E. Manual Food Instruments

Provides the FI serial numbers to local vendors/farmers

Other (specify): _____

(Provide a copy/citation of the State agency's prescribed procedures if the manual FI inventory cannot be reconciled.)

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

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

F. Special FI Issuance Accommodations

1. Alternative FI Issuance

a. The State agency has implemented the following FI issuance policy (check all that apply):

- All participants are required to pick up FIs at the clinic or local agency, except in unusual circumstances
- Participants/proxies are required to show identification at FI card pick up
- FIs cards are routinely mailed to participants except (1) when the participant is scheduled for nutrition education (including breastfeeding promotion and support activities) or a certification appointment and (2) in areas where SNAP benefits are not mailed, as these areas are known to have experienced high mail issuance losses
- Benefits are provided electronically to a location (such as a grocery store) under certain conditions; thus participants may not always pick up FIs at the clinics
- Other (specify): eWIC cards are only mailed to participants under special circumstances or on a case-by-case basis.

2. Mailing Policy/Procedures

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

- Yes No

b. Policy requires participants to pick up paper FIs or EBT cards whenever certification appointment is due or nutrition education (including breastfeeding promotion and support activities) is scheduled:

- Yes No

c. The State agency has implemented the following policy regarding mailing paper FIs or EBT cards (check all that apply):

- FIs are sent first class mail *(first class is considered **regular** mail)
- FIs are sent registered mail
- FIs are sent certified mail
- FIs are sent restricted mail
- Return receipt is requested on FIs sent certified mail
- Envelope specifies, "Do not forward, return to sender" or "Do not forward, address correction requested"
- Other (specify): _____

d. The State agency approves mailing paper FIs or EBT cards under the following conditions (check all that apply):

	State-Wide	LA with SA Approval	Case by Case
Participant hardship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel-related issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better clinic management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant convenience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Emergency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(if other, specify): _____

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

F. Special FI Issuance Accommodations

e. When mailing paper FIs or EBT cards, documentation of FI issuance is:

- Signed by the participant at the following FI pick-up/visit
 - Noted "mailed" and initialed/dated by local agency staff
 - Signed and dated by local agency staff after return receipt is received
 - Other (specify): Electronic notation of "phone" or "remote issuance" is applied by local agency staff issuing benefits remotely.
-

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

Procedure Manual, Chapter VIII, Food Benefit Delivery, Section 8.4

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

- One month of benefits
 - Two months of benefits
 - Three months of benefits
 - Other (specify): One, two, or three months benefits according to regular food issuance schedule.
-

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

Procedure Manual, Chapter VIII, Food Benefit Delivery, Section 8.4

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

G. Vendor Cost Containment System Certification

If the State agency has authorizes or plans to authorize any above-50 percent vendors, FNS must certify the State agency's vendor cost containment system. The State agency that has not yet received FNS certification must submit a request for certification/recertification that contains the following information.

DOES NOT APPLY (PROCEED TO SECTION H)

1. Calculation of new competitive price levels

Describe how the State agency derives (or will derive) competitive price levels for regular vendors that excludes the prices of above-50-percent vendors.

2. Maximum allowable reimbursement levels for regular vendors and above-50-percent vendors.

a. Explain how the State agency ensures that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.

b. The State agency exempts above-50-percent vendors from the calculated competitive price criteria and maximum allowable reimbursement levels.

Yes No If yes, how many vendors will be exempted? _____

Are these vendors needed to ensure participant access to supplemental foods?

Yes No

c. The State agency applies peer-group-specific maximum allowable reimbursement levels to benefit redemption process.

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

3. The State agency plans to exempt *non-profit* above-50-percent vendors from competitive price criteria and maximum allowable reimbursement levels.

Yes No If yes, provide the following information in detail : _____

a. Describe the reason the State agency has decided to exempt such vendors (i.e., the benefits to the program) and the number of non-profit vendors to be exempted.

b. Describe the reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods.

c. Does the State agency collect shelf prices from non-profit vendors?

Yes No

d. Describe how the prices of the non-profit vendors compare to those of other vendors in their geographic area that are subject to competitive price criteria and allowable reimbursement levels.

e. Describe how the State agency establishes the level of reimbursement for the non-profit above-50-percent vendors that it has exempted.

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

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

G. Vendor Cost Containment System Certification

Yes No

If the State agency has not fully implemented the revised competitive price and maximum allowable reimbursement methodologies, describe the current status of this effort and include the timetable for achieving full implementation.

5. The State agency plans to exempt *pharmacy* vendors from competitive price criteria and maximum allowable reimbursement levels.

Yes No

If yes, the State agency has confirmed that these pharmacies provide **only** exempt infant formula and/or WIC-eligible nutritional foods to program participants.

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

Yes No

7. Complete the table on the following page to demonstrate that the State agency's procedure for establishing and implementing competitive price criteria and maximum allowable reimbursement levels ensures that average payments per food instrument or food item to above-50-percent vendors do not exceed average payments to regular vendors.

8. Please attach and cite of a copy of the report(s) that the State agency will use to monitor average payments per food instrument to above-50-percent vendors and regular vendors. If the State agency does not have such a report, describe the State agency's plans to develop and implement a report(s) for monitoring purposes, including the report contents or fields.

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
G. Vendor Cost Containment System Certification

Table 1. Data for WIC Vendor Cost Containment Certification – Overview

Please provide the following information on the regular vendors and the above-50-percent vendors authorized by the State agency as of June 30th. If data are not available through June 30th, the State agency should enter data for the period for which data are available, replacing “June” with the month to which the data are applicable.

1. How many authorized regular vendors did the State agency have as of June 30th? (or month of: _____)	1. _____
2. For all authorized regular vendors, what was the total amount of WIC redemptions paid as of June 30?	2. _____
3. How many above-50-percent vendors did the State agency have as of June 30th?	3. _____
a. Non-pharmacy above-50-percent vendors	a. _____
▪ Number of WIC-only stores	▪ _____
▪ Number of other types of above-50-percent vendors (excluding pharmacies)	▪ _____
b. Above-50-percent pharmacy vendors	b. _____
c. Total above-50-percent vendors (sum of a and b)	c. _____
4. What was the total amount of redemptions paid to these above-50-percent vendors as of June 30th?	4. _____
a. Non-pharmacy above-50-percent vendors	a. _____
b. Above-50-percent pharmacy vendors	b. _____
c. Total above-50-percent vendors (sum of a and b)	c. _____
5. How many peer groups of above-50-percent vendors (either separate peer groups or groups with regular vendors) has the State agency identified?	5. _____
6. How many above-50-percent vendors and regular vendors has the State agency authorized that do not meet competitive price criteria, but are needed to ensure participant access to supplemental foods?	6. above-50%: _____ regular vendors: _____

Supplemental WIC State Plan Guidance section IX.I - Vendor Cost Neutrality Assessment will be issued in the spring.

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

H. Home Food Delivery Systems

DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Home Food Delivery Systems Overview

a. Home delivery vendors include (check all that apply):

- Dairies
- Private delivery service doing WIC business only
- Private delivery service
- Other (specify): _____

b. Participants who receive home food delivery:

- Are notified in writing of the types and quantities of foods
- Are issued FIs that they sign and provide to the vendor when the food is delivered
- Are delivered not more than a one-month supply of supplemental foods at any one time.
- Indicate by authorized signature on a FI, receipt or signature document, the supplemental foods received
- Other (specify): _____

c. Supplemental foods may be delivered:

- Only to the participant of record
- To the participant of record or proxy of record
- To any adult at home during time of delivery
- To anyone at home at the time of delivery
- Other (specify): _____

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

2. Documentation

a. The forms verifying delivery are reconciled against vendor invoices:

- Weekly
- Monthly reconciliation of the signed FIs or other signed receipts or signature documents from participant or proxies.
- Other (specify): _____

b. Signatures of participants who sign the food receipt document/FIs are compared to the signature on file.

- No Yes, sample Yes, 100%

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

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

I. 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/WIC eligible nutritionals.

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 warehouse before delivery to local agencies
- Other (specify): Shipped directly to the Local WIC clinic from the manufacturer.

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): Shipped directly to the local WIC clinic from the manufacturer for issuance to participants.

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)

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 a 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:

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

I. Direct Distribution Food Delivery Systems

	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 at authorized WIC vendors are ordered by the local clinics and submitted to the State Office via Requisition form. 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/scans 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** 2024

Monitoring and Audits involves State agency efforts to review local agency/clinic activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

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

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

A. Monitoring-246.19(b): requires State agencies to establish a management evaluation system.

B. Audits-Subpart F to 2 CFR Part 200, as applicable: describe State agency audit responsibilities.

X. MONITORING AND AUDITS

A. MONITORING

1. Local Agency/Clinic Monitoring Activity (to be updated each year)

a. Local agencies/clinics monitored:

8 Number of local agencies

8 Number of local agencies monitored last annual period

13 Number of clinics monitored last annual period

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

13 Number of clinics to be monitored this current annual period

to

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

to

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

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

Number of clinics reviewed in most recent review for each local agency/clinic

Listing of findings for most recent review of each local agency/clinic

Date of State agency notice of findings in most recent review for each local agency/clinic

Date of local agency/clinic corrective action plan in most recent review for each local agency and/or clinics

Outcome of corrective action plan

Whether the review was conducted virtually or onsite

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

No-shows by category

Administrative costs claimed

Financial reports

Priorities served

Caseload

Racial/ethnic

Staff/participant ratios

Participant nutrition surveillance data for participants in that local agency/clinic

Other (specify): Previous Quality Assurance/Office of Program Integrity reviews, Crossroads (MIS) reports

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

Alabama WIC Procedure Manual, Chapter 15 Quality Assurance

X. MONITORING AND AUDITS

A. MONITORING

2. Local Agency/Clinic Monitoring Procedures

a. The State agency uses an established protocol when it monitors local agencies/clinics.

Yes No

If yes, please provide the citation of where it can be found in the appendix or procedure manual:

Alabama WIC Procedure Manual, Chapter 15 Quality Assurance

This monitoring protocol includes:

- Advance notification of monitoring visit
 - Determination of timeframes for conducting the review
 - Designation of local agency/clinic staff to assist State agency staff during review
 - Discussion of review findings on-site with local agency/clinic
 - Specified time frame for providing written review report
 - Specified time frame for local agency/clinic submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
 - Instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
 - Evaluation of adequacy of corrective action
 - Follow-up with local agency/clinic to ensure corrective action measures are implemented
 - Written notification of closure of the review
 - Other (specify): _____
-

b. Monitoring of local agencies/clinics is conducted by (check all that apply):

- State WIC staff
 - District or regional staff
 - Other health programs
 - Other (specify): 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): Alabama Department of Public Health, Office of Program Integrity
-

X. MONITORING AND AUDITS

A. MONITORING

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review:

d. The State agency uses a standard local agency/clinic review form.

Yes No

If yes, please provide the citation of where it can be found in the appendix or procedure manual:

Alabama WIC Procedure Manual, Chapter 15 Quality Assurance, Attachment 15-1 Quality Assurance Tool

If yes, the review form covers the following areas:

- An assessment of local agency/clinic management
- An assessment of patient flow
- Certification case file reviews, including procedures for determining adjunctive income eligibility
- Caseload management
- Training of local agency and clinic staff
- Nutrition education
- Breastfeeding promotion and support
- Targeting and outreach policies
- Financial management of administrative funds
- Validation of staff time spent on WIC
- Food instrument accountability
- Vendor training and monitoring, if these functions are delegated to a local agency/clinic
- Civil rights compliance
- Other (specify): _____

e. The State agency has developed procedures for local agencies/clinics to use when they evaluate:

- Their own operations
- Subsidiary/satellite operations (e.g., county health department clinic)
- Subcontractors (e.g., community action program, hospital)
- Homeless facilities/institutions
- Other (specify): Private Local Agencies

If you selected any of the options above, please provide the citation of where it can be found in the appendix or procedure manual and answer the following questions:

Alabama WIC Procedure Manual, Chapter 15, Quality Assurance, Attachment 15-1 Quality Assurance Tool

Do these procedures include a monitoring tool?

Yes No

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

Yes No (specify basis for exemptions): _____

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

A.2.d. Validation of time spent on WIC: Monitored at State Office. See attachment in Chapter IV Organization and Management - Local Agency Cost Effectiveness Studies

X. MONITORING AND AUDITS

A. MONITORING

3. Use of Local Agency/Clinic Review Data

- a. The State agency analyzes the results of local agency/clinic monitoring visits to determine whether deficient areas are common among its local agencies/clinics.

Yes No

- b. The State agency utilizes local agency/clinic review data to (check all that apply):

- Identify outstanding operational approaches that could be shared with other local agencies/clinic
- Track individual local agency/clinic performance
- Compare administrative costs/expenses among local agencies/clinics
- Compare staffing and organization among local agencies/clinics
- Other (specify): Determine training needs

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

Alabama WIC Procedure Manual, Chapter 15 Quality Assurance

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](#) and audits conducted by USDA's OIG, per [7 CFR 246.20 \(a, b\)](#).

1. Audits (Federal, State, and Local)

- a. Number of audits conducted during FY- 2022 : 5 .

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.)
State of Alabama	State Examiners of Public Accounts	10/1/2021-9/30/2022	Pending completion and issuance of report as of 7/26/2023; WIC was not considered a MAJOR program for testing per ADPH/Finance.
Jefferson County Health Department	Carr, Riggs & Ingram	Year ended 9/30/2022	Closed; no matters to be reported
Mobile County Health Department	Smith, Dukes & Buckalew LLP	Year ended 9/30/2022	Closed; no matters to be reported
Poarch Band of Creek Indians	REDW, LLC	Year ended 12/31/2021	Closed; no matters to be reported
Health Services, Inc.	Warren Averett, LLC	Year ended 1/31/2022	Closed; no matters to be reported

If additional audits were conducted, please provide separately.

X. MONITORING AND AUDITS

B. AUDITS

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

Entities not audited (includes both State and local agencies)

Reason Entity Not Audited

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

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

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): Single audits did not require corrective actions/management decisions.

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): Single audits did not identify questioned costs to be recovered.

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): Single audits did not identify questioned costs to be recovered.

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): OPI prompts Contract Management Branch of FHS/ADPH to obtain audits for final review by OPI.

c. The State agency maintains a listing of all planned audits for the coming Fiscal Year.

Yes No

(Indicate recent FYs which included WIC in the single audit report: FY2013, FY2014, FY2017, FY2020

d. The State agency ensures WIC participation in a single audit and other audits by (check all that apply):

Developing a tracking system that monitors the status of each audit

Establishing a contact person for each audit

Including this audit requirement in the local agency contract

Other (specify): _____

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

Chapter XI

Civil Rights

XI. CIVIL RIGHTS

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

The Civil Rights section of the State Plan should cover the training of State and local staff on issues, rules and regulations related to civil rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with civil rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling civil rights complaints.

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

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

A. Administration - [246.4\(a\)\(17\)](#): describe the procedures the State will use to comply with the civil rights requirements described in 246.8, including the processing of discrimination complaints.

B. Public Notification Requirements and Nondiscrimination Notification - [246.8\(a\)\(1\)](#): describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants in an appropriate language (246.8(c)) through WIC Program materials.

C. Compliance Review and Monitoring Activity - [246.8\(a\)\(2\)](#): describe the policies and procedures used to monitor and review local agencies to verify that they are in compliance with civil rights laws and regulations.

D. Data Collection and Reporting - [246.8\(a\)\(3\)](#): describe the methods used to collect and monitor racial/ethnic data in compliance with title VI of the Civil Rights Act of 1964.

E. Complaint Handling - [246.4\(a\)\(17\)](#): describe the policies and practices used to ensure civil rights complaints are handled properly at the State and local level.

XI. CIVIL RIGHTS

A. Administration

1. The State agency designates an individual to coordinate, implement, conduct training and enforce civil rights efforts.

Yes No

a. The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations and instructions:

	State Agency	Local Agency
Briefing for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handouts for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Memos and updates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by civil rights coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by staff other than WIC Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify: _____

b. Civil rights training is provided annually.

State agency staff Yes No

Local agency staff Yes No

c. Civil rights training includes the following:

	State Agency	Local Agency
Collection and use of racial/ethnic data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Effective public notification systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance review techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resolution of noncompliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for language assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conflict resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If other, specify: _____

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

Section 1557 of the Affordable Care Act.

XI. CIVIL RIGHTS

A. Administration

2. The State agency has copies of the following materials on file:

- [FNS Instruction, 113-1](#)
- [Title VI \(1964\), 7 CFR 15](#)
- [Title IX, Education Amendments, 7 CFR 15a](#) (sex discrimination)
- [Section 504, Rehabilitation Act of 1973, 7 CFR 15b](#)
- [Racial/Ethnic data collection policy and reporting requirements](#)
- [Age Discrimination Act of 1975, 45 CFR Part 91](#)
- [Americans with Disabilities Act, 28 CFR Part 35](#)
- [Civil Rights Restoration Act of 1987](#)

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

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

- Yes No

(Refer to FNS Instruction 113-1, Civil Rights Compliance and Enforcement–Nutrition Programs and Activities)

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

XI. CIVIL RIGHTS

B. Public Notification Requirements and Nondiscrimination

1. Public Notification

a. The State agency requires its local agencies to include the [nondiscrimination policy statement](#) and civil rights complaint procedure on the following (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Outreach letters to the general public | <input checked="" type="checkbox"/> Radio announcements |
| <input checked="" type="checkbox"/> Program information letters | <input checked="" type="checkbox"/> Publications |
| <input checked="" type="checkbox"/> Program information brochures | <input checked="" type="checkbox"/> Posters |
| <input checked="" type="checkbox"/> Program information bulletins | <input checked="" type="checkbox"/> Newsletters |
| <input checked="" type="checkbox"/> Newspaper announcements | <input type="checkbox"/> Referral material |
| <input checked="" type="checkbox"/> Internet | <input checked="" type="checkbox"/> Television announcements |
| <input type="checkbox"/> Letters of invitation in the public 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
- Distribution centers and locations
- Other (specify): _____

c. Check the group categories that the State agency and its local agencies publicly inform of the following information (check all that apply; see key below):

- | 1 | 2 | 3 | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Availability of program benefits |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Eligibility criteria for participation |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Location of LA/clinics operating WIC Program and (800) telephone numbers |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Hours of service of LA/clinics operating WIC Program |
| <input 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 low-income individuals

3 = potential eligible individuals/participants

d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure Manual citation of materials used):

- Annually More frequently

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

AL WIC Procedure Manual Ch. 10 Civil Rights.

2. Nondiscrimination Notification

a. The State agency or local agency:

- Provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- Provide applicants/participants with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits using inclusive language.
- Appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- All rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.

XI. CIVIL RIGHTS

B. Public Notification Requirements and Nondiscrimination

b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

M	VT	PT	BS	
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	French
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific (specify): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal (specify): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sign Interpreter
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other languages (specify): Other languages as needed _____

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

XI. CIVIL RIGHTS

C. Compliance Review and Monitoring Activity

1. Compliance Review

a. Civil rights reviews of local agencies are conducted:

- Separately
- In conjunction with another department, organization, or service as part of an overall review
- Other (specify): _____

b. The State agency reviews all its local agencies for civil rights compliance with the nondiscrimination laws and regulations when it does its reviews.

- Yes No

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

2. Monitoring Activity

a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:

- | | |
|--|--|
| <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 type="checkbox"/> Review of participant surveys |
| <input 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
- The local agency uses inclusive language with developing its program materials
- Appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of people with limited English proficiency (LEP) reside

c. The State agency checks for the following in its civil rights reviews of its local agencies:

- Case records include racial/ethnic data
- Where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population
- The local agency has conducted civil rights training for its staff
- The project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- Program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- The nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public
- Racial/ethnic data are collected by actual count and maintained on file for 3 years
- The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- Civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1:

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

XI. CIVIL RIGHTS

D. Data Collection and Reporting

1. Data Collection

a. The State agency ensures the following when collecting civil rights data:

- All racial/ethnic categories are collected and reported as part of the program participant characteristics report
- Racial/ethnic data definitions are in accordance with current OMB guidance and WIC policy, and clinic procedures are in place to ensure the data is collected accurately
- Data reported on participant characteristics include the number of persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits
- Collected racial/ethnic data and records are accessible only to authorized personnel

b. The State agency maintains a civil rights file which retains collected racial/ethnic data for three years.

- Yes No

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

2. The State agency instructs its local agencies to obtain a participant's racial/ethnic category by (check all that apply):

- Allowing self-identification by participant (must be used at participant's request)
 - Visual identification by participant (must be used at participant's request)
 - Local agency staff personally know participant's racial/ethnic category
 - Other (specify): ADPH-ENC-400, Information Request Form allows applicants/participants to choose race & ethnicity.
-

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

XI. CIVIL RIGHTS

E. Complaint Handling

1. The State agency ensures the following:

- WIC Program applicants and participants are informed where and how they may file a complaint of discrimination by directing them to the USDA Office of the Assistant Secretary for Civil Rights (OASCR) website (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>) for proper Discrimination Complaint Filing processes.
- WIC Program applicants and participants are informed that they can file their complaints directly with the U.S. Department of Agriculture, their State Agency or their local Agency. However, the local/State Agency must then forward their complaint either directly to the FNS HQ Civil Rights Division or the U.S. Department of Agriculture.
- All local agency staff are trained in discrimination complaint procedures
- All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff and forwarded to the FNS HQ Civil Rights Division.
- Complaints alleging discrimination based on race, color, national origin, or age are forwarded to the FNS HQ Civil Rights Division through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)
- State and local agencies without an FNS-approved grievance procedure for complaints alleging discrimination based on sex or disability in place, forward all complaints to the FNS HQ Civil Rights Division.
- Complaints alleging discrimination based on sex or disability are forwarded to the State agency that has an FNS-approved grievance procedure in place.

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

2. The State agency uses a discrimination complaint form it has developed for acceptance of a complaint.

- Yes No

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

AL WIC Procedure Manual Ch. 10 Civil Rights.

3. The State has an FNS-approved complaint procedure that ensures 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.

3. The State agency transfers complaints immediately upon receipt to the FNS HQ Civil Rights Division if no FNS-approved complaint procedure time line is in place.

- Yes No If no, specify Not applicable. FNS timeframes concerning discrimination complaints are adhered to.
-

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