

VII. CASELOAD MANAGEMENT

(Please indicate) State Agency: AR for FY 2014

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to realize these strategies.

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

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

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

D. Benefit Targeting - 246.4(a)(5)(i); (6); (7); (18), (19), (20), (21), and (22): describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.

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

F. Waiting List Management - 246.4(a)(11)(i): describe the policies and procedures used for processing applicants.

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A. No-Show Rate

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

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

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

b. The local agency attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):

- At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number
- If the applicant misses her first certification appointment, an attempt is made to contact her by:
 - telephone
 - mail
 - email
 - text
- If contact is established, she is offered one additional certification appointment.
- If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
 - postcard
 - letter
 - email
 - text

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
- no specific policies or procedures concerning local agency no-show rates

**ADDITIONAL DETAIL: Caseload Management Appendix
and/or Procedure Manual (citation): 1 a and b- WIC-14:If an applicant misses the
nutritional assessment appointment, a Notice of Ineligibility is given or sent to the**

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A. No-Show Rate

applicant. An attempt must be made to contact each pregnant applicant who misses her first appointment in order to reschedule the appointment.

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): WIC: 114-Management Evaluations-Administrator's Questionnaire.

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B. Allocation of Caseload

X DOES NOT APPLY (EXPLAIN WHY AND PROCEED TO NEXT SECTION) AR does not have Local Agencies

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

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

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

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

- Yes No

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

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

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

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

- Yes No

If No, explain why not: _____

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B. Allocation of Caseload

4. If it appears that during the course of the program year all funds will not be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):

- The State agency does not reallocate caseload mid-year
- Same basis as for initial allocation of caseload
- Local agency participation levels
- Local agency high priority participation
- Waiting lists
- Successful special projects
- Other (specify): _____

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

5. The State agency has written procedures for local agencies to follow in situations of overspending:

- Yes No

If a written procedure is available, provide in the Caseload Management Appendix or specify location in the Procedure Manual below.

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

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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 type="checkbox"/> | No-show rates | <input checked="" type="checkbox"/> | Food costs per participant |
| <input type="checkbox"/> | Food costs by area | <input type="checkbox"/> | Other (specify): |

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): Participation is determined monthly by the State Office by Management Region and reported to ADH Regional Managers, Regional WIC Coordinators, Directors of Centers for Health Advancement and Local Public Health and Deputy Health Director.

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

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Manual reports submitted by local agencies |
| <input checked="" type="checkbox"/> | ADP system-generated reports |
| | On-site reviews |
| <input type="checkbox"/> | Other (specify): _____ |

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): Participation is determined monthly by the State Office by Management Region and reported to ADH Regional Managers, Regional WIC Coordinators, Directors of Centers for Health Advancement and Local Public Health and Deputy Health Director.

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

- | | |
|-------------------------------------|------------------------|
| <input type="checkbox"/> | monthly |
| <input type="checkbox"/> | quarterly |
| <input type="checkbox"/> | other (specify): _____ |
| <input checked="" type="checkbox"/> | not applicable |

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

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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): WIC-112-113

b. The local agency contacts the following organizations to provide WIC Program information to eligible infants and children:

- foster care agencies
- child welfare authorities
- protective service agencies
- other (specify): WIC 112-113

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):** WIC 112-Each LHU/WIC Clinic develops and implements an outreach plan. Clinics must submit outreach plans for approval by Regional WIC Coordinator. These plans must be submitted by August 30 to be implemented by October 1 of each Federal Fiscal Year.

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D. Benefit Targeting

A copy of the plan is maintained in the LHU/WIC Clinic, and a copy is sent to the Regional WIC Coordinator. The Regional WIC Coordinator reviews and sends a copy of the plan to the WIC State Office.

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

X **other (specify):** WIC-112-113 _ Each LHU/WIC Clinic develops and implements an outreach plan. Clinics must submit outreach plans for approval by Regional WIC Coordinator. These plans must be submitted by August 30 to be implemented by October 1 of each Federal Fiscal Year.

A copy of the plan is maintained in the LHU/WIC Clinic, and a copy is sent to the Regional WIC Coordinator. The Regional WIC Coordinator reviews and sends a copy of the plan to the WIC State Office.

**ADDITIONAL DETAIL: Caseload Management Appendix
and/or Procedure Manual (citation): WIC-112-113**

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E. Outreach Policies and Procedures

1. Outreach Policies, Procedures and Materials

a. To administer outreach activities, the State agency (check all that apply):

- X issues a standard set of outreach materials for use by all local agencies
- X requires local agencies to develop outreach plans
- X reviews outreach plans developed by local agencies
- X reviews and approves any outreach materials developed by local agencies
- X utilizes broadcast media for outreach activities
- X **other (specify):** WIC-112-113-Contacts may include:

Personal visits, Presentations to groups, Telephone contacts, Distribution of letters, brochures, posters, fact sheets, and other materials, Agency approved social media postings.

The outreach plan must specify the type of contact planned for each type of agency and the Regional or local staff person responsible for the contact.

The outreach plan may also include announcements, articles and/or appearances about WIC in local radio, television, and/or newspapers on an annual basis.

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

| State Agency | Local Agency | |
|--------------------------|--------------------------|---|
| X | <input type="checkbox"/> | Newspapers |
| <input type="checkbox"/> | <input type="checkbox"/> | Radio |
| <input type="checkbox"/> | <input type="checkbox"/> | Posters |
| <input type="checkbox"/> | <input type="checkbox"/> | Letters |
| X | <input type="checkbox"/> | Brochures/pamphlets |
| <input type="checkbox"/> | <input type="checkbox"/> | Television |
| X | X | Other (specify): Each LHU/WIC Clinic |

develops and implements an outreach plan. The outreach plan may also include announcements, articles and/or appearances about WIC in local radio, television, and/or newspapers on an annual basis. WIC maintains a website section within the Arkansas Department of Health internet website.

c. Outreach materials are available in the following languages (check all that apply):

- X English
- X Spanish
- Vietnamese
- Tribal Language(s)

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Other (specify): _____

d. Outreach materials are distributed to (check all that apply):

- X health and medical organizations
- X hospitals and clinics
- X welfare and unemployment offices or social service agencies
- X migrant farmworker organizations
- Indian and tribal organizations
- X homeless organizations
- X faith-based and community organizations in low-income areas
- X shelters for victims of domestic violence
- X other (specify): WIC-112-113

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): WIC-112-113

2. Accessibility to Special Populations

a. The State agency requires all, some, no local agencies to implement the following to meet the special needs of employed applicants/participants. When an Indian State agency operates as both the State and local agency "All" should be checked.

| All | Some | None | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | X | <input type="checkbox"/> | early morning/evening clinic hours by appointment |
| <input type="checkbox"/> | X | <input type="checkbox"/> | early morning/evening clinic hours, walk-in basis |
| <input type="checkbox"/> | <input type="checkbox"/> | X | weekend hours, by appointment |
| <input type="checkbox"/> | <input type="checkbox"/> | X | weekend hours, walk-in basis |
| X | | <input type="checkbox"/> | priority appointment scheduling during regular clinic operations |
| <input type="checkbox"/> | <input type="checkbox"/> | X | food instrument/cash-value voucher mailing procedures specifically designed for working participants |
| <input type="checkbox"/> | X | <input type="checkbox"/> | expedited clinic procedures for working participants |
| <input type="checkbox"/> | <input type="checkbox"/> | X | evening/weekend nutrition education classes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | other (specify): _____ |

b. The State agency requires/authorizes all, some, no local agencies to implement the following to meet the special needs of rural participants (check all that apply):

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| All | Some | None | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | X | special clinic hours to accommodate travel time to clinic sites |
| <input type="checkbox"/> | <input type="checkbox"/> | X | use of mobile clinics to rural areas |
| <input type="checkbox"/> | <input type="checkbox"/> | X | food instrument/cash-value voucher mailing procedures specifically designed for rural participants |
| <input type="checkbox"/> | X | <input type="checkbox"/> | special appointment/scheduling procedures for rural participants who do not have access to public transportation |
| X | <input type="checkbox"/> | <input type="checkbox"/> | special food instrument/cash-value voucher issuance cycles for rural participants(check one): <input type="checkbox"/> 2 months, x <input type="checkbox"/> 3 months issuance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | other (specify): _____ |

All participants have option of 2 or 3 month issuance except high risk participants and breastfeeding dyads the first 3 months (so support and weight checks can be provided.

c. The State agency requires/authorizes all/some/no local agencies to implement the following to meet the special needs of migrant families (check all that apply):

| All | Some | None | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | X | formal coordination with rural/migrant health centers |
| <input type="checkbox"/> | X | <input type="checkbox"/> | special outreach activities aimed at migrants |
| <input type="checkbox"/> | X | <input type="checkbox"/> | special clinic hours/locations to service migrant populations |
| X | <input type="checkbox"/> | <input type="checkbox"/> | expedited appointment procedures to accommodate migrant families |
| <input type="checkbox"/> | <input type="checkbox"/> | X | special food instrument/cash-value voucher issuance cycles for migrant families (check one): <input type="checkbox"/> 2 months issuance <input type="checkbox"/> 3 months issuance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | other (specify): _____ |

All participants have option of 2 or 3 month issuance except high risk participants and breastfeeding dyads the first 3 months (so support and weight checks can be provided.

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

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

e. The State agency requires all, some, no local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):

| All | Some | None | |
|--------------------------|--------------------------|--------------------------|--|
| X | <input type="checkbox"/> | <input type="checkbox"/> | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Undertake regular and ongoing outreach to homeless individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service |
| <input type="checkbox"/> | <input type="checkbox"/> | X | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals |
| X | <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 |
| X | <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 I
 and/or Procedure Manual (citation):
 Facility Compliance Agreement (WIC-61)

3. Unserved Geographical Areas

a. State agency's definition of an unserved geographic area (specify):

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E. Outreach Policies and Procedures

b. Please list unserved geographic areas or attach a list to appendix:

No current unserved areas (check if applicable)

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

4. Underserved Geographic Areas

a. State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):

No current underserved areas (check if applicable)

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

Yes No

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

Yes No, an update list is provided in the Appendix

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): AR has no local agencies

5. The State agency has a plan to:

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E. Outreach Policies and Procedures

- inform nonparticipating local agencies of the Program and the availability of technical assistance in implementation
- encourage potential local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served

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

6. If applicable, please list all areas operating CSFP and their current participation:

| Area | Participation |
|-------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

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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.

X Yes No

2. Waiting list procedures are uniform throughout the State.

X Yes No, but State agency approves all exceptions
 No; local variation allowed without State agency approval

3. The State agency routinely monitors waiting lists.

X Yes (when applicable) No

4. The State agency requires/allows subprioritization of waiting lists by (check all that apply):

no subprioritization permitted income
 nutrition risk age
 point system
 special target populations (specify): _____
X other (specify): priority; date of application

5. The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.

X Yes
 No, only categorical eligibility established
 No, only categorical and income eligibility established
 No, local agency variation
 Other (specify): _____

6. Waiting lists are maintained:

X manually
X 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 X No

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F. Waiting List Management

8. The State agency requires all local agencies to maintain waiting lists (telephone and/or pre-certification) with the following information (check all that apply):

- X name
- X address
- X phone number(s)
- X date placed on waiting list
- X category
- X priority
- nutritional risk
- X income eligibility status
- method of application
- X date applicant notified of placement on the waiting list
- other (specify): _____

9. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list.

- X Yes No

**ADDITIONAL DETAIL: Caseload Management Appendix
and/or Procedure Manual (citation): WIC-121**

**ARKANSAS DEPARTMENT OF HEALTH
WIC PROGRAM**

Statement of Compliance with Federal Criteria for Facilities Providing Temporary Living Accommodations or Serving Homeless WIC Participants

Name of Facility:

Address:

City, State, Zip:

Telephone Number(s):

The above-named facility which I represent provides temporary living accommodations and/or serves homeless women (including pregnant, breastfeeding and/or postpartum) and/or infants and/or children under age five (5) and **agrees** **does not agree** to comply with the following conditions in the case of residents participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

- The facility does not/will not accrue financial or in-kind benefits from residents' participation in the WIC Program such as a reduction in costs for food service because its residents are receiving WIC benefits.
- WIC benefits are/will be available exclusively to the participant for whom they are issued. That is, WIC foods are not used for communal food service and will not be used for any other person served or employed by the organization.
- The facility does not/will not place constraints on the ability of the participant to use supplemental foods and nutrition education provided by the Program.
- Provides reasonable accommodation to identify, by individual, and store WIC foods separately from other foods.

I understand that representatives of the Arkansas Department of Health WIC Program or the United States Department of Agriculture Food and Nutrition Service have the right to monitor compliance with these conditions through on-site visits or other means.

If the above-named facility ceases to meet these conditions, the WIC Program will be notified and resident participants will no longer be issued WIC food while living in the facility.

Signature:

Title:

Date:

Arkansas WIC Program, 4815 West Markham, Slot #43, Little Rock, AR 72205.
Phone: 501 661-2156 Fax 501 661-2004