(Please indicate) State Agency: Missouri for FY 2023

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, 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.

Electronic Benefit Transfer (EBT) Implementation and Management

A. <u>Electronic Benefit Transfer (EBT)</u>: <u>246.4(a)(1)</u>, <u>(a)(14)(xix)</u>, <u>(a)(14)(xx)</u>, <u>(a)(19)</u>, <u>246.12(h)(3)</u>, <u>(w)-(bb)</u>: describe the policies and procedures the State agency is using to implement and operate EBT

Retail Food Delivery Systems

- B. <u>Food Instrument Control Overview</u> <u>246.4(a)(11)(iii)</u>, <u>(a)(14)(i)</u>, <u>(a)(14)(vi)</u>, <u>and <u>(a)(14)(xii)</u>: describe the policies and procedures used by the State agency in producing, monitoring and accounting for the use of food instruments.</u>
- C. <u>Food Instrument Pick-up and Transaction</u> <u>246.4(a)(11)(iii)</u> and <u>(a)(14)(vi)</u>: describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.
- **D.** <u>Food Instrument Redemption and Disposition 246.4(a)(14)(vi)</u>: 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. <u>Manual Food Instruments</u> <u>246.4(a)(11)(iii)</u>, <u>(a)(14)(i)</u>, <u>(a)(14)(vi)</u> and <u>(a)(14)(ix)</u>: 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)(ix), (a
- G. <u>Vendor Cost Containment System Certification</u> <u>246.4(a)(14)(xv)</u>, <u>246.12(g)(4)(vi)</u>: 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. <u>Home Food Delivery Systems</u> - <u>246.4(a)(11)(iii)</u>, <u>246.4(a)(14)(i)</u>, <u>(a)(14)(vi)</u>, <u>(a)(14)(vii)</u> and <u>(a)(14)(xii)</u>: 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. <u>Direct Distribution Food Delivery Systems</u> - <u>246.4(a)(11)(iii)</u>, (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.

| 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 <u>7 CFR</u> <u>246.12(bb)(2)</u> ? | | | |
| | 9.1.030 - Food Instrument Replacement | | | |
| 3. | What are the State agency procedures for providing customer service during non-business hours for EBT cards per <u>7 CFR 246.12(bb)(3)</u> ? | | | |
| | The MOWINS Help Desk toll free number is printed on the back of the eWIC card. Participants may call that number during non-business hours and leave a voicemail message. The state agency will respond within one business day to any reports of lost, damaged or stolen cards. | | | |
| 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 <u>246.12(z)(2)</u> . | | | |
| В. | 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 Fls (check all that apply): | | | |
| | | | | |
| | ☐ 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 | | | |
| | L Daily/perpetually Daily | | | |
| | Other (Specify): Weekly | | | |
| | Monthly Other (specify): | | | |

| C. | The FI contains/allows for the follo | owing information (check all that apply): |
|----------|---|---|
| | ☐ Not applicable | ☐ Local agency identifier |
| | ☐ Participant WIC ID number | ☐ Vendor/farmer endorsement |
| | ☐ Countersignature for participant/p | гоху |
| | □ Authorized supplemental foods | |
| | | □ Last date of use |
| | ☐ Redemption period | ☐ Serial number |
| | ☐ Purchase price | ☐ Signature space |
| Pro | ovide a facsimile of FI in Appendix or | cite Procedure Manual: Appendix A – Missouri eWIC Card |
| d. | The EBT system allows for the follo | wing (check all that apply): |
| | | enefit issuance identifier |
| | ⊠ Each EBT purchase is matched to per <u>7 CFR 246.12(x)(3)</u> | an authorized vendor, farmer, or farmers' market prior to authorizing payment |
| | | emental foods |
| | oxtimes System contains first and last date | s of use for electronic benefits |
| e. | The State agency provides a toll-fre | e number for participant/vendor/farmer inquiries on: |
| | ☐ Paper Food Instrument ☐ Cash-va | alue voucher ⊠ EBT Card/Sleeve □ None |
| | | pendix and/or Procedure Manual (citation): 9.1.040 Food Instrument astrument Accountability and Liability |
| 2. | Food Instrument Accountability | |
| a. | FIs are delivered to local agencies by | py: |
| | ☐ State agency staff | ☐ Local agency staff |
| | ☐ US Postal Service | |
| | ☐ On-demand printing | |
| | ☐ Cth an (an a sit): | olator, etc.) |
| L | ☐ Other (specify): | du far igguango) are delivered to the legal argue, (check all that apply). |
| b. | | dy for issuance) are delivered to the local agency (check all that apply): |
| | Blank | Preprinted |
| | ☐ Not applicable | ☐ Not applicable |
| | ☐ Weekly | □ Weekly |
| | ☐ Twice a month | |
| | ☐ Once a month | ☐ Once a month |
| | ☐ Once every two months | ☐ Once every two months |
| | ☐ Other (specify): | ☐ Other (specify): |
| | Blank Specify: | |

Preprinted Specify: c. The State agency uses the following procedures to ensure that unclaimed paper Fls are not being used fraudulently (check all that apply): ☐ Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants ☐ Local agencies conduct an initial review to void food instruments for participants known to have been terminated from the Program ☐ Inventories of food instruments are not conducted by the same local agency staff responsible for issuing/voiding food instruments ☐ Procedures are in place to ensure the proper disposal of unused/duplicate/voided FIs ☐ Other (specify): ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 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 ☐ Home food delivery ☐ Direct distribution ⋈ Remote issuance ☐ Other (specify): ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 4.1.060 Emergency and Disaster **Preparedness for Local Agencies** C. Food Instrument Pick-up and Transaction **Food Instrument Pick-Up Policy and Procedures** Food instruments are issued by (check all that apply): All Locals **Most Locals** Some Locals Local agency director Local agency nutritionist \boxtimes \times Local agency paraprofessional Clerical staff XП П Other (specify): b. The State agency utilizes a participant identification card: ☐ Yes ☐ Yes, with photo ⊠ No If yes, issuance is controlled numerically, and each card is accounted for: ☐ Yes □ No c. The State agency requires the following proof of receipt when issuing paper food instruments or EBT cards:

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

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL □ Local agency staff initials ☐ Date of food instrument pick-up ☐ Stub with participant signature or initials ☐ Other (specify): d. The State agency has a policy to prorate food packages for the following: □ Late FI pick-up ☐ Certification due to expire within 30 days ☐ Mid-month certification The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply): ⊠ Selecting WIC-approved foods □ Use of proxy □ Reporting problems/requesting assistance ☑ Participant violations (i.e., selling or offering to sell WIC benefits) The State agency requires local agency staff to provide participants with a list of authorized vendors/farmers/farmers' markets: ☐ Yes \bowtie No The State agency permits a participant to transact food instruments with any authorized vendor or farmer/ farmers' market in the State: ⊠ Yes □ No ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 2. The State agency's proxy policy includes the following: ☐ Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs for all homeless WIC participants in a facility ☐ Limits proxy to a specified number of FI pick-ups □ Limits proxy to a minimum age ☐ Limits proxy assignment to local WIC staff ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 8.1.190 Authorized Representatives and Alternative Representatives D. Food Instrument Redemption and Disposition 1. Food Instrument Disposition Procedures for paper FI issuance The State agency system assures 100% disposition of all issued FIs □ No ⊠ Yes If no, specify the circumstances that prevent 100% disposition: b. Local agencies are supplied with a report on the final disposition of its FIs:

□ No

□ Number of manual FIs utilized

☐ Number of unclaimed FIs.

The State agency monitors each local agency's:

| | □ Number of voided FIs | |
|----|--|-----|
| | □ Number of redeemed FIs with no issuance record | |
| | | |
| 2. | , , | |
| a. | Service of the servic | ls: |
| | | |
| | ☐ Other (specify): | |
| b. | . The State agency requires local agencies to return "voided" FIs: | |
| | □ Not applicable □ Daily □ Weekly □ Monthly | |
| | ☐ Other (specify): | |
| ΑC | DDITIONAL 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 | |
| | oxtimes Other (specify): The local agency staff deactivate any lost or stolen eWIC card. | |
| b. | . Replacement/duplicate Fls Issuance | |
| | (1) Replacement/duplicate Fls are issued when Fls are reported <u>lost</u> : | |
| | □ No | |
| | ☐ Depends on the circumstances | |
| | | |
| | ☐ Immediately | |
| | ☐ Following notification of State agency/bank agency | |
| | □ After a 5 day waiting period (specify number of days) | |
| | (2) Replacement/duplicate FIs are issued when FIs are reported stolen: | |
| | □ No | |
| | ☐ Depends on the circumstances | |
| | ✓ Yes (If FIs are reissued, it is done):☐ Immediately | |
| | ☐ Following notification of State agency/bank agency | |
| | ☑ After a 5 day waiting period (specify number of days) | |
| | (3) Replacement/duplicate FIs are issued when FIs are reported damaged: | |
| | □ No | |
| | ☐ Depends on the circumstances | |
| | | |
| | ☐ Immediately☐ Following notification of State agency/bank agency | |
| | ☐ Following notification of State agency/bank agency ☑ After a 5 day waiting period (specify number of days) | |
| | | |

| | | d can still be read, then a repl | acement may be issued ir | nmediately. | |
|----|--|--|--|---------------------------------|-----------------------------|
| c. | Is a police report required be | fore replacement benefits a | re issued when reported | d stolen? | |
| | □ Yes ⊠ No | | | | |
| d. | The State agency or its banki lost/stolen/damaged FIs (che | | owing action after it is n | otified by tl | he local agency o |
| | ☐ Stops payment on the lost/st | olen/damaged FIs | | | |
| | $\hfill\square$ Notifies vendor or farmer | | | | |
| | Other (specify): N/A | | | | |
| | Please provide a copy/citatio cannot be redeemed OR lost/ (7 CFR 246.4(a)(14)(xix)). | | | | |
| | 9.1.030 Food Instrument Repla | cement | | | |
| e. | The local agency documents | in the participant's file that | replacement Fls were is | ssued: | |
| | | | | | |
| f. | If it is established that lost/stostolen/damaged, the followin | | acted by the participant | who report | ted them lost/ |
| | □ A claim for cash repayment in the second content in the | is issued to participant | | | |
| | ⊠ Participant is disqualified; sp | ecify the period of time: If no | repayment, the participar | nt may be | |
| | disqualified for one (1) year or | until payment is received, w | nichever occurs first. | | |
| | ☐ Participant receives a warnir | ng | | | |
| | ☐ Other (specify): | | | | |
| g. | If lost/stolen/damaged FIs are taken, check all that apply: ☐ Reported to police for investi ☐ State agency or local agency ☐ State agency or local agency | igation / does an investigation | ther than the participant | , the follow | ing actions are |
| | ☐ Other (specify): | | | | |
| | | | | | |
| | DITIONAL DETAIL: Food Deliv 1.020 Participant Violations; 11.1 | | • | | |
| h. | The State agency monitors the | ne level of reported lost/sto | len/damaged FIs by loca | ıl agency: | |
| | | | | | |
| 4. | Benefit Redemption Review (| 7 CFR 246.12(k)(1)) | | | |
| a. | Describe in detail how the St supplemental foods (includin reimbursement levels and ho agency sets maximum allowavendors, please explain the control of the set of th | g whether the State agency w reimbursement levels ar able reimbursement levels | y uses vendors' shelf pri e linked to competitive μ | ices to set r orice criteria | naximum a). If the State |
| | (1) The State agency establish | shes maximum allowable re | eimbursement levels for: | : | |
| | (a) Each peer group | | | ⊠ Yes | □ No |
| | (b) Each food instrument | | | ☐ Yes | ⊠ No |
| | (c) Other (please specify) | | | | □ No |
| | Appendix B – Additional R | lesponses | | | |

| (| | | | num allowable rein | nbursen | nent levels using: | |
|-----------------|-----------------------------|---------------------|------------------------------------|----------------------|--------------------|--|------------------|
| | • • | ard deviatio | | | | | |
| | | | e standard dev on it used is ap | | explain | how the State agency determine | ed the |
| | (b) A perc | entage abo | ove the average | redemption amou | nt 🗵 | ☑ Yes □ No | |
| | | | e percentage a | nd explain how the | State a | igency determined that this perc | entage is |
| | Fifteer within prever | the not to e | xceed amount f | or each pricing peer | group. y the ba | he cost of the WIC food item will m Allowing fifteen percent above the anking contractor as product costs ts. | average price |
| | (c) Other | (please spe | ecify): | □ Yes | | ⊠ No | |
| (| 3) The maxii | mum allow | able reimburse | nent levels include | a facto | or to reflect: | |
| | | ☐ No nt are used | Wholesa to address thes | • | explain: | The 15 percent allowance and the | e biweekly price |
| | | ☐ No evaluated b | | explain: The 15 perc | ent allo | wance is used to address this issu | e. Peer group |
| | ☐ Yes | ⊠ No | Other (pl | ease specify): | | | |
| b. | The State a | agency scr | eens redemptio | n requests through | n a pre- | edit (before payment) or post-ed | it (after |
| | | • | detect the follo | • | · | | • |
| | Not | | Post-Edit | | | | |
| | Applicable | _ | Screen | Durahaaa ar ragus | otod pri | iaa ayaaada nriga limitatiana | |
| | | | | Altered purchase | - | ice exceeds price limitations | |
| | | | | Vendor/farmer ide | | on missing | |
| | | | | | | farmer identification | |
| | \boxtimes | | | Transacted before | | | |
| | \boxtimes | | | Transacted after s | • | • | |
| | \boxtimes | | | Redeemed after s | • | • | |
| | \boxtimes | | | Altered dates | poomoa | poned | |
| | \boxtimes | | | Missing signature | | | |
| | \boxtimes | | | Mismatched signa | ture | | |
| | \boxtimes | | | Altered signature | laic | | |
| | \boxtimes | | | Other (specify): | | | |
| | | | unt on a food it | em exceeds the ma | ximum | allowable reimbursement amou | nt, |
| | | | | | wahla r | aimhura am ant am aunt | |
| L | | | • | | wable i | eimbursement amount | |
| Ľ | | | r at the peer gro | | | | |
| | ☐ Rejects the | reimbursem | ent request but | allows the vendor to | resubm | iit | |
| | ☐ Rejects the | reimbursen | ent request wit | out allowing the ven | dor to re | esubmit | |
| | ☐ Other (plea | se specify): | | | | | |
| d. \ | Where pre-ed | lit screens | are used, the p | oportion of FIs rev | iewed i | ncludes: | |
| | ∃ All Fls | | centage of FI (| . %) | | | |
| | ☐ Other (pleas | se specify): | | , | | | |
| e. ⁻ | The edit syste | em(s) that u | ıse(s) maximu | n allowable reimbu | rsemen | it levels to screen for vendor over | ercharges |

rejects food instruments based on:

| | , | | | | | | | |
|----|---|---------------------------|----------------------|--------------------|------------|-------------|--|--------|
| | Pre-Edit | Post-Edit | | | | | | |
| | \boxtimes | | Not T | o Exceed or Max | imum Pri | ces | | |
| | | | Perce | ntage above ave | rage (| %) | | |
| | | | | int above average | e (\$ |) | | |
| | | | Other | (specify): | | | | |
| f. | The following ac | | | _ | | | _ | |
| | · | date list of author | | | | | | |
| | | | | | | | o longer authorized | |
| | ⊠ State agency € | thorized vendor/f | tution ch | necks vendor/farı | mer/farme | ers' market | is FIS ID numbers on redemption reque dors/ farmers/farmers' markets fo | |
| | ☐ Inform all part | icipants who migh | t use the | e unauthorized st | ore | | | |
| | Other (specify) |): Provide access | to a ma _l | p showing author | ized store | es on the V | VICNS website and through | |
| | WICShopper app | o. Provide door d | ecals to | authorized retaile | ers to pos | st on store | entrances. | |
| AD | DITIONAL DETAIL | L: Food Delivery | Append | lix: and/or Proce | edure Ma | nual (citat | ion): | |
| 5. | Price Lists | | | | | | | |
| a. | Shelf Price list in | nformation is rou | tinely c | ollected from ve | ndors: | | | |
| | | ; Explain: (Procee | • | | | | | |
| b. | Shelf Price list d | , , | | , | | | | |
| | ⊠ Real Time or I □ Other (specify) | Daily via EBT sys): | tem | ☐ Monthly | □ Qu | arterly | ☐ Semiannually | |
| C. | Shelf Price data | are collected by: | | | | | | |
| | ☐ State agency | | | | | | | |
| | ☐ Local agency | stan ubmitted by vendo | re | | | | | |
| | ☑ Reports are so☑ EBT system | dominica by vende | /13 | | | | | |
| | ☐ Other (specify | r): | | | | | | |
| d. | The data collecte | ed has food price | s for (c | heck all that app | oly): | | | |
| | ⊠ All brands and □ | sizes of supplen | ental fo | ods | | | | |
| | ☐ Highest price | supplemental foo | d items v | within food catego | ories | | | |
| | ☐ Most common | ly redeemed food | items; p | olease specify: | | | | |
| | ⋈ All authorized | vendors | | | | | | |
| | \square A sample of a | uthorized vendors | (please | describe the sai | mpling me | ethod used |): | |
| | ☐ Other (specify | r): | | | | | | |
| e. | The State agency | //local agency ve | rifies p | rice data provid | ed by vei | ndors: | | |
| | □ During routine | monitoring visits | | | | | | |
| | ☐ Does not verify | y on a routine bas | is | | | | | |
| | ⊠ Other (explain |): Compliance bu | v reports | s pictures of pos | ted prices | s, and eWI | C receipts are compared to claim | files. |

| 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? |
| | |
| | □ No, the State agency does not identify overcharges and/or issue claims for overcharges. (Proceed to section <i>D. Manual Food Instruments.</i>) |
| | ☐ Other (specify): |
| b. | The methods used to identify potential vendor overcharges are: |
| | ☐ Comparison of vendor's redemption prices to charged prices (via receipt). |
| | ☑ Other (specify): Compliance buy reports, pictures of posted prices, and eWIC receipts are compared to claim files. |
| | |
| 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): Provide an invoice showing the actual wholesale cost or price increase. |
| 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): A letter requesting reimbursement for the overcharge is sent to the retailer. |
| | |
| Αſ | ODITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): |
| _ | |
| E. | Manual Food Instruments |
| \boxtimes | DOES NOT APPLY (PROCEED TO NEXT SECTION) |
| 1. | Manual Fls 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 | mala a |
| | ☐ Provide for the special needs of the hor | neiess |
| | ☐ Food package tailoring | and huma) of wonders formers |
| | ☐ Routine monitoring visits (i.e., education | lai buys) or veridors/rarmers |
| | ☐ Compliance buys of vendors/farmers☐ Special conditions, e.g., disasters | |
| | ☐ Other (specify): | |
|) . | | g for completing the manual FI register: |
| | | Local agency staff initials |
| | ☐ Date of FI pick-up ☐ | Other (specify): |
| ٥. | . Manual FIs have a "Not to Exceed Value | e" of: |
| | ☐ Same dollar amount for all manual food | l instruments \$ |
| | ☐ Variable dollar amount depending on ty | pe of prescription on manual FI |
| | ☐ Variable dollar amount depending on pa | |
| | □ No limit | |
| | ☐ Other (specify): | |
| ٩D | DDITIONAL DETAIL: Food Delivery Apper | ndix and/or Procedure Manual (citation): |
| 2. | . Manual FI Documentation and Dispositi | on |
| a . | . A report containing the serial numbers State agency: | of manual FIs issued by local agencies is sent to the |
| | ☐ Not applicable☐ Other (specify): | □ Monthly |
| э. | | documentation to substantiate a valid or invalid certification record at for which no participant record currently exists by utilizing: |
| | \square Turnaround documents to establish va | alid certification records |
| | \square Telephone calls to the State/local ager | ncy on irregularities |
| | ☐ Other (specify): | |
| >. | If the manual FI inventories do not achi agency (check all that apply): | eve 100% reconciliation of all issued and unissued Fls, the local |
| | \square Reports the FI serial numbers to the Sta | ate agency |
| | $\hfill\Box$ Provides the FI serial numbers to local | vendors/farmers |
| | ☐ Other (specify): | |
| | | |

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

F. Special FI Issuance Accommodations

1. Alternative FI Issuance

| 3. | • | | lowing FI issuance policy (o at the clinic or local agency, e | , | ıstances | | | | |
|----|--|---|--|----------------------------|-----------------------|--|--|--|--|
| | | | identification at FI card pick u | · | | | | | |
| | ☐ FIs cards are routinely n (including breastfeeding | nailed to participa promotion and su | ants except (1) when the particular activities) or a certifical areas are known to have expe | cipant is scheduled for i | 2) in areas where | | | | |
| | $\hfill\square$ Benefits are provided ele | ctronically to a loc | cation (such as a grocery store | e) under certain condition | ons; thus, | | | | |
| | participants may not alwa | ys pick up FIs at | the clinics. | | | | | | |
| | ☐ Other (specify): | | | | | | | | |
| 2. | Mailing Policy/Procedures | ; | | | | | | | |
| Э. | The State agency provides cards to individual partici | - | with guidelines/procedures | for mailing paper FIs | or EBT | | | | |
| | | | | | | | | | |
| э. | | | er FIs or EBT cards wheneving promotion and support a | | | | | | |
| | ⊠ Yes □ No | | | | | | | | |
| Э. | The State agency has impapply): | emented the fol | lowing policy regarding ma | iling paper FIs or EBT | cards (check all that | | | | |
| | | ail *(first class is c | considered <i>regular</i> mail) | | | | | | |
| | \square FIs are sent registered m | ail | | | | | | | |
| | ☐ FIs are sent certified mail | l | | | | | | | |
| | \square FIs are sent restricted ma | ail | | | | | | | |
| | ☐ Return receipt is requeste | ed on FIs sent ce | rtified mail | | | | | | |
| | ⊠ Envelope specifies, "Do r | not forward, returr | n to sender" or "Do not forwar | d, address correction re | equested" | | | | |
| | ☐ Other (specify): | | | | | | | | |
| d. | The State agency approves mailing FIs under the following conditions (check all that apply): | | | | | | | | |
| | | State-Wide | LA with SA Approval | Case by Case | | | | | |
| | Participant hardship | | | | | | | | |
| | Travel-related issues | \boxtimes | | | | | | | |
| | Better clinic management | | | | | | | | |
| | Participant safety | \boxtimes | | | | | | | |
| | Participant convenience | | | | | | | | |
| | Cost effectiveness | | | | | | | | |
| | Public Health Emergency | \boxtimes | | | | | | | |
| | Other | \boxtimes | | | | | | | |
| | (if other, specify): When the instrument issuance, and in | | ormation Network System (M the disaster plan is in effect. | OWINS) is down during | onsite food | | | | |
| €. | When mailing paper FIs or | EBT cards, doc | umentation of FI issuance is | s: | | | | | |
| | ☐ Signed by the participant | at the following F | I pick-up/visit | | | | | | |
| | Noted "mailed" and initia | led/dated by loca | l agency staff | | | | | | |
| | ☐ Signed and dated by loc- | ☐ Signed and dated by local agency staff after return receipt is received | | | | | | | |

☑ Other (specify): eWIC card PIN is mailed separately. ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 3. Participants who receive paper FIs or EBT cards by mail are provided: □ Three months of benefits ☐ Other (specify): ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 9.1.020 Food Benefit Issuance Cycles G. Vendor Cost Containment System Certification If the State agency 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 G) 1. Calculation of 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 Explain how the State agency ensures that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors. 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 The State agency applies peer-group specific maximum allowable reimbursement levels during the benefit redemption process. ☐ Yes \square 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: 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. | | the prices of the non-profit vendors compare to those of other vendors in their geographic area ct to competitive price criteria and allowable reimbursement levels. | | |
| e. | | the State agency establishes the level of reimbursement for the non-profit above-50-percent thas exempted. | | |
| 4. | | ncy has fully implemented the competitive price criteria and maximum allowable reimbursement s described in items 1 and 2 above. | | |
| | □ Yes | □ No | | |
| | | ncy has not fully implemented the revised competitive price and maximum allowable reimbursement describe the current status of this effort and include the timetable for achieving full implementation. | | |
| 5. | The State ager reimbursemen | ncy plans to exempt <i>pharmacy</i> vendors from competitive price criteria and maximum allowable t levels. | | |
| | ☐ Yes | □ No | | |
| | • | e agency has confirmed that these pharmacies provide only exempt infant formula and/or WIC-eligible is to program participants. | | |
| 6. | Does the State | agency collect shelf prices from pharmacies that provide only exempt infant formula? | | |
| | ☐ Yes | □ No | | |
| 7. | establishing ar | table on the following page to demonstrate that the State agency's procedure for and implementing competitive price criteria and maximum allowable reimbursement levels werage payments per food instrument or food item to above-50-percent vendors do not ge payments to regular vendors. | | |
| 8. | per food instru such a report, | and cite of a copy of the report(s) that the State agency will use to monitor average payments ument to above-50-percent vendors and regular vendors. If the State agency does not have describe the State agency's plans to develop and implement a report(s) for monitoring luding the report contents or fields. | | |

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 30th? | 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 <u>not</u> 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.

| Н. | Home Food Delivery Systems |
|-------------|--|
| \boxtimes | 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 |
| | \square Are issued FIs that they sign and provide to the vendor when the food is delivered |
| | \square 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): |
| Αſ | ODITIONAL 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% |
| ΑI | ODITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): |
| I. [| Direct Distribution Food Delivery Systems |
| \boxtimes | DOES NOT APPLY |
| 1. | Direct Distribution Food Delivery - General |
| | The State agency uses a direct distribution food delivery system to: |
| | □ Distribute all its WIC Program foods |
| | |

 $\hfill\square$ Distribute only exempt infant formula and/or medical foods

☐ Distribute (specify):

| b. | The State agency uses: | | | | | |
|----|---|----------------|------------------|----------------------|--|--|
| | \square Warehouse not used | | | | | |
| | ☐ One central warehouse, deliveries directly to local agencies | | | | | |
| | ☐ One central warehouse from which foods are sent to one or more subsidiary warehouses before deliver to local agencies | | | | | |
| | ☐ Other (specify): | | | | | |
| C. | Warehouses are operated by: | | | | | |
| | ☐ State agency | ☐ Local | agency | | | |
| | ☐ Other state or public agency | | 0 , | 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 comm | odities: | | | | |
| ۸. | DDITIONAL DETAIL: Food Dolivory A | nnondiv an | d/or Procedur | o Manual (citation): | | |
| | ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 2. Food Distribution | | | | | |
| | Foods are distributed to participants: | | | | | |
| a. | ☐ Grocery store fashion | J. | | | | |
| | ☐ Pre-packaged | | | | | |
| | ☐ Other (specify): | | | | | |
| h | | uirad ta siar | ١٠ | | | |
| D. | p. Participants receiving food are required to sign: | | | | | |
| | ☐ A register once for all foods receiv | | | | | |
| | ☐ A register/form for each food item received | | | | | |
| _ | ☐ Other (specify): | | | | | |
| C. | . Foods are distributed to participants: | | | | | |
| | □ Monthly | | | | | |
| | □ Not to exceed a one-month supply at any one time to any participant | | | | | |
| | ☐ Other (specify): | | | | | |
| u. | d. Participants with limited access to facilities used for distribution have available to them: | | | | | |
| | Services provided by: | | | | | |
| | A | ocal Agency | Other Sources | | | |
| | Home delivery | | | | | |
| | Cost-free transportation | | | | | |
| | Other | Ш | Ш | | | |
| | (if other, specify): | | | | | |
| AD | ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation): | | | | | |
| 3. | Warehouse Insurance and Inspecti | ons | | | | |
| a. | Insurance for the warehouse covers | s (check all | that apply): | | | |
| | ☐ Theft ☐ Fire ☐ Infes | station | Spoilage | | | |

| | ☐ Other (specify): | | | |
|----|---|--|--|--|
| b. | Warehouses are inspected by a public authority responsible for enforcing: | | | |
| | \square Fire safety laws and regulations (specify date and grade of last inspection): | | | |
| | \square Sanitation laws and regulations (specify date and grade of last inspection): | | | |
| | ☐ Other (specify): | | | |
| ΑC | DITIONAL 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.).