



Pennsylvania Department of Health
Bureau of Women, Infants and Children (WIC)
Federal Fiscal Year 2025 State Plan

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PA WIC FFY2025 Goals and Objectives

By Program Functional Area

Vendor and Farmer Management

1. Increase by 5% the number of PA WIC-authorized vendors by September 30, 2025.

Nutrition and Breastfeeding Services

1. PA WIC will implement changes made in the Final Rule for Revisions in the WIC Food Package according to USDA mandated schedule.
2. Local agencies will demonstrate improvement during routine program monitoring efforts in at least 2 of the following areas related to nutrition assessment and documentation:
 - a. conducting a complete nutrition and breastfeeding assessment
 - b. lead screening and referrals;
 - c. documenting thorough participant care plans;
 - d. obtaining medical documentation when required;
 - e. nutrition risk code identification.
3. PA WIC will increase breastfeeding rates by 2.5% in breastfeeding incidence and 2% in breastfeeding duration between October 1, 2024 and September 30, 2025.
4. Local agencies will raise awareness of the BFPC program in a variety of settings and expand BFPC service settings in FFY 25 by:
 - a. Providing BFPC contacts to WIC mothers through home visits, hospital visits, peer support groups, and other means of in-person contacts that promotes breastfeeding support.
 - b. Promoting the BFPC program in the community by providing mailings, telephone calls, or other means of communication to organizations and/or community events.
5. Implement PA WIC branded nutrition education materials statewide to provide consistent and equitable access to necessary information to participants in each local WIC agency.
6. The State agency will successfully lead 2 local agencies to implement a new breastfeeding peer counselor program.
7. The State agency will streamline the USDA Breastfeeding Curriculum for levels 1 and 2 in the statewide new hire orientation program (WICademy) by reducing redundancy of content and including state-specific content in newly developed TRAIN modules.

Management Information System (MIS)

1. Complete the changes required to make a successful transition from one offline EBT processor to a new offline EBT processor.

2. Continue to gather the information needed to work towards an online solution for eWIC benefit delivery.
3. Evaluate the MIS to determine how it will meet the new food package requirements set forth in the final food package rule published in April 2024.

Organization and Management

1. Bureau of WIC leadership will evaluate the roles and responsibilities of State WIC agency staff and make organizational changes as needed to enhance the efficacy of State agency business.
2. The State WIC Agency will maintain 5 Strategic Goals that have been created to align with the newly revised PA WIC mission, vision and values. The current 5 Strategic goals are listed below:
 - Create a space for employees to be comfortable expressing ideas, concerns, and feedback. Listen and continuously communicate expectations and ways that management can help.
 - Operate as one unit and provide consistency in messaging policy, and program requirements with LAs.
 - Ensure transparency and accountability amongst all LAs; improving QA by improving monitoring tools to include Findings, CAPs, and Repeat Findings.
 - Develop a comprehensive all-encompassing marketing and outreach team across PA.
 - Improve technology to modernize the WIC experience.
3. The Bureau of WIC will expand upon the current disaster plan to include more details and coordination with various emergency assistance programs and community partners based on the types of disasters that may occur.
4. The Bureau of WIC will finalize all revisions to the policy manual by September 30, 2025.
5. The Bureau of WIC will utilize GIS mapping to inform programmatic decisions, outreach efforts and coordination of program services.

Nutrition Services and Administration (NSA) Expenditures

1. The State agency will revise policy to align with changes to 7 CFR 200.
2. The State agency will utilize SAP to monitor expenditures to ensure they are coded correctly.
3. The State agency will review, and update as needed, current process of assessing and monitoring travel vouchers and related expenses to ensure that only allowable costs are charged to FNS programs.
4. The State agency will share quarterly financial reports with the Local Agencies to monitor grant spenddown (NSA). These reports will also assist in identifying and resolving discrepancies that may occur before closeout.

Food Funds Management

1. The State agency will use SAP with food fund reconciliation to better manage food funds.
2. The State agency will work with the PA Comptroller Office to reconcile all draws in the SAP system to mitigate issues during reconciliation of all USDA grants.
3. The State agency will share quarterly financial reports with the Local Agencies to monitor grant spenddown (Food Funds for Breast Pumps). These reports will also assist in identifying and resolving discrepancies that may occur before closeout.

Caseload Management

1. The State agency will resume monitoring local WIC agency no-show rates and continue to assist, as needed, with reaching applicants and participants who miss appointments.

Certification, Eligibility & Coordination of Services

1. The State agency will provide refresher training on eligibility requirements following policy revisions.
2. Provide clear and concise policy and guidance to the Local Agencies in order to convey State Agency expectations. This will help address any statewide issues that may be found during the review process.

Monitoring and Audits

1. Implement new monitoring criteria based on revised policy and make criteria more clear for both State and local agency staff use in program monitoring.
2. Streamline the local agency monitoring process to reduce the time burden on State agency staff by implementing a fully digitized process similar to USDA's MEMS system.

Outreach

1. Increase PA WIC Participation by 1% in FFY25.
2. Local agencies will utilize at least two objectives to increase participation in FFY 25.
3. The State Agency will streamline referrals for 2 target populations by improving statewide communications with community partners.

FFY 2025 State Plan – FFY 2024 Public Meetings Status Report

The State Agency conducted five Public Comment Sessions in 2024 to receive comments and recommendations for the 2025 State Plan and the WIC Program in general.

Five Public Comment Sessions were held virtually and in person.

1. Wednesday, May 1, 2024 from 1:00pm - 4:00pm
Hosanna House, 807 Wallace Ave, Wilkinsburg, PA 15221
2. Friday, May 3, 2024 from 11:00am - 2:00pm
Hamilton Health Center, 110 S 17th Street, Harrisburg, PA 17104
3. Friday, May 3, 2024 from 1:00pm – 4:00pm
556 W. Fourth Street, Erie, PA 16507
4. Wednesday, May 15, 2024 from 1:00pm – 4:00pm
3401 Hartzdale Drive, Camp Hill, PA 17011
5. Friday, May 17, 2024 from 1:00pm – 5:00pm
1034 Park Ave, Meadville, PA 16335

The Department of Health published a sunshine notice of the Public Comment Sessions in the Pennsylvania Bulletin, the official government publication of the Commonwealth. The meeting notice was placed on the Pennsylvania WIC website, and the Department of Health website, and in the *The Patriot News*.

In addition to these announcements and advertisements, notices were emailed to various stakeholder groups and health and human service agencies across the Commonwealth inviting individuals wishing to comment on the WIC Program to do so virtually or in-person at the Public Comment Sessions, by email, voicemail or by submitting written comments to the state agency by May 31, 2024.

The State Agency issued a memorandum to the Local Agencies, which outlined approaches to use to involve WIC participants, health professionals, stakeholders and the general public in the Public Comment Process. Local Agencies were requested to post notices of the Public Comment Sessions at clinic sites during the month of May 2024 and they also gave participants the opportunity to provide written comments. Local Agency announcements included community organizations, Head Start, home visiting programs, social service programs, professional organizations, health care providers and text messaging to WIC participants.

Summarized Public Comment Session feedback includes comments with focus on topics such as positive feedback of the WIC program, access and communication improvement, request to offer additional benefits, expansion of WIC allowable foods, expand self-check out, improve program modernization including offline system and expansion of app features.

I. FOOD DELIVERY

(Please indicate) State Agency: Pennsylvania

for FY 2025

The Food Delivery State Plan checklist collects information regarding vendor and farmer / farmers' market management as well as food delivery systems, food instruments, and electronic benefits. This checklist has combined the previous years' checklists "I. Vendor Management" and "IX. Food Delivery". Many questions pertaining to paper food instruments were removed, and the checklist was revised to capture the EBT environment. All new questions which were not pulled from either of the previous checklists, and new options for SAs to select in certain questions, are highlighted for ease of identification.

Vendor and farmer/farmers' market management includes all those activities associated with selecting, authorizing, training, and monitoring, stores and farmers/markets participating in the WIC Program.

Food delivery accountability includes the issuance, redemption, and monitoring of the Retail Food Delivery System, and the procurement and delivery of supplemental foods to participants in the Home Food and Direct Distribution Delivery Systems.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

I. GENERAL ADMINISTRATION

II. HOME FOOD DELIVERY SYSTEMS

7 CFR 246.4(a)(14), 7 CFR [246.4\(a\)\(14\)\(viii\)](#), 7 CFR [246.12\(m\)](#):

Describe how the home delivery system operates including the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries. Include a description of specialty infant formula, if applicable.

III. DIRECT DISTRIBUTION FOOD DELIVERY SYSTEMS

7 CFR 246.4(a)(14), 7 CFR 246.12(n):

Describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the

I. FOOD DELIVERY CHECKLIST

verification process, and assurance of safety. Include a description of specialty infant formula, if applicable.

IV. RETAIL FOOD DELIVERY SYSTEMS: BENEFIT ISSUANCE AND FOOD INSTRUMENTS

A. **Electronic Benefit Transfer (EBT) Management** – 7 CFR [246.12\(y\)\(4\)\(ii\)](#):

Describe updates on any active EBT projects.

B. **Food Instrument Overview** – 7 CFR [246.4\(a\)\(11\)\(iii\)](#), [\(14\)\(i\)](#), [\(vi\)](#), [\(xii\)](#):

Describe the policies and procedures used by the State agency in producing, monitoring, and accounting for the use of food instruments.

C. **Benefit Issuance** – 7 CFR [246.4\(a\)\(11\)\(iii\)](#), [\(14\)\(xx\)](#); 7 CFR [246.12\(r\)\(4\)](#); 7 CFR [246.4\(a\)\(14\)\(i\)](#), [\(x\)](#), [\(xi\)](#), [\(xv\)](#):

Describe the State agency's procedures for issuing food instruments to participants, including procedures for verifying identity, providing education on how to use food instruments, and proxy policies. Include alternative benefit issuance procedures for special circumstances.

D. **Food benefit redemption and disposition** – 7 CFR [246.4\(a\)\(14\)\(xiii\)](#), [\(xix\)](#):

Describe the procedures used to monitor food benefit redemption and disposition and the management of lost/stolen/damaged food instruments.

V. RETAIL FOOD DELIVERY SYSTEMS: VENDOR MANAGEMENT

A. **Participant Access** – 7 CFR [246.4\(a\)\(14\)\(xiv\)](#), 7 CFR [246.12\(l\)\(1\)\(ix\)](#):

Provide information about the State agency's definition of participant access.

B. **Vendor Selection and Authorization** – 7 CFR [246.4\(a\)\(14\)](#), [\(15\)](#), [246.12\(g\)\(3\)](#), [\(8\)](#); 7 CFR [246.12\(h\)\(1\)\(ii\)](#):

Describe limiting criteria, application periods, selection criteria, relevant exemptions (if applicable), how above-50-vendors are assessed, and if pharmacies are authorized. Attach a sample vendor agreement. Include description of peer groups, and a brief description of how the SA informs vendors of allowable infant formula providers.

C. **Vendor Cost Containment** (including management of above 50 percent vendors) – 7 CFR [246.4\(a\)\(14\)](#), 7 CFR [246.12\(g\)\(4\)\(vi\)](#):

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. For certification, the State agency must describe the competitive pricing and reimbursement methods implemented 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.

D. **Vendor Agreements** – 7 CFR [246.4\(a\)\(14\)\(iii\)](#):

Describe information regarding the vendor agreement.

E. **Vendor Training** – 7 CFR [246.4\(a\)\(14\)](#), 7 CFR [246.12\(i\)](#):

Describe State and local agency procedures for training WIC Program vendors.

F. **Routine monitoring** – 7 CFR [246.4\(a\)\(14\)](#), 7 CFR [246.12\(j\)\(2\)](#):

I. FOOD DELIVERY CHECKLIST

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.

G. Administrative Review of State Agency Actions – [7 CFR 246.4\(a\)\(14\)](#), [\(a\)\(18\)](#):

Describe the procedures for conducting both full and abbreviated administrative reviews.

VI. RETAIL FOOD DELIVERY SYSTEMS: FARMERS AND FARMERS' MARKETS

(if applicable) – [7 CFR 246.4\(a\)\(14\)\(iii\)](#), [\(a\)\(14\)\(xii\)](#), [\(a\)\(14\)\(v\)](#); 7 CFR [246.12\(v\)](#):

If the State agency allows farmers / farmers' markets to transact cash value benefits, describe the farmer / farmers' market agreement, monitoring, and training procedures.

I. FOOD DELIVERY CHECKLIST

I. GENERAL ADMINISTRATION

1. Which of the following food delivery systems does your State agency operate? Be sure to consider how the State agency provides specialty formula to participants.

- ☒ Home Food Delivery (please fill out section II)
- ☐ Direct Distribution Food Delivery (please fill out section III)
- ☒ Retail Food Delivery (please fill out sections IV, V, and VI)

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

II. HOME FOOD DELIVERY SYSTEMS

- ☐ Does not apply (proceed to next section)

1. The State agency uses home food delivery systems to:

- ☐ Provide all WIC program foods
- ☐ Reach select remote / rural participants
- ☐ Reach select participants with mobility or transportation concerns
- ☒ Provide specialty infant formula and/or medical foods
- ☐ Other (specify): [Click or tap here to enter text.](#)

2. Home food deliveries take place:

- ☒ Monthly
- ☐ Bi-monthly
- ☐ Every three month
- ☐ Other (specify): [Click or tap here to enter text.](#)

3. Home food delivery vendors include:

- ☐ Dairies
- ☐ Private delivery service doing WIC business only
- ☐ Private delivery service
- ☐ Infant formula providers
- ☐ Hospitals
- ☒ Other (specify): CAP Lancaster Special Formula Distribution Center, SFDC

4. Participants who receive home food delivery:

- ☐ Are notified in writing of the types and quantities of food they will receive
- ☐ Indicate by authorized signature on FI, receipt, or signature device that supplemental foods were received
- ☐ Are delivered only a one-month supply of supplemental foods per delivery

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☒ Other (specify): The SFDC ships one month of special formula to the client's home or the WIC office depending on the type of formula and safety of the neighborhood.

5. Supplemental foods may be delivered:

- ☐ Only to the participant
- ☐ To the proxy
- ☐ To any adult at home during time of delivery
- ☐ To anyone at home during time of delivery
- ☒ Other (specify): Formula is delivered to the client's address as long as there isn't a reasonable expectation of the products being stolen.

6. Documentation:

a. The forms verifying delivery are reconciled against vendor invoices:

- ☒ Weekly
- ☐ Monthly
- ☐ Other (specify): [Click or tap here to enter text.](#)

b. Signatures of participants who sign the receipt are compared to signatures on file:

- ☐ Yes
- ☒ No

7. Please attach a list of the names of contractors/providers that the State agency works with to provide Home Delivery services: CAP Lancaster Special Formula Distribution Center, SFDC

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

III. **DIRECT DISTRIBUTION FOOD DELIVERY SYSTEMS**

☐ Does not apply (proceed to next section)

1. The State agency uses direct distribution food delivery systems to:

- ☐ Distribute all WIC program foods
- ☒ Distribute specialty infant formula and/or medical foods
- ☐ Distribute foods to accommodate the needs of select participants
- ☐ Other (specify): [Click or tap here to enter text.](#)

2. The State agency uses:

- ☒ One central warehouse and delivers directly to local agencies
- ☐ One central warehouse from which foods are sent to one or more subsidiary

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warehouses before delivery to local agencies

☐ Other (specify): [Click or tap here to enter text.](#)

3. Warehouses are operated by:

☐ State agency

☐ Local agencies

☐ Other public agency

☐ Under contract with private business

☒ Other (specify): CAP Lancaster Special Formula Distribution Center is contracted by the State agency for their service.

4. Warehouses used for WIC foods are also used to store other FNS program commodities (please specify which):

☐ Yes, [Click or tap here to enter text.](#)

☒ No

5. Foods are distributed to participants:

☐ Grocery store fashion

☐ Pre-packaged

☒ Other (specify): Formula is shipped to local agency for participant pick up in the packaging that SFDC ships it in.

6. Upon receipt of foods, participants / caregivers / proxies are required to sign:

☐ A receipt for each food received

☐ A receipt for all foods received (as a whole package)

☒ Other (specify): Participants/caregivers/proxies are required to sign at the time of benefit issuance. Local agencies verify identification at the time of participant pick up of products delivered by SFDC.

7. Foods are distributed to participants:

☒ Monthly

☐ Every three months

☐ Other (specify): [Click or tap here to enter text.](#)

8. Participants with limited access to distribution sites can utilize:

☒ Home food delivery

☐ Cost-free transportation

☐ Other (specify):

9. Monitoring and Inventory Control: Describe the State agency's methods for ensuring WIC supplemental foods are adequately received, in stock, and issued. CAP Lancaster SFDC shares inventory semi-weekly with the State agency for review.

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Please indicate the provisions the State agency includes in its inventory control policies for direct distribution contractors:

- ☐ Separation of duties for intake and inventory
- ☐ Stock rotation
- ☐ Performance of perpetual and physical inventory duties
- ☐ Reconciliation against issuance records

☒ Other (specify): Local WIC agencies do not stock formulas for distribution to participants as they are only the delivery site for certain participants to pick up their product.

10. Please attach a list of the names of contractors that the State agency works with to provide Direct Distribution Delivery services: CAP Lancaster Special Formula Distribution Center

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation):: [Click or tap here to enter text.](#)

IV. RETAIL FOOD DELIVERY SYSTEMS: BENEFIT ISSUANCE AND FOOD INSTRUMENTS

A. Electronic Benefit Transfer (EBT) Management

1. Does the State agency have any future EBT changes planned?

- ☒ Yes ☐ No

a. If yes, what type of changes:

- ☒ EBT contract re-procurement
- ☐ Self-checkout installation at vendors
- ☒ Offline to Online EBT transition
- ☐ Other (specify): [Click or tap here to enter text.](#)

b. If yes, please provide a short description of the type of changes and when they are expected to be implemented. Offline processor change from Solutran to CDP - kickoff in July 2024, implementation will be in spring 2025. Online eWIC RFP will be released in the fall of 2024 with an estimated implementation in spring 2027.

Additional information if applicable: [Click or tap here to enter text.](#)

B. Food Instrument Overview

1. The State agency uses the following types of Food Instruments (check all that apply):

- ☒ EBT card
- ☐ QR code
- ☐ Other (e.g., paper voucher): [Click or tap here to enter text.](#)

I. FOOD DELIVERY CHECKLIST

2. Please provide a description of the State agency's system for ensuring the accountability and security of food instruments and electronic benefits. Attach and cite relevant policies and procedures. P&P 4.02 EBT Card Management B.2 -6.

Additional information: Please provide a facsimile of the EBT card as an Appendix or cite the location in the State agency's Food Delivery Policy: Appendix E – eWIC card

C. Benefit Issuance

1. The State agency:
 - ☒ Requires participants to pick up food instruments at the local agency when scheduled for an in-person nutrition education or a certification appointment
 - ☐ Allows benefits to be issued remotely to participants except when the participant is scheduled for nutrition education or a certification appointment
 - ☒ Mails food instruments to participants
 - ☐ Other (specify): [Click or tap here to enter text.](#)
2. The State agency requires the following proof of receipt when issuing Food Instruments:
 - ☒ Participant / caretaker / proxy signature confirming receipt
 - ☐ Local agency staff initials
 - ☒ Documented in MIS
 - ☒ Other (specify): Staff are selecting No Signature - TeleWIC – waivers when mailing any cards.
3. Mailing of Food Instruments:
 - a. The State agency provides local agencies with guidelines / procedures for mailing Food Instruments to participants:
 - ☒ Yes
 - ☐ No
 - b. The State agency has implemented the following policy regarding mailing Food Instruments (FI) (check all that apply)
 - ☒ FI are sent first class mail *(first class is considered *regular* mail)
 - ☐ FI are sent registered mail
 - ☐ FI are sent certified mail
 - ☐ FI 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): [Click or tap here to enter text.](#)
 - c. The State agency approves mailing Food Instruments under the following conditions:

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- ☐ Participant resides in rural area
 - ☐ Participant is unable to visit clinic during operating hours (e.g., due to employment or childcare)
 - ☐ Clinic management (e.g., temporary clinic closure)
 - ☐ Participant safety (e.g., circumstances where participant safety can't be guaranteed at the clinic location)
 - ☐ Cost effectiveness (e.g., the clinic is temporarily understaffed)
 - ☒ Public Health Emergency
 - ☒ Other (specify): If a teleWIC or virtual certification appointment has taken place and all required documents have been received.
- d. When mailing Food Instruments, documentation of issuance is:
- ☐ Signed by participant at the next in-person appointment
 - ☒ Documented in the MIS by local agency staff
 - ☒ Other (specify): Staff are selecting No Signature - TeleWIC – waivers when mailing any cards.
- e. Please describe how the state agency ensures program integrity in the mailing of food instruments: When staff are mailing cards, they are sent by First Class Mail and bear "Return Service Requested" or "Do Not Forward" by the address.
4. The State agency requires local agency staff to educate each new participant / caretaker / proxy regarding:
- ☒ Authorized vendors / farmers
 - ☒ Transaction procedures
 - ☒ Transacting WIC-approved foods
 - ☒ Use of a proxy
 - ☒ Reporting problems / requesting assistance
 - ☒ Participant violations (i.e., selling WIC benefits)
 - ☒ Food Instrument security tips (i.e., regularly changing PIN)
 - ☐ Other (specify): [Click or tap here to enter text.](#)
5. 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 Food Instruments for all homeless WIC participants in a facility
 - ☐ Limits proxy to specified number of Food Instrument pick-ups
 - ☐ Limits proxy to a minimum age
 - ☐ Limits proxy assignment to local WIC staff
 - ☒ Proxies are required to show identification card at Food Instrument pick up
 - ☐ Other (specify): [Click or tap here to enter text.](#)

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6. What are the State agency procedures for providing customer service during non-business hours for participant / vendor / farmer inquiries?
- ☐ EBT toll free number
- ☒ Other (specify): Clinics have answering machines that anyone can leave a message on. Staff will listen to messages on the next business day.
7. Special Food Instrument Issuance Accommodations
- a. The State agency has established food delivery procedures in cases of natural disaster and emergencies including:
- ☒ Mailing food instruments
- ☐ Remote benefit issuance
- ☐ Direct distribution
- ☐ Home food delivery
- ☐ Other (specify): [Click or tap here to enter text.](#)
- b. Does the State agency adapt its food delivery system to accommodate the needs of homeless individuals?
- ☒ Yes ☐ No
- If yes, please cite and attach policy: P&P 5.07 Food Package Tailoring, B.11.

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

D. Food Instrument Redemption and Disposition

1. The State agency system assures 100% disposition of all Food Instruments:
- ☒ Yes ☐ No
- If no, specify the circumstances that prevent 100% disposition: [Click or tap here to enter text.](#)
2. For EBT systems disposition, does the State agency link the Primary Account Number (PAN) associated with the electronic transaction to valid issuance records? (This can be done by matching the electronic benefit record for the household to redemptions by the EBT card number (PAN) at the aggregate household benefit level.)
- ☒ Yes ☐ No
- If no, specify how the State agency ensures disposition for EBT: [Click or tap here to enter text.](#)
3. Does the disposition happen within 120 days of the first date of use for the participant?
- ☒ Yes ☐ No

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If no, specify when disposition occurs: [Click or tap here to enter text.](#)

4. Customer Service Standards

- a. The State agency's customer service procedures enable participants or proxies to do the following during non-business hours:

- ☒ Report a lost/stolen/damaged card
- ☒ Report other card or benefit issues
- ☒ Receive information on the EBT food balance
- ☒ Receive the current benefit end date
- ☐ Other (specify): [Click or tap here to enter text.](#)

- b. Describe how the State agency responds to reports of lost/stolen/damaged cards within one business day of the date of the report. Staff will hot card the card immediately in the MIS, once they have been made aware that the card has been lost, stolen or damaged.

5. Lost / Stolen / Damaged Food Instruments - Please attach and cite the policies and procedures for replacing lost, stolen, or damaged Food Instruments, including how the associated benefits are transferred within seven business days. [P&P 4.02 EBT Card Management B.7.](#)

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

V. RETAIL FOOD DELIVERY SYSTEMS: VENDOR MANAGEMENT

A. 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 State Agency defines participant access broadly to include instances where removal of a store may lead to inadequate participant access. The State agency presumes that removal of a store creates a participant access issue unless there exists convincing evidence that shows otherwise. To make participant access determinations, the State agency views the criteria set forth at 28 Pa. Code § 1103.7 as well as additional considerations such as store volume.

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): PA Code 28 Section 1103.7

B. Vendor Selection and Authorization

I. FOOD DELIVERY CHECKLIST

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
- ☐ Vendors / local agency ratio
- ☐ Vendors / local service area or county ratio
- ☐ Vendors / geographic area
- ☐ Vendor / State agency staff ratio
- ☐ Statewide cap on the number of vendors
- ☐ Other (specify): [Click or tap here to enter text.](#)

2. Vendor Application periods:

- a. The State agency considers applications:
- ☒ On an ongoing basis
- ☐ Annually in [Choose an item.](#) for a new agreement that begins in [Choose an item.](#)
- ☐ Every two years (specify month): [Choose an item.](#)
- ☐ Every three years (specify month): [Choose an item.](#)
- ☐ Any time there is a participant access need
- The State agency is currently under a:
- ☐ Federal Moratorium
- ☐ State agency – imposed deferral of application processing
- ☐ Other (specify): [Click or tap here to enter text.](#)
- b. If the State agency does not accept applications on an ongoing basis, please explain how the State agency processes applications if it is determined there will otherwise be inadequate participant access: [Click or tap here to enter text.](#)

3. Vendor Selection and Authorization

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

Required criteria:

- ☒ EBT capable as defined in 7 CFR 246.12(aa)(4)(ii)

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- ☒ Competitive price criteria based on:
 - ☐ Market basket prices
 - ☐ Vendor applicant prices
 - ☒ WIC redemption data
 - ☐ A State agency standard drawn from a price survey
 - ☐ Other (specify): [Click or tap here to enter text.](#)
- ☒ Minimum stocking requirements (MSR) that include the federal minimum. MSR are:
 - ☒ Statewide
 - ☐ Peer group specificPlease attach a copy and cite: [Click or tap here to enter text.](#)
- ☒ 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 criteria 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): [Click or tap here to enter text.](#)
- ☒ Lack of current SNAP disqualification or civil money penalty for hardship per 7 CFR 246.12(g)(3)(iii)
- ☐ Incentive items management (if the State agency is certified to authorize A50 vendors) (specify): [Click or tap here to enter text.](#)

Optional criteria

- ☒ A requirement to stock a full range of foods in addition to WIC supplemental foods
- ☐ Redemption of a minimum value/volume of food instruments and 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
- ☒ Lack of previous WIC sanctions
- ☒ Hours of operation which meet State agency criteria (specify): 8 hours a day, 6 days per week
- ☒ Other (specify): Store must be located in PA, be a full-time grocery store in a permanent location, be clean, have foods properly stored and may not have stale dated allowable foods on the sales floor. Store may not qualify, or expect to qualify, as an above 50% store. Store must meet the minimum inventory technology requirement set by the Department. Stores outside of the state are only considered for authorization if not authorizing the store would result in Inadequate Participant Access per §1103.7.

I. FOOD DELIVERY CHECKLIST

- b. Infant formula: Please attach or briefly explain the policies and procedures for compiling and distributing to authorized WIC vendors, on an annual or more frequent basis, a list of authorized infant formula wholesalers, distributors, and retailers: P&P 4.05 Special Formula Distribution System
- c. Does the State agency assess all vendor applications not meeting selection criteria for participant access?
- ☒ Yes ☐ No

Describe or attach and as an appendix the procedures used for assessing vendor applications for participant access: The State Agency defines participant access broadly to include instances where removal of a store may lead to inadequate participant access. The State agency presumes that removal of a store creates a participant access issue unless there exists convincing evidence that shows otherwise. To make participant access determinations, the State agency views the criteria set forth at 28 Pa. Code § 1103.7 as well as additional considerations such as store volume.

- d. Does the State agency authorize mobile stores?
- ☒ Yes ☐ No

If yes, please explain the special need: Mobile Vendors authorized are needed for participant access issues. The primary participant access special need the mobile vendor addresses, is the mobile vendor serves low income and low access areas, food deserts, as defined by USDA ERS Food Access Research Atlas: USDA ERS - Go to the Atlas. The only authorized mobile vendor serves the Pittsburgh area. An additional special need the mobile vendor addresses is the physical barrier that is the geography of Pittsburgh. Many of the residential areas of Pittsburgh have rapid elevation changes over short distances that add a significant degree of difficulty to walk to grocery stores and transport goods home.

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

C. Vendor Cost Containment

1. Assessing for above-50-percent (A50) status:
- a. Does the State agency authorize any vendors that derive more than 50 percent of their annual food sales from WIC transactions (i.e. A50 vendors)?
- ☐ Yes, please attach a copy of the latest FNS-approved certification and cite as an Appendix [Click or tap here to enter text.](#)
- ☒ No

I. FOOD DELIVERY CHECKLIST

- b. When does the State agency assess vendors for above-50-percent status?
- ☐ At authorization
 - ☒ 6 months after authorization
 - ☐ Annually
 - ☒ Other (specify): At reauthorization
- c. How does the State agency assess vendors for above-50-percent status?
- ☒ Use the Potential A50 Vendors report in FDP (previously WIC-6 in TIP)
 - ☒ Collect food sales documentation from vendor
 - ☒ Collect food sales documentation from another agency (specify): STARS
 - ☐ Other (specify): Click or tap here to enter text.
- d. If the State agency authorizes above-50-percent vendors, please provide a copy of the State agency's policies and procedures on incentive items in accordance with 7 CFR 246.12(g)(3)(iv). Click or tap here to enter text.
2. **Vendor Peer Groups** (If the State agency has an exemption to use an alternative cost containment system instead of a vendor peer group system, proceed to question 3)
- a. Does the State agency establish distinct competitive price criteria and maximum allowable reimbursement levels for each vendor peer group?
- ☒ Yes ☐ No
- a. Briefly describe how the State agency considers participant access by geographic area when establishing competitive price criteria and maximum allowable reimbursement levels. The Department will create peer groups based upon at least two criteria selected by the Department. These criteria may include the size of a store sales floor, number of cash registers in the store, number of stores owned, and a measure of geography, such as metropolitan or other statistical areas that form distinct labor and product markets. The Department will annually publish the peer group selection criteria in the Pennsylvania Bulletin. The Department will place a store seeking authorization into an appropriate peer group based upon information gathered from the store's application as completed by the store and returned to the local agency in accordance with § 1103.1(b)(1) (relating to authorization and reauthorization process and requirements). The Department will notify a store of its peer group classification prior to conducting an onsite review under § 1103.1(b)(5). A WIC authorized store seeking reauthorization shall remain in the peer group previously selected for the store unless otherwise notified by the Department.
- b. Are vendors assigned to peer groups for selection / authorization?
- ☒ Yes ☐ No

I. FOOD DELIVERY CHECKLIST

- c. Are vendors assigned to peer groups for reimbursement purposes?
☒ Yes ☐ No
- d. Peer groups are based on the following:
☐ WIC sales volume
☐ Gross food sales
☒ Number of cash registers
☒ Square footage
☐ Type of Store
☒ Location of store
☐ Local agency service area
☐ City, county, or regional divisions
☐ Urban, suburban, rural, island
☐ ZIP codes
☐ Other (specify): [Click or tap here to enter text.](#)
- e. Has the State agency received approval for an exemption from the requirement to use geography as one of the criteria for developing the peer groups?
☐ Yes - date of most recent FNS approval: [Click or tap here to enter text.](#)
☒ No
- f. The State agency assesses the effectiveness of its peer group system and competitive price criteria to enhance system performance:
☒ Annually
☐ Biennially
☐ Every three years
☐ Other (specify): [Click or tap here to enter text.](#)
- g. How does the State agency assess the effectiveness of its peer group system and competitive price criteria? A report on the financial justification for the determination of the Pennsylvania WIC program's five vendor peer groups be scheduled to run at the same time each year (in this case, in advance of preparation of the annual WIC Program State Plan (of operations) that is submitted to the USDA). The stakeholders have established July 1 as the target date for running the report on an annual basis. The report shall provide the average claim amount with respect to food items Similac Advance powder, Low fat milk ½ gallon, Juice – 64 oz, and Eggs (1 dozen) over the 60 days preceding report generation within each of the five vendor peer groups. Stores that do not confirm to the set peer group determination will be considered for reclassification.

I. FOOD DELIVERY CHECKLIST

- i. Provide date of most recent FNS peer group assessment of effectiveness per 7 CFR 246.12(g)(4)(ii)(C): 11/14/2022
- ii. Using the Vendor Peer Groups Chart (see Attachment 1), describe the peer groupings that the State agency plans to use during the upcoming fiscal year (e.g., supermarkets, medium and small grocery stores, convenience stores).

3. Vendor Exemptions

- a. If the State agency has no peer group system, and instead uses an alternative cost containment system:
 - i. 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 of most recent approved exemption Click or tap to enter a date.
☐ No
 - ii. 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: Click or tap here to enter text.
- b. 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
If yes, please provide the notification sent to FNS explaining the exemption.
Click or tap here to enter text.
- c. 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

D. Vendor Agreements

1. Please provide a copy of the State agency's current standard vendor agreement as an appendix and cite: See I – Appendix A – WIC Vendor Agreement
2. Describe how the State agency transmits to vendors the sanction schedule and the

I. FOOD DELIVERY CHECKLIST

process for notification of violations. This information is contained in Pennsylvania code 28 PA Code §1107 Sanctions (see I – Appendix D – Sanctions) as well as in the WIC Retail Store Agreement (see I – Appendix A – WIC Vendor Agreement) and WIC Retail Vendor Handbook (I- Appendix B – WIC Retail Vendor Handbook).

3. Does the State agency use a nonstandard vendor agreement to meet any unique circumstances (e.g. commissaries, etc.)?
- ☐ Yes, if yes, please attach a copy of the agreement as an appendix and cite: [Click or tap here to enter text.](#)
- ☒ No
4. Does the State agency delegate the signing of vendor agreements to its local agencies?
- ☐ Yes, provide a description of the supervision and instruction provided to local agencies to ensure the uniformity and quality of this activity: [Click or tap here to enter text.](#)
- ☒ No

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

E. Vendor Training

1. Does annual vendor training cover the required content in 7 CFR 246.12(i)(2)?
- ☒ Yes ☐ No (please explain why): [Click or tap here to enter text.](#)
2. Vendors or vendor representatives receive training on the following occasions and / or through the following materials:
- ☒ 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
- ☒ Other (specify): State or local agency website; Initial and Annual Training, retail store meetings
3. Vendors or vendor representatives receive interactive training as follows:
- ☒ At or before initial authorization
- ☒ At least once every three years
- ☒ Annually or more frequently than once every three years

I. FOOD DELIVERY CHECKLIST

4. Delegation of Vendor training

- a. The State agency delegates its vendor training to:
- ☐ None (State agency conducts all vendor training)
 - ☒ Local agencies
 - ☐ A contractor (specify):
 - ☐ A vendor association / representative (specify):
 - ☒ Other (specify): The State Agency may provide training to vendors as needed
- b. If not conducted by the State agency, please provide a description of the supervision and instruction provided to the training party to ensure the uniformity and quality of training: The training itself is created, updated, and supplied by the state agency. This is then supplied to the LA's along with sign-in sheets for in-person training, for years when interactive training is not done the LA's will schedule the trainings and then provide the State agency with the vendors who have attended. Deadlines are established for the vendors to complete the training through the LA. At the deadline the State Agency then will attempt to complete training with any vendors who have not done so yet. Once it is established that a vendor has not completed any of the training offering the vendor would be terminated from the program.

5. Documentation of Vendor Training

- a. Please describe how the State agency documents the content of and vendor participation in vendor training. Each vendor (owner and primary store contacts) will receive the vendor annual training PowerPoint presentation via email. The email will have a delivery receipt and read receipt rules on it. The PowerPoint will be reviewed by the vendor staff. Once completed the vendor will send an email to their Retail Store Coordinator (RSC) indicating the following: individual responsible for reviewing the material, acknowledgement that all vendor staff reviewed the information; and the date it was completed. The RSC will track the information and enter it into the MIS. The RSC and SA will identify any vendors who have not completed training. Failure to complete the Vendor Annual Training may result in a one-year disqualification of the store from participating in the WIC Program under 28 Pa. Code § 1107.1a(d)(15). The State Agency will send appropriate notification of such to the vendor via certified mail and email if training was not completed.

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): P&P
4.04 Training of WIC Vendors**

F. Routine Monitoring

1. Routine monitoring visits

I. FOOD DELIVERY CHECKLIST

- a. Visits are conducted by:
 - ☐ State agency staff
 - ☒ Local agency staff
 - ☐ Contractor
 - ☐ Other (specify): [Click or tap here to enter text.](#)
 - b. If not conducted by the State agency, please provide a description of the supervision and instruction provided to the monitoring party to ensure the uniformity and quality of monitoring: A randomized list of Active vendors is provided to each Local Agency at the beginning of each FFY. Each Local Agency receives a Routine Monitoring Letter which lists the number of routine monitoring reviews required. The required documents are the same for each Local Agency: Minimum Inventory & Price Form, Retail Store Monitoring Review Form, DPA (if review does not pass). Additionally, the Local Agency staff are required to pull the Vendor UPC.PLU Sales Report and Exceptions to Minimum Inventory Form prior to the review. A Results letter is required after the review is completed. State and Local Agency staff are required to follow all guidelines set forth by: Federal Regulations 7 CFR 246.12(j), State regulations 28 Pa. Code 1105.6, and Policy 4.03 Retail Store Quality Assurance. The Routine Monitoring process is audited during the LA Retail Store Review to ensure compliance and provide corrective training as necessary. The State Agency will also conduct a comprehensive Routine Monitoring Interactive Training.
 - c. The following procedures are used in determining whether a vendor is selected for a routine monitoring visit:
 - ☒ Random selection
 - ☐ Periodic / scheduled training
 - ☐ Periodic / scheduled review
 - ☒ Complaints
 - ☐ Other (specify): [Click or tap here to enter text.](#)
2. Vendor monitoring improvement plan - Please briefly describe the State agency's plan to follow up on last year's monitoring results in the coming fiscal year: Monitoring reviews are completed within the federal fiscal year in which they were initiated.
3. Vendor Sanctions
- a. Attach the State agency's sanction schedule and the process for vendor notification. Cite attachments This information is contained in Pennsylvania code 28 PA Code §1107 Sanctions (see I – Appendix D – Sanctions) as well as in the WIC Retail Store Agreement (see I – Appendix A – WIC Vendor Agreement) and WIC Retail Vendor Handbook (I- Appendix B – WIC Retail Vendor Handbook).

I. FOOD DELIVERY CHECKLIST

- b. Does the State agency's sanction schedule contain the required vendor sanctions as described under regulation 7 CFR 246.12(l)?

☒ Yes

☐ No

If no, please explain why: [Click or tap here to enter text.](#)

- c. Does the State agency impose civil money penalties in lieu of permanent disqualifications?

☒ Yes

☐ No

If yes, please describe the instances in which this occurs: Disqualification of the vendor would result in inadequate participant access; or the vendor had, at the time of the violation, an effective policy and program in effect to prevent trafficking; and the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation.

- d. Pursuant to [§ 246.12\(l\)\(1\)\(i\)](#) - In lieu of disqualifying a vendor for trafficking convictions, does the State agency choose to impose a civil monetary penalty when it determines and documents that:

☒ (A) Disqualification of the vendor would result in inadequate participant access; or

☒ (B) The vendor had, at the time of the violation, an effective policy in place to prevent trafficking; and the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation.

If yes, how many times has the State agency used this option in the previous two fiscal years? 0.

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

G. Administrative Review of State Agency Actions

1. Please attach a copy of the administrative appeals process for vendors, farmers, and farmers' markets (citation): See I – Appendix C- Store Appeals

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

VI. RETAIL FOOD DELIVERY SYSTEMS: FARMERS / FARMERS' MARKETS

☒ Does not apply

1. Food instrument:

I. FOOD DELIVERY CHECKLIST

a. Please describe the type of food instrument used for CVB at farmers' markets:

- ☐ QR code sticker
- ☐ QR code on mobile app
- ☐ Printed QR code
- ☐ Mobile wallet
- ☐ EBT card
- ☐ Other (specify): [Click or tap here to enter text.](#)

2. **General Management**

a. Is CVB at farmers' markets state-wide?

- ☐ Yes
- ☐ No, selected areas (specify): [Click or tap here to enter text.](#)

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

- ☐ Yes, to whom? [Click or tap here to enter text.](#)
- ☐ No

If yes, which tasks?

- ☐ Authorization / agreements
- ☐ Monitoring
- ☐ Training
- ☐ Administrative reviews
- ☐ Other (specify): [Click or tap here to enter text.](#)

c. Does the State agency authorize farmers / farmers' markets to accept CVB based on authorization by the WIC Farmers' Market Nutrition Program (FMNP)?

- ☐ Yes
- ☐ No

If no, please describe the selection criteria: [Click or tap here to enter text.](#)

3. **Agreements:** Please provide a copy of the State agency's current farmer / farmers' market agreement as an appendix and cite: [Click or tap here to enter text.](#)

4. **Training:**

a. How often is training conducted for farmer / farmers' markets?

- ☐ At or before initial authorization
- ☐ Annually
- ☐ At least every three years following initial authorization
- ☐ Other (specify): [Click or tap here to enter text.](#)

I. FOOD DELIVERY CHECKLIST

b. How is training conducted?

- ☐ Newsletter
- ☐ Web-Based Training
- ☐ Video Conference
- ☐ In person
- ☐ Other (specify): [Click or tap here to enter text.](#)

c. Training is conducted by:

- ☐ State agency
- ☐ Local agency
- ☐ Contractor
- ☐ Other (specify): [Click or tap here to enter text.](#)

d. If training is conducted by an entity other than the State agency, please provide a description of the supervision and instruction provided to the entity responsible for training to ensure the uniformity and quality of this Training: [Click or tap here to enter text.](#)

5. **Monitoring:**

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

- ☐ FMNP sample of farmers / farmers' markets for monitoring
- ☐ WIC sample of vendors for monitoring
- ☐ Other (specify):

b. Monitoring includes:

- ☐ Covert methods, such as compliance buys
- ☐ Overt methods, such as routine monitoring
- ☐ Other (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

II – Nutrition Services

(Please indicate) State Agency: Pennsylvania for FY 2025

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 [Home | WIC Works Resource System \(usda.gov\)](https://www.usda.gov/wic-works) for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

In April 2024, the final Food Package Rule was issued. State agencies will be required to implement the provisions outlined in the rule by the prescribed due dates. To assist State agencies with implementing the new provisions, [WIC Policy Memorandum #2024-5: Implementing the Provisions of the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\): Revisions in the WIC Food Packages Final Rule](#) was issued on April 23, 2024. As State agencies plan to meet the new provisions, they should also consider any potential impacts to their MIS, where applicable.

A. [Nutrition Education-7 CFR 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 the development and/or maintenance of a peer counselor program consistent with the WIC Breastfeeding Model Components for Peer Counseling.

B. [Food Package Design-7 CFR 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

II – Nutrition Services

agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions.

C. [Staff Training- 7 CFR 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 ([7 CFR 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 ☐ N/A, State agency has no authorized local agencies

- 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 ☐ N/A, State agency has no authorized local agencies

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

- ☒ A needs assessment
- ☒ Relevant information for healthier outcomes
- ☒ Evaluation/follow-up
- ☒ Other (list): Goal setting is required at certification and health evaluation appointments.

- 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): [Click or tap here to enter text.](#)

- f. State policies reflect the definition of “nutrition education” as defined in [7 CFR 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.”

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☒ Yes ☐ No

ADDITIONAL DETAIL: Nutrition Services Supporting Documentation: [Policy 5.00, Nutrition and Risk Assessment](#); [Policy 5.01, Nutrition Education and Counseling](#)

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

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

☒ Yes ☐ No

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

- ☐ State-developed questionnaire issued by local agencies
- ☐ Locally-developed questionnaires (need approval by SA)
- ☒ State-developed questionnaire issued by State agency
- ☐ Focus groups (questionnaires need approval by SA)
- ☐ Other (Specify): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): [II – Appendix A - FFY 2023 Breastfeeding Services Satisfaction Survey Results; FFY 2024 Nutrition Services Satisfaction Survey Results \(survey in progress, results will be submitted with FFY 2026 State Plan.](#)

3. Nutrition Education [\(7 CFR 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

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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 [7 CFR 246.11\(e\)](#) via:

- ☐ Local agency addresses in the annual nutrition education plan
- ☒ State nutrition staff monitoring annually during local agency reviews
- ☐ Local agency providing periodic reports to State agency
- ☐ Other (specify): [Click or tap here to enter text.](#)

- b. As required per Federal regulations, the State agency has developed minimum nutrition education standards for the following participant categories:

- ☒ Pregnant women ☒ Breastfeeding women ☒ Postpartum women
- ☒ Children ☒ Infants ☒ High-risk participants

These minimum nutrition education standards address the following topics:

- ☒ Exit counseling ☒ Protocols (e.g., Language barriers, cultural relevance)
- ☒ Number of contacts ☒ Documentation ☒ Information on substance use prevention
- ☒ Care plans ☒ Referrals ☒ Nutrition topics relevant to participant assessment
- ☒ Counseling methods/teaching strategies ☒ Breastfeeding promotion and support
- ☒ Content (WIC appropriate topics)
- ☒ Appropriate use of educational reinforcement (videos, brochures, posters, etc.)

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

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- ☒ 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. [Education delivered by other agencies is supplemental to WIC education contacts.](#)
- ☐ Other (specify): [Click or tap here to enter text.](#)

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 education is typically provided in addition to individual education contacts. If a local agency is offering group education, they recruit participants who may benefit from that topic. For instance, pregnant women interested in breastfeeding may be offered breastfeeding classes.](#)
- ☐ Other (specify): [Click or tap here to enter text.](#)

e. An individual care plan is provided based on:

- ☒ Nutritional risk
- ☐ Priority level
- ☒ Healthcare provider's prescription
- ☒ CPA discretion
- ☒ Participant set goals based on nutrition assessment
- ☒ Other (specify): [Care Plans are required at certification, health evaluation, and high risk appointments. Care Plans are written at benefit pick up \(secondary nutrition education\) appointments as well, typically in less detail due to the nature of the appointment.](#)

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f. Individual care plans developed include the following components:

	Must Include	May Include
Individualized food package	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Timeframes for completing care plan	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Other (Specify by typing into the cells below)		
<div></div>	<input type="checkbox"/>	<input type="checkbox"/>

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

	General Nutrition Education	High-Risk Nutrition Contact
Paraprofessionals (non-B.S. degree with formal WIC training by SA or LA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B.S. in Home Economics	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
Other (specify by typing into the cells below):		
<div>Anyone who completes nutrition education for a high-risk participant that does not meet the criteria of a CPA (checked for high-risk nutrition contact above), must have their Care Plan reviewed by a CPA for approval or participant follow up as needed.</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

II – Nutrition Services

- 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 a spouse/significant other

☒ Proxy is a parent of adolescent participant

☒ Proxy is a neighbor

☒ Other (specify): Any other adult the participant lists as a proxy who is able to actively participate in nutrition education contacts related to the WIC participant.

☐ Only for certain priorities (specify): [Click or tap here to enter text.](#)

- 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 a grandparent or legal guardian of infant or child participant

☒ Proxy is a neighbor

☒ Other (specify): Any other adult the participant lists as a proxy who is able to actively participate in nutrition education contacts related to the WIC participant.

☐ Only for certain priorities (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
[Policy 3.02, Local Agency Staffing; Policy 5.01, Nutrition Education and Counseling](#)

4. Nutrition Education Materials ([7 CFR 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.)*

II – Nutrition Services

- 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: [Click or tap here to enter text.](#)

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

☐ Yes ☐ No

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

c.

	English	Spanish	Other languages (specify by typing into the cells below):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic & Haitian Creole
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic & Haitian Creole
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic & Haitian Creole
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of adolescent participant	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic & Haitian Creole
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 (specify by typing into the cells below):			

II – Nutrition Services

Note: PA WIC is in the process of translating all education materials into the top ten non-English languages.

☐
☐

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. II – Appendix G – Stock Requisition

- d. 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 (specify): [Click or tap here to enter text.](#)

- e. 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):
[Policy 1.06, Material Development and Requisition](#)

5. Nutrition Education Needs of Special Populations

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

<u>M</u>	<u>H</u>	<u>S</u>	<u>B</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition education materials appropriate to this population and language needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition curriculum or care guidelines specific to this population
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arranging for special population training of local agency personnel who work with this population
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Distributing resource materials related to this population

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☒ ☒ ☒ ☒ Encouraging WIC local agencies to network with one another

☒ ☒ ☒ ☒ Coordinating at the State and local levels with agencies who serve this population

Other (specify by typing into the cells below):

☐ ☐ ☐ ☐

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

Policy 3.09, Services to Special Populations; Policy 5.02, Breastfeeding Promotion and Support

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).

☒ Training of State/local agency staff

☒ Designating roles and responsibilities of staff

☒ Evaluation of breastfeeding promotion and support activities

☐ Other (specify): [Click or tap here to enter text.](#)

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

II – Nutrition Services

- ☒ 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): [Click or tap here to enter text.](#)

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 of available BFPC funds.
- ☐ Specific amount of available BFPC funds \$[Click or tap here to enter text.](#). (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 the attachment here: [II – Appendix B – State Plan BFPC Narrative and Budget](#)
- c. Please provide the approximate number of WIC peer counselors in your State: [58](#)
- d. Please provide the approximate number of Designated Breastfeeding Experts in your State: [46](#)
- e. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs.

[16](#)

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
[Policy 3.02, Local Agency Staffing; Policy 5.04, Breastfeeding Peer Counselor Programs](#)

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

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- a. **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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Define settings for peer counseling service delivery (check all that apply):

☒ Home (peer counselor makes telephone calls from home)

☒ Participant's home (peer counselor makes home visits)

☒ Clinic

☒ Hospital

☒ Define frequency of participants contacts

☒ Define procedures for making referrals

☒ Define scope of practice of peer counselor

- d. **Defined job parameters and job description for designated breastfeeding expert.**

☒ Yes ☐ No

- e. **Compensation and reimbursement of breastfeeding peer counselors.**

☒ Yes ☐ No

- f. **Training of State and local staff (managers, designated breastfeeding experts, peer counselors, CPAs, others) using the FNS-developed breastfeeding training curriculum.**

☒ Yes ☐ No

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

☒ Yes ☐ No

- h. **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

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- ☒ Confidentiality
- ☒ Use of social media
- ☐ Other (specify): [Click or tap here to enter text.](#)

i. 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): [Click or tap here to enter text.](#)

j. 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): [Click or tap here to enter text.](#)

k. 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): Annual BFPC Summit facilitated by the State agency

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

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- ☒ 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): [Click or tap here to enter text.](#)
- ☐ Other (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
Policy 3.02, Local Agency Staffing; Policy 5.04, Breastfeeding Peer Counselor Program

B. Food Package Design

For FY 2025, State agencies may reference the [WIC Policy Memorandum #2024-5: Implementing the Provisions of the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\): Revisions in the WIC Food Packages Final Rule](#) when completing this section.

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: II – Appendix C – Food List; II – Appendix E – Model Food Packages
- b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:
 - ☒ Federal regulatory requirements
 - ☒ Nutritional value
 - ☒ Participant acceptance
 - ☒ Cost
 - ☒ Statewide availability
 - ☒ Participant cultural consideration
 - ☐ Healthcare provider request
 - ☐ Other (specify): [Click or tap here to enter text.](#)
- 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.): No non-nutritive sweeteners or sugar alcohols, no red salmon or brisling sardines, no added ingredients in juice except vitamin D and Ca, and no organic in certain categories.

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- d. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section [7 CFR 246.10](#) for each of the seven WIC Food Packages (I-VII).

Yes No

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

e. WIC Formulas:

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

☒ Yes ☐ No

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

☐ Yes ☒ No

- (3) The State agency requires medical documentation for contract formula (other than 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 [7 CFR 246.10\(e\)\(12\)](#) without medical documentation in order to meet religious eating patterns:

☐ Yes ☒ No

- (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 [7](#)

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[CFR 246.10\(e\)\(3\)\(vi\).](#)

☐ Yes ☒ No

If yes, describe the State agency reimbursement and/or referral system used for this coordination? Include describing monitoring/tracking tools in place to ensure program integrity. Participants are referred to Dept of Aging/Bureau of Family Health for PKU formula provision.

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 regarding payment of WIC- eligible exempt infant formulas and medical foods.

II – Appendix F – FFY 24 Medical Assistance Formula Payments

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 timeframes (the number of months the participant will receive the food packages).

☐ Yes ☒ No

(2) The State agency management information systems supports the ability for infant formula to be individual tailored when using either method (i.e., monthly issuance or rounding up methodology) for the timeframes (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 [7 CFR 246.10\(h\)\(1\)?](#)

☐ Yes ☒ No

(4) Does the State agency issue infant foods according to the specific rounding methodology per Section [7 CFR 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?

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☐ 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 [7 CFR 246.2](#) and in the Child Nutrition Act.

☒ Yes ☐ No

i. Does the State agency only allow issuance of reduced 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 10 of Table 2 in [7 CFR 246.10\(e\)\(10\)](#)?

☒ Yes ☐ No

j. Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight, or obesity is a concern, in accordance with Footnote 9 of Table 2 in [7 CFR 246.10\(e\)\(10\)](#)?

☒ Yes ☐ No

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

Policy 5.08, Infant Formula; Policy 5.10, Exempt Infant Formulas and WIC -Eligible Nutritionals; Policy 5.03, Formula Issuance for Breastfed Infants; Policy 5.06, Issuance of Food Packages; II – Appendix C – Food List; II – Appendix D – Criteria for Pennsylvania WIC Food List

2. Individual Nutrition Tailoring

a. The State agency allows individual nutrition tailoring of food packages only in accordance with [7 CFR 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): [Model food packages can be tailored by CPAs to meet the needs of homeless individuals with limited cooking facilities or residents of institutions; Food Packages are automatically prorated at full, 2/3, 1/3 quantities depending on the date of issuance.](#)

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

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Policy 5.07, Food Package Tailoring; II – Appendix E – Model Food Packages

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): [Cultural and personal food preferences](#)

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): [Click or tap here to enter text.](#)

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

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 by typing into the cells below):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<div>CPPA</div>		

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Program Assistants may not prescribe, but may make certain modifications to food packages

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):** Policy 5.07, Food Package Tailoring; II – Appendix E – Model Food Packages; II – Appendix H – Program Assistant’s Permissions for Food Package Modifications

C. Staff Training

WIC Nutrition Services Standards (NSS) ensure that staff receive sufficient orientation, competency-based training and as appropriate, continuing education activities (quarterly recommended) as well as periodic performance evaluations. 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 SAs)			
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anthropometric measurements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Screening protocol (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Immunization Screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery of nutrition services in hybrid environment (e.g., continuity of care, confidentiality, documentation, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other (specify by typing in cells below):

Guided Goal Setting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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).

Training is currently addressed in Policy 1.00, Program Management, but this will become its own policy in the near future.

III. MANAGEMENT INFORMATION SYSTEM (MIS)

(Please indicate) **State Agency: Pennsylvania** for FY: 2025

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 disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

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): Commonwealth Information Technology Policies (ITP's)
- ☐ None

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): III – Appendix A – WIC Health and Human Services Delivery Center (HHSDC) IT Service Level Agreement (ISLA); III - Appendix B – FFY25 – Hardware.Software Plan; Policy 1.05, Information Systems Management.

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): Commonwealth Information Technology Policies

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):
[Click or tap here to enter text.](#)

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"/>	Click or tap here to enter text.
Food instrument production	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
EBT Data Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Solutran (EBT Processor)/PENN MIS
Feasibility study	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
ADP development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
ADP system hardware operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Custom software development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Custom software maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Printing forms/FIs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
Backup computer facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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

☒ Equipment ☒ Services ☒ Software

**PA-WIC has entered into a contract with CDP to transition off-line eWIC processing in 2025 due to the exiting of Solutran from processing WIC.

- c. The State agency has methods in place for ensuring that the costs 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: [Click or tap here to enter text.](#)

f. The State agency acquires EBT services through:

- ☒ Competitive bids among EBT processors
- ☐ State hosted EBT services
- ☐ Other: [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite): III – Appendix A – WIC_HHSDC_ISLA ; Policy 1.05, Information Systems Management.

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 Office of Administration. Please provide a written summary of the most current biennial security review
- ☒ Periodic risk assessments are performed by Commonwealth policy/Security Assessment Tool (CA2)
- ☒ Data uploaded to mobile applications, participant portals, etc. are secure and participant information is protected.
- ☒ Other (specify): III – Appendix D – COPA Management Directive 205.34

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.

Iron Mountain, 36 Great Valley Parkway, Malvern, PA 19355

- ☒ 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): Traditional database replication

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite): III – Appendix C – Health and Human Services Delivery Center Continuity Plan Summary (2022). An update on the plan is currently being created and will be sent as soon as it is completed.

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

Transfer knowledge from contracted staff to HHSDC staff occurred and is ongoing.

Typical maintenance and support for any changes is ongoing. For example, letter and form changes, reporting issues, audit request changes.

There will be a release occurring on August 6, 2024 which represents enhancements for new functionality in the system and bug fixes to address problems noted in existing functionality. Such enhancements and/or fixes are as follows:

-Add Clinic ID and FID/PID to Food Package Modification Report

-New Report - Auditors Request Report

-Update Unduplicated Participation by LA FFY Report

-Update Unduplicated Participation by County Report

-Participants with FMNP Detail Report

-Update Participation with Benefits report to provide daily/month-to-date data

-Add Appointment Types CERT - TeleWIC and RCRT - TeleWIC

-Create Clinic Appointment Summary Report and Clinic Appointment Summary Report by Staff Person

-Allow Users to modify sort order of clinic roster

-Add the Ability to Specify Endorser tor Proxy in Document Management

-Change Inactive Proxy back to Active Proxy again

6. Description of MIS changes planned for the upcoming year:

Knowledge transfer activities continue between HHSDC staff and contractors.

Complete additional releases in new system.

Due to the pandemic and the inability to have benefits reloaded to the EBT (eWIC Smart Card) remotely, PA WIC has decided to move forward with Online eWIC in PENN – No Technology

Upgrades as an initial step to get prepared for technology upgrades in both PENN and eWIC delivery methods.

Continued maintenance and support of new system, such as working through list of existing issues, bugs, reports, missing items, etc.

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
--------------------------------	--

☒☐

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.

☒☐

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/oz). 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 Core Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level (CPA confirms the code is correct.)
<input type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2d. Assigns more than 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3a. Converts incremental income (weekly, monthly) to an annual figure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Associates family members.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Statewide data is maintained to facilitate families transferring within the State.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Transfers certification data to the central computer facility electronically either in real time or batch mode.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Captures or documents the nutrition education provided each participant as well as the topics covered.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Uses table-driven food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8a. Uses standard pre-defined food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8b. Enables easy food package tailoring.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8c. Performs edits to prevent over-issuance during food package creation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Enables food instruments to be 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 participants 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 Food Delivery Portal (FDP) 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Allows for ad hoc reporting.

IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency: Pennsylvania** for **FY: 2025**

Organization and management involve 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 disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

A. **State Staffing – 7 CFR 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 – 7 CFR 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 – 7 CFR 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) – 7 CFR 246.4(a)(30)** the plan of alternate operating procedures in preparation for a disaster and/or public health emergency.

A. State Staffing

1. State Level Staff [\(7 CFR 246.3\(e\)\)](#)

- a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in the section's Appendix noted here: [Click or tap here to enter text.](#)

Note the following when completing this section. State agencies should consider best practices to meet their optimal operating goals:

- A full-time WIC director is required when monthly participation levels are 1,500 or half-time or equivalent when participation exceeds 500.
- A full-time Nutrition Coordinator is required when participation exceeds 1,500 or half-time or equivalent when participation exceeds 500.
- A full-time or equivalent Program specialist for each 10,000 participants above 1,500 up to 8 staff.

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-Kind</u>	<u>Total FTE</u>
Director	1		1
Nutrition Coordinator	1.5		1.5
Vendor Specialist	1.5		1.5
Program Specialist	2		2
Financial Specialist	1		1
Breastfeeding Coordinator	2.5		2.5
(MIS/EBT) Specialist	2		2
Intern	0	2	2
Other (specify):	1		1
Training Coordinator			
Other (specify):	1		1
Outreach			
Other (specify):	3		3
Division Directors			

- b. Does the State agency include a WIC organizational chart showing all positions (including position descriptions, titles, and staff names) in their State Plan?

☒ Yes ☐ No

- c. Does the State agency describe the WIC Program's relationship within the State Health Department or Indian Tribal Organization in their State Plan?

☒ Yes ☐ No

2. Does the State agency estimate the average percent of State staff time devoted to fulfilling the following functions?

☒ Yes ☐ No

<u>Function</u>	<u>Percent of Total Staff Time</u>
Certification, including nutrition risk determination	1
Breastfeeding training/promotion and support	3.05
Nutrition education	9
State food list	Click or tap here to enter text.
Monitoring of local agencies	5.45
Fiscal reporting	9.33
Food delivery system management	.5
Vendor management, including vendor training	8.69
Staff training and continuing education	3.2
(MIS/EBT) system development and maintenance	9.16
Civil Rights	.5
Coordination with and referrals to other assistance programs and social service agencies	1.85
Other (specify): General Administration	48.27
Total staff time	100

3. Drug-Free Workplace ([7 CFR 246.4\(a\)\(25\)](#))

a. Does the State agency have a plan to achieve a drug-free workplace?

☒ Yes ☐ No

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

Number of local agencies authorized to provide WIC services last fiscal year 22

Number of local agencies planned to provide WIC services this fiscal year 21

2. When does the State agency accept applications from potential local agencies?

- ☐ Annually ☐ Biennially
☐ On an on-going basis ☒ Other (specify) [On an as-needed basis](#)

3. Does the State agency require existing local agencies to reapply and compete with new applicant agencies for authorization?

- ☐ Yes ☒ No If yes, what is the frequency?
☐ Annually ☐ Biennially
☒ Not applicable ☐ Other (specify) [Click or tap here to enter text.](#)

4. Selection Criteria: N/A

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: (Check all that apply)

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

b. The State agency conducts studies (provide a link to or copy of the most recent study: [PA WIC Enrollment \(arcgis.com\)](#)) of the cost-effectiveness of local agency operations that examine:

- ☒ Location and distribution of local agencies in proportion to new applicants/participants
☐ 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 PA WIC enrollment GIS online map update

5. Does the State agency have a formal written agreement or contract with each local agency? ([7 CFR 246.6](#))


☒ Yes (list the contract duration): 1 year base agreement with 4-year renewals. ☐ No

6. Does the State agency have statewide fair hearing procedures for local agency appeals? ([7 CFR 246.4\(a\)\(18\)](#))

☒ Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and

reference below: Policy 1.03, Abuse, Fraud Prevention and Investigation

☐ No

Does the State agency maintain a list of clinic sites that include the following information? If available, please attach and/or reference the location of the listing:  [Current LA Clinic Information 7.23.2024.xlsx](#)

Yes

☒ 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): [Click or tap here to enter text.](#)

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 ([7 CFR 246.3\(e\)](#))

a. Which local agency staffing standards are prescribed by the State agency?

☐ Credentials

☐ Staff levels

☐ Staff-to-participant ratio standards

☐ Time spent on WIC functions

☐ Other (specify): [Click or tap here to enter text.](#)

☒ Functions of CPAs

- ☒ Paraprofessional requirements
- ☒ Separation of duties to ensure no conflicts of interest
- ☒ Other (specify): WIC Director, Nutrition Education, Breastfeeding, and Outreach

Coordinator Staffing requirements as well as BFPC Supervisor requirements for agencies who receive Peer Counseling funds.

☐ Not applicable

b. Does the State agency's ensure local agency(ies) credentials are in line with the Nutrition Services Standards?

☐ Yes ☒ No

c. Does the State agency maintain copies of local agency(ies) CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices?

☐ Yes ☒ No

d. Do local agency(ies) 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? 3

2. Local Level Staffing Data

a. When/how is data collected and analyzed by the State agency 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): Staff-to-participant ratios are not done on a regular basis.

b. Are results of analyses from data collected to determine staff-to-participant ratio reported back to local agency(ies)?

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

3. Local Agency Breastfeeding Staffing Requirement

- a. List the number of local agency(ies) with a designated staff person to coordinate breastfeeding promotion and support activities. [21](#)
- b. The State agency maintains approved copies of local agency(ies) Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the WIC Breastfeeding Support guide?

☒ Yes ☐ No

- c. Number of local agencies with breastfeeding peer counselors. [17](#)

D. Plan of Alternate Operating Procedures (Disaster Plan)

Per [7 CFR 246.4\(a\)\(30\)](#), developing a plan of alternate operating procedures, referred to as a Disaster Plan, is required. This is a new requirement beginning with the FY25 State plan submission that must include policies and procedures for operations when regular operations are disrupted, which may include disasters, emergencies, public health emergencies, and supply chain disruptions that can impede delivery of WIC benefits. This section includes questions to guide State agencies in developing their plan of alternate operations prior to a disaster, emergency, public health emergency, and/or supply chain disruption.

1. Has the State agency developed a WIC disaster plan separate from a broader plan developed by the State agency's administering Department (e.g., Health Department)?

☒ Yes ☐ No

If yes, attach or list the location of the plan: IV - Appendix E – Disaster Plan

2. Does the State agency have a WIC disaster plan that is part of a broader Health Department or Indian Health Services plan, or have policies that are partnered with other State agency(ies) during disasters?

X If yes, what agency(ies): PA Department of Health

☐ No

List the location and sections of the disaster plan that is not part of the WIC disaster plan: IV - Appendix E – Disaster Plan

3. Has the State agency shared the disaster plan(s) with its local agency(ies) and clinics?

☒ Yes ☐ No

4. For the purposes of this section, the word “disaster” is used to encompass disaster, emergencies, public health emergencies, supplemental food recalls or supply chain disruptions, unless otherwise specified.

Under the Implementation of the Access to Baby Formula Act of 2022 and Related Provisions Rule, published December 14, 2023, State agencies are required to develop Alternate Operating Procedures – a disaster plan to submit along with their annual State plan. State agencies must develop a plan to ensure continued WIC services to participants during a disaster. To assist

State agencies in this effort, section a-g is provided as a guide for the types of policies and procedures that may be needed during a disaster. Not all items listed will be applicable to each State agency.

For the FY 2025 State plan submission, State agencies have the option to submit previously approved policies that capture disaster-related operations, including amendment(s) as a result of waivers that sufficiently support efforts to meet relevant disaster plan requirements for FY 2025, where applicable. If existing policies or waiver amendment(s) do not fully meet the requirements outlined in the ABFA rule, State agencies can continue developing these policies or amendments to meet the disaster plan requirement for FY 2026. If no policies or waiver amendment(s) currently exist, a policy must be developed for the FY 2025 submission, where applicable.

a. Coordination and Communication during a disaster.

i. Does State agency have a designated emergency contact for disasters?

☒ Yes ☐ No ☐ Other: Specify: [Click or tap here to enter text.](#)

If yes, please list designee's contact information: Sally Zubairu-Cofield, szubairuco@pa.gov, 717-783-1289

ii. Does State agency coordinate with the following organizations to support data-informed approaches when responding to a disaster? (Select all the apply.)

- ☐ No
- ☒ State/Local emergency operation centers (EOC)
- ☒ Relief organizations (such as Red Cross, Southern Baptist, Salvation Army, etc.)
- ☐ Federal Emergency Management Agency (FEMA)
- ☒ Other Organizations Emergency Feeding Taskforce, See PA Partners in IV - Appendix E – Disaster Plan Plan

iii. Does the State agency have a communication plan with its local agencies? ([7 CFR 246.4a\(30\)\(vii\)](#))

☒ Yes ☐ No

If yes, attach or list the location of the plan. IV - Appendix E – Disaster Plan

iv. Does the State agency have a communication plan with its vendors? ([7 CFR 246.4a\(30\)\(vii\)](#))

☒ Yes ☐ No

If yes, attach or list the location of the plan. IV - Appendix E – Disaster Plan

v. Does the State agency have a communication plan with its FNS Regional Office? ([7 CFR 246.4A\(30\)\(viii\)](#))

☒ Yes ☐ No

If yes, select the information shared with the Regional Office after a disaster?

- ☐ Call down roster ☐ Clinic Damage Assessment ☒ Status/Number of Participants impacted
☒ Clinic location ☐ Open Shelters ☐ Feeding Organizations ☒ Clinic closure
☒ Alternate clinic sites ☒ Request for Program assistance (waiver request)
☐ Other operating procedures [Click or tap here to enter text.](#)

vi. Does the State agency have a communication plan to notify participants and other stake holders of alternate operations? [\(7 CFR 246.4a\(30\)\(vii\)\)](#)

- ☒ Yes ☐ No
☐ Other [Click or tap here to enter text.](#)

If yes, attach or list the location of the plan. IV - Appendix E – Disaster Plan

vii. Does the State agency have a plan to inform receiving State agencies of where they may obtain a verification of certification for displaced participants?

- ☒ Yes ☐ No ☐ Other: Specify: [Click or tap here to enter text.](#)

If yes, attach or list the location of the plan. IV - Appendix E – Disaster Plan

viii. Does the State agency provide participants with instructions for obtaining their verification of certification?

- ☒ Yes ☐ No

If yes, attach or list the location of the plan. IV - Appendix E – Disaster Plan

ix. Does the State agency have a plan to determine if an emergency period or supply chain disruption as declared by the Secretary of Agriculture exists? An emergency period is defined as (1) a presidentially declared major disaster as defined under Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act, 42 U.S.C. 5121 et seq.), (2) a presidentially declared emergency as defined under the Stafford Act, (3) a public health emergency declared by the Secretary of Health and Human Services under Section 319 of the Public Health Service Act (42 U.S.C. 247d), or (4) a renewal of such a public health emergency.

- ☒ Yes ☐ No

If yes, attach or list the location of the plan. IV - Appendix E – Disaster Plan

x. Does the State agency have a plan for how it would determine if a waiver is necessary to

continue WIC services?

☒ Yes ☐ No

If yes, attach or list the location of the plan. IV - Appendix E – Disaster Plan

b. Continuation of Benefits

When a disaster strikes, State agencies must continue to serve participants. This section lays out a plan to collect required information from participants.

i. The State agency will continue to serve participants during a disaster by: (Select all that apply)

- ☒ Remote certification for new applicants and recertification for current participants
- ☒ Physical presence exemption, if applicable
- ☐ Temporary certification for applicants temporarily displaced
- ☐ Temporary certification for applicants eligible for Disaster Supplemental Nutrition Assistance

Program

(DSNAP) benefits

- ☒ Expedited certification for displaced participants
- ☒ Issue VOC (verification of certification) to applicants that must evacuate ([7 CFR 246.7\(k\)](#))
- ☒ Issue VOC (verification of certification) to evacuees returning to the originating State
- ☒ Alternate clinic locations (within the disaster area, if possible)
- ☒ Mobile clinics or satellite clinics (grassroot organizations, etc.)
- ☒ Provide participants access to program records to relocate
- ☒ Provide nutrition assessments and referrals to other organizations when clinic operations

are disturbed

- ☐ Other [Click or tap here to enter text.](#)

Describe or attach a plan for each method the State agency plans to implement during a disaster: IV - Appendix E – Disaster Plan

ii. The State agency has alternate procedures to collect the following during program disruptions (Select all that apply)

- ☒ Anthropometric data ([7 CFR 246.7\(e\)\(1\)](#))
- ☒ Medical documentation ([7 CFR 246.10\(d\)](#))
- ☒ Bloodwork data ([7 CFR 246.7\(e\)\(1\)\(i\)\(B\)](#))
- ☒ Income documentation ([7 CFR 246.7\(d\)](#))
- ☒ Residency documentation ([7 CFR 246.7\(c\)](#))
- ☐ Adjunct or Automatic eligibility documentation ([7 CFR 246.7\(d\)\(2\)\(v\)\(A\)](#))
- ☒ Verification of certification (VOC) documentation ([7 CFR 246.7\(k\)](#))
- ☒ Signature for Rights and Obligations and other required documentation ([7 CFR 246.7\(i\)\(10\)](#))
- ☐ Other [Click or tap here to enter text.](#)

Describe or attach a plan for each method the State agency plans to implement during a disaster: IV - Appendix E – Disaster Plan [Click or tap here to enter text.](#), Policy 3.08 TeleWIC Services, Policy 3.06 Program Eligibility, Policy 5.00 Nutrition and Risk Assessment, Policy 5.10 Exempt Infant Formula and WIC-Eligible Nutritionals

iii. The State agency allows the certification of participants affected by a disaster to submit for certification: (Select all the apply) [\(7 CFR 246.7\(d\)\(2\)\(v\)\(C\)\)](#)

- ☒ A signed statement
- ☒ Letter from the employer
- ☐ Other [Click or tap here to enter text.](#)

iv. How will the State agency collect information from participants when using remote certification? (Select all the apply)

- ☒ Secure website upload
- ☒ Mobile device screen share
- ☐ Mail
- ☒ Secure email
- ☒ Video conference
- ☐ Other [Click or tap here to enter text.](#)

Describe or attach a plan for each method the State agency plans to implement during a disaster: Policy 3.08 TeleWIC Services

v. The State agency has a Memorandum of Understanding/Agreement with WIC-affiliated agencies (such as Medicaid) to collect WIC eligible documentation during a disaster?

☐ Yes ☒ No ☐ Not applicable

c. Benefit Issuance and Redemption.

i. How will the State agency issue Food Instruments (i.e., EBT cards) during a disaster? (Select all that apply)

- ☒ Clinic pickup
- ☒ Certified Mail
- ☐ Other [Click or tap here to enter text.](#)

Describe or attach a plan on how the State agency will issue Food Instruments during a disaster: IV - Appendix E – Disaster Plan

ii. Does the State agency have a reciprocal agreement to accept EBT cards with bordering States?

☐ Yes ☒ No

☐ Other

iii. Does the State agency have a plan to replace lost, stolen, or damaged Food Instruments during a disaster? [7 CFR 246.4\(a\)\(14\)\(xix\)](#)

☒ Yes ☐ No ☐ Not applicable

iv. Describe or attach a plan on how the State agency will replace Food Instruments during a disaster: IV - Appendix E – Disaster Plan

Does the State agency keep replacement Food Instruments on hand?

☒ Yes ☐ No ☐ Not applicable

v. Does the State agency have a policy to replace a participant's supplemental foods if destroyed during a disaster?

☒ Yes ☐ No

Describe or attach the policy on how the State agency will replace destroyed supplemental food(s) for participants: Policy 5.06 Issuance of Food Packages

vi. Does the State agency have a direct distribution or home delivery system in place as an alternative to using the retail food delivery system during normal program operations?

☒ Yes ☐ No

If yes, does the direct distribution and home delivery system include provisions reasonable to institute during recalls and/or supplemental food shortages?

☒ Yes ☐ No

Describe or attach the policy on direct distribution or home delivery systems: Policy 4.05 Special Formula Distribution System, CAP Lancaster Special Formula Distribution Center is primarily used for exempt infant formulas and WIC-Eligible Nutritionals in Pennsylvania.

vii. Does the State agency have a policy to implement direct distribution to participants during disasters?

☐ Yes ☒ No ☐ Not applicable

Does the State agency have a policy to implement direct home food delivery during disasters?

☐ Yes ☒ No ☐ Not applicable

viii. Does the State agency have a policy to implement direct distribution of ready-to-feed, liquid concentrate, or powder infant formula to participants?

☒ Yes ☐ No ☐ Not applicable

Describe or attach a plan on how the State agency will implement direct distribution of ready-to-feed, liquid concentrate, or powder infant formula: Policy 4.05 Special Formula Distribution System, CAP Lancaster Special Formula Distribution Center is primarily used for exempt infant formulas and WIC-Eligible Nutritionals in Pennsylvania.

d. Vendor Management Requirements, [246.4\(a\)\(14\)\(xv\)](#).

i. Does the State Agency have a plan to adjust vendor minimum stocking requirements (MSR) for the variety and quantity of supplemental foods during a disaster? (7 CFR [246.12\(g\)\(3\)\(i\)](#))

☒ Yes ☐ No ☐ Not applicable

Describe or attach the policy on how the State agency will implement MSR: IV - Appendix E – Disaster Plan

ii. Does the State agency have a plan to adjust authorization requirements for new vendor applicants and/or authorized vendors during a disaster?

☐ Yes ☒ No ☐ Not applicable

If yes, which parts of the selection criteria will the State agency adjust?

☐ State agency business integrity requirements

☐ State agency minimum stocking requirements

☐ Competitive price selection criteria and/or maximum allowable reimbursement levels

☐ Other State agency-imposed criteria (please list): [Click or tap here to enter text.](#)

iii. Does the State agency have a plan to meet the annual vendor routine monitoring and compliance investigation requirements during a disaster? [7 CFR 246.4\(a\)\(14\)\(iv\)](#)

☐ Yes ☒ No ☐ Not applicable

e. Nutrition Services. [\(7 CFR 246.4\(a\)\(30\)\(ii\), 246.7\(j\)\(2\)\(iii\), 246.10\(d\), 246.10\(i\), 246.10\(e\) and 246.16a\(5\).](#)

i. Does the State agency have a designated emergency contact to address the needs of participants with qualifying conditions receiving Food Package III?

☒ Yes ☐ No ☐ Other: Specify: [Click or tap here to enter text.](#)

If yes, please list the designee's contact information: Nutritionist Hotline that clinic staff can speak directly to a state agency nutritionist.

ii. Does the State agency have a plan to support participants within the following groups? (Select all the apply.)

- ☒ Participants in rural areas
☐ Tribal populations
☒ Medically fragile participants (i.e., participants with documented qualifying conditions receiving Food Package III)
☐ Other [Click or tap here to enter text.](#)

Describe or attach a plan on how the State agency will support medically fragile participants, participants in rural areas, tribal populations, and other priority populations, as applicable: Appendix E – Disaster Plan, Policy 3.08 TeleWIC Services

iii. Does the State agency have a plan to review and update supplemental foods authorized by their program at least annually for reasons including, but not limited to: ensuring continued marketplace availability of authorized foods in package sizes that provide the maximum monthly amount and being responsive to evolving participant needs?

☒ Yes ☐ No

iv. Does the State agency have a plan to make food package adjustments that do not require waivers when the maximum food benefit cannot be offered to participants (includes informing participants, vendors, etc.)?

☐ Yes ☒ No

v. Does the State agency have a plan to support breastfeeding participants during a disaster? Support would include, but not limited to: Supporting participants with breastfeeding initiation, relactation, and breastfeeding challenges as well as assisting with breast pump acquisition. This support may include referrals outside of WIC.

☒ Yes ☐ No

Describe or attach a plan on how the State agency will implement breastfeeding support during a disaster. IV - Appendix E – Disaster Plan

vi. Does the State agency have a plan for implementing infant formula cost containment contract remedies during an infant formula recall?

☒ Yes ☐ No ☐ Not applicable

Describe or attach a plan on how the State agency will implement infant formula cost containment remedies during an infant formula recall: FED 67007 Infant Formula Contract

f. Allowable Cost. [\(7 CFR 246.14\(d\)\)](#) and [\(7 CFR 246.14\(c\)\(1\)\(i\)\)](#)

i. Does the State agency have a plan to request the necessary health and safety equipment needed during disasters (e.g., Personal Protect Equipment)?

☒ Yes ☐ No ☐ Not applicable

ii. Does the State agency plan to use State/local agency staff to support disaster recovery efforts?

☒ Yes ☐ No ☐ Not applicable

If yes, describe how the staff will be used. IV - Appendix E – Disaster Plan

iii. Does the State agency have a cost sharing agreement with other agencies to use staff during a disaster?

☐ Yes ☒ No ☐ Not applicable

g. Alternate Procedures. State agencies should consider any policies and procedures necessary to continue Program operations. For instance, certain policies may generate Management Information System (MIS) changes. Planning is key. The State agency's disaster plan should support any request for Program flexibilities that impact their MIS.

i. Does the State agency have a plan to monitor local agency(ies) during a disaster?

☒ Yes ☐ No ☐ Not applicable

ii. Does the State agency have a plan for MIS recovery?

☒ Yes ☐ No ☐ Not applicable

iii. Does the State agency have a plan for MIS backup filing system?

☒ Yes ☐ No ☐ Not applicable

iv. Does the State agency have a plan to backup computer systems?

☒ Yes ☐ No ☐ Not applicable

v. Does the State agency have a plan to manage alternate procedures in the MIS?

☒ Yes ☐ No ☐ Not applicable

☐ Other (describe): [Click or tap here to enter text.](#)

vi. Does the State agency have a plan for a backup power system?

☒ Yes ☐ No ☐ Not applicable

Describe or attach a plan for each method the State agency plans to implement during a disaster: Health and Human Services Delivery Center Continuity Plan (2022)

5. At what frequency will the State agency plan to train staff and test the readiness of their approved disaster plans? *State agencies that do not encounter disasters regularly should test their plan at a minimum every two years to learn about any MIS updates. For example: State agencies can test readiness by requesting to participate in State-lead (emergency operating centers) disaster exercises that would include the Health Department or Indian Health Services.*

☐ Semi-annually ☐ Annually ☒ Every 2 years

☐ Other [Click or tap here to enter text.](#)

Please describe or attach how the State agency plans to conduct its readiness testing: Statewide readiness testing plans are in development.

6. Does the State agency require 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

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

IV - Appendix E – Disaster Plan

V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

(Please indicate) **State Agency: Pennsylvania** for FY 2025

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 disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

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.

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): Local agencies do not have regular input; however, when changes are made local agency input is solicited.

- 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): [Click or tap here to enter text.](#)

- 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): Caseload Management, Unspent funds from previous fiscal years.

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

☐ Yes ☐ Monthly ☐ Quarterly ☐ Semiannually
☐ No

☒ Other (specify): When funds are available for distribution a Subsequently Available Funds (SAF) amendment can be done to the local agency grant. Additionally, the State agency will monitor spending and if a local agency is not on track to spend at least 97% of their grant, the State agency will reallocate elsewhere. We call this process recovery and re-allocation.

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

2. Conversion of Food Funds to NSA Funds

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

- ☒ Based on a plan submitted to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency.
- ☐ The State agency achieves, through acceptable measures, increases in participation in excess of the FNS-projected level for the State agency.
- ☐ Describe measures used to increase participation:
- ☐ Not applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): 7 CFR 246.16

3. The State's Fiscal Year runs from 07/01/2024 to 06/30/2025

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

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
 - ☐ Accounting
 - ☐ ADP services
 - ☐ Breastfeeding aids
 - ☐ Capital expenditures
 - ☐ Maintenance and repair
 - ☐ Materials and supplies
 - ☐ Memberships, subscriptions, and professional activities
 - ☐ Printing and reproduction

- ☐ Clinic/lab services ☐ Training and education
- ☐ Communications ☐ Transportation
- ☐ Employee salaries ☐ Travel
- ☐ Employee fringe benefits ☒ Other (specify): Personnel Services, Consultant/Subcontract Services, Patient Services, Supplies/Equipment, Travel and Other Costs.
- ☐ Lease or rental of space ☐ Breastfeeding promotion/support (e.g., breastfeeding aids)
- ☐ Functions ☐ Client services
- ☐ General administration/ ☐ Other (specify): [Click or tap here to enter text.](#)
- Program management
- ☐ Food Delivery
- ☐ Certification
- ☐ Nutrition education
- ☐ Other (specify): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation): Policy 2.01, Local Agency Financial Management; Policy 2.02, Cost Allowability for Travel, Incentive Items, Tuition Reimbursement and Renovations; Policy 2.03, Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements; Policy 2.04, Audit of Local Agencies, and Policy 2.05, Equipment Purchases, Inventory and Disposition.

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

2. Reimbursement/Provision of Funds to Local Agencies

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

- ☒ Yes (state conditions): Grantee may elect to receive reimbursement based on a cash needs request. The Grantee may make on cash needs request per Federal fiscal year (October 1 through June 30). Upon Execution of their Grant Agreement, the Grantee may submit a Cash Needs Request Form. This request may not exceed one-sixth of the original total Grant Agreement budget each year of the Grant Agreement. This payment must be used the Grantee as working capital solely for the purposes of the Grant Agreement. This payment is payable October 1 of each Federal Fiscal year, or if this Grant is approved after October 1, on the approval date of the Grant Agreement.
- ☐ 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): Received appropriate approvals for select items: out-of-state travel (State approval), computer purchases, equipment purchases over \$5,000 (State approval), equipment purchases over \$25,000 (State and USDA approval) and renovations over \$5,000 (State and USDA approval)

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): If the Grantee is moving more than 20% of the total grant amount between line items, they must request and receive approval for a formal budget revision. If the Grantee is moving less than 20% of the total grant between line items, they are not required to request a formal budget revision, unless they are moving funds into a previously unfunded line item or removing all funding from a line item. V – Appendix A – Grant Agreement Payment Provisions

d. Local agencies receive payment via:

☒ Electronic funds transfer ☐ State treasury check/warrant

☐ Other (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): V – Appendix A – Grant Agreement Payment Provisions; Policy 2.01 Local Agency Financial Management; Policy 2.02 Cost Allowability for Travel, Incentive Items, Tuition Reimbursement and Renovations; and Policy 2.03 Nutrition Education, Breastfeeding Promotion and Support, and Outreach Expenditure Requirements.

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 type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 month/quarter |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): Click or tap here to enter text. |

- b. The State agency last evaluated its time documentation protocol on (specify date). 2/21/2023**
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): New Employee Orientation (available upon request)

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): Quality Assurance

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation): Local agency Grant Agreements (available upon request)

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)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

The review is conducted by:

- ☒ WIC State agency staff
- ☐ State Department of Health fiscal or audit staff
- ☐ CPA or audit firm
- ☐ Other (specify): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

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): V – Appendix A – Grant Agreement Payment Provisions; Policy 2.01 Local Agency Financial Management; Policy 2.02 Cost Allowability for Travel, Incentive Items, Tuition Reimbursement and Renovations; and Policy 2.03 Nutrition Education, Breastfeeding Promotion and Support, and Outreach Expenditure Requirements.

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 – Appendix A – Grant Agreement Payment Provisions.

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): Local agencies send information to the State agency using NE and BF expense report

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): Policy 2.01 Local Agency Financial Management; Policy 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements.

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

	At SA	At LA
Breastfeeding promotion coordinator's salary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Written educational materials	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Direct support costs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding aids and equipment (e.g., breast pumps purchased with NSA funds)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

(If other, specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): Policy 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements.

- 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

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

Amount

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

Method(s):

☐ Activity reports ☐ Time studies ☐ Itemizing expenditures

☐ Other (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): Policy 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements.

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

☐ Does not apply

☐ When they report routine NSA costs

☒ Through a different system (specify): Annually through grant closeout

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): Policy 2.03 Nutrition Education, Breastfeeding Promotion & Support, and Outreach Expenditure Requirements.

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: State and Local Government Rate Agreement

b. The State agency's indirect cost rate(s) is 15.10 (%) and is based on:

☐ Salaries ☐ Direct costs for administration ☒ Both

☐ Other (specify): [Click or tap here to enter text.](#)

c. If applicable, cite the effective date of the State agency's executed cost allocation plan for indirect cost: [Click or tap here to enter text.](#)

If applicable, cite the expiration date of the State agency's most recent executed indirect cost allocation plan: [Click or tap here to enter text.](#)

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

- | | |
|--|---|
| <input type="checkbox"/> Budgeting/accounting | <input type="checkbox"/> Personnel/payroll |
| <input type="checkbox"/> ADP | <input type="checkbox"/> Space usage/maintenance |
| <input type="checkbox"/> Communication/phone/mail | <input type="checkbox"/> Central supply |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Procurement/contracting |
| <input type="checkbox"/> Printing/publication | <input type="checkbox"/> Audit services |
| <input type="checkbox"/> Equipment usage/maintenance | <input checked="" type="checkbox"/> Other (specify): Department |

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): V - Appendix B - 2023-2024 Approved Indirect Cost Rate Agreement

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): Completed quarterly
- ☒ Done for local agency level indirect costs (frequency): Completed monthly and at fiscal reviews
- ☐ Not done at either level.

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

	At SA	At LA
Indirect cost agreements/plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The accounting mechanism used to ensure the	<input checked="" type="checkbox"/>	<input type="checkbox"/>

propriety of indirect cost charges

A copy of the cost allocation plan ☒ ☐

A list of all services paid from indirect costs ☐ ☐

Other documentation related to the establishment and charging of indirect costs ☐ ☐

Not applicable ☐ ☐

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): [Click or tap here to enter text.](#)

☐ Not applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation): V - Appendix B - 2023-2024 Approved Indirect Cost Rate Agreement

VI. FOOD FUNDS MANAGEMENT

(Please indicate) State Agency: Pennsylvania for FY: 2025

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 disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

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): VI – Appendix A – Infant Formula Contract 67007

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): Some non-contract standard formulas are ordered thru the Special Formula Distribution Center and can be shipped to the participants home or the WIC clinic. All contracted standard infant formulas are purchased at the grocery store.

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

- ☒ Home food delivery system
- ☒ Direct distribution
- ☒ Retail food delivery system
- ☒ Other (specify): Most exempt infant formulas are issued through our Special Formula Distribution Center. Product is shipped to either the WIC clinic for participant pick up or shipped directly to participants' homes depending on the specific product. Some product is purchased at grocery stores.

VI. FOOD FUNDS MANAGEMENT

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

☒ Home food delivery system

☒ Direct distribution system

☒ Retail food delivery system

☒ Other (specify): Most WIC-eligible nutritionals are issued through our Special Formula Distribution Center which is operated by CAP Lancaster on behalf of PA WIC. Product is shipped to either the WIC clinic for participant pick up or shipped directly to participants' homes depending on the specific product. A few products are purchased at grocery stores.

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

☒ Yes

☐ No

If no, check which applies:

☐ Granted waiver

☐ ITO with participation under 1,000 as of April (*Proceed to question A.4. Cost Containment for Other Foods*)

c. 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 **VI - Appendix B – Abbott Rebates**.
(*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 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\(e\)\(1\)\(iii\)](#))

VI. FOOD FUNDS MANAGEMENT

☒ Yes ☐ No

b. The percent of total infant participants receiving each type of formula is estimated at:

***Contract (infant formula authorized and rebated through infant formula cost containment contract/s awarded by the State agency) 83.3%**

***Non-contract (infant formula that is not rebated through an infant formula cost containment contract awarded by the State agency.) 16.7%**

Exempt infant formula (non-contract infant formula that is issued through Food Package III) 99.2%

Non-exempt infant formula (non-contract infant formula that is issued through Food Packages I & II) 0.8%

*Contract and Non-contract categories should total to 100%. Exempt and Non-Exempt subcategories should total to 100%.

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): [Click or tap here to enter text.](#)

5. Cost Containment for Other Foods

a. Rebates are also obtained on other WIC foods.

☐ Yes (specify foods and attach contract in Appendix): [Click or tap here to enter text.](#)

☒ No

b. The State agency intends to pursue rebates on other authorized foods.

☐ Yes (specify): [Click or tap here to enter text.](#)

☒ 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): [Click or tap here to enter text.](#)

VI. FOOD FUNDS MANAGEMENT

	Specific brands are designated Disallowed	Only certain container sizes are allowed	Allowable types are limited	Other
Exempt formula for women, infants & children	No			Only with medical documentation
Infant cereal	Yes	8 or 16 only		Brands specified
Infant Fruit/Veg/Meat	Yes	4 oz F&V, 2.5 oz Meat	No pouches	Brands specified
Whole fresh fluid milk	No	Gallon or Half Gal	No flavored milk	Limitation on Qts
Low-fat fresh fluid milk	No	Gallon or Half Gal	No flavored milk	Limitation on Qts
Skim fresh fluid milk	No	Gallon or Half Gal	No flavored milk	Limitation on Qts
Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify): Only allow Lactaid milks	No	Gallon or Half Gal	No buttermilk or goat's milk	Limitation on Qts
Shelf-stable milk (e.g., evaporated milk, UHT, whole/low-fat/non-fat dry milk)	No			Limitation on Qts
Cheese	No	8 or 16 oz only	No individually wrapped	
Yogurt	Yes	32 oz only		Brands specified
Soy-based beverage	Yes	32 or 64 oz only		Brands specified
Tofu	Yes	8 or 16 oz only		Brands specified
Fresh eggs	No	S, M, L, XL	Specialty eggs	Cage free allowed
Dried egg mix	Not allowed			
Hot cereal	Yes	9.8-36 oz		Brands specified
Cold cereal	Yes	12-36 oz		Brands specified
Single strength fruit/vegetable juice	Yes	48 or 64 oz only		Brands specified
Concentrated fruit/vegetable juice	Yes	11.5-12 oz only		Brands specified
Whole wheat bread	Yes	16 oz only		Brands specified
Other whole grains	Yes	16 oz only		Brands specified
Peanut butter	No	16-18 oz		
Dry beans/peas	No	1 lb only		
Canned Fish	No	3.75, 5 or 6 oz	No albacore, red salmon	or brisling sardines
Canned beans/peas	No	15-16 oz only		

VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

1. The State agency has procedures to assure that the requirements are met regarding the non-procurement 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):
https://www.oa.pa.gov/Policies/eo/Documents/1990_3.pdf

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): Based on participation and costs for current and past three years and reported on the monthly 798 report.

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): Projections based on costs for the current and past three years.

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): [Click or tap here to enter text.](#)

VI. FOOD FUNDS MANAGEMENT

d. The State agency system (in-house or contracted) provides the following data on electronic benefit transactions at specific (daily, weekly, monthly, as needed) frequencies (check all that apply and provide frequency):

Frequency

Data

Monthly

☒ Electronic benefits paid for issue month

[Click or tap here to enter text.](#) ☐ Electronic benefits outstanding for issue month

As needed ☒ Electronic benefits that have expired

As needed ☒ Electronic benefits that are void/unclaimed

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): VI - Appendix D - PA WIC 798 Instructions 8.7.2023

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): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

VI. FOOD FUNDS MANAGEMENT

d. Monthly invoices are submitted with supporting data.

☒ Yes ☐ No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): VI - Appendix A - Infant Formula Contract 67007; VI - Appendix C - PA WIC Abbott Rebate Redemption Methodology

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):

2 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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): PA Code 1105.3. Terms and conditions of participation

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"/>	Click or tap here to enter text. By check directly to vendor or farmer
<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. By check directly to vendor's or farmer's bank
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. By electronic transfer to vendor's or farmer's bank
<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. Other (specify): Click or tap here to enter text.

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): I - Appendix B -WIC Retail Store Handbook - see page 14, eWIC System Claims Process

VI. FOOD FUNDS MANAGEMENT

C. Participation Reporting

1. Participation Counting

- a. **The State agency counts an enrollee who received at least one food instrument/food package (or who received no food instrument/food package, but was either a fully-breastfed infant of a participating breastfeeding woman or a woman partially breastfeeding a participating 6 to 12 month old infant) as a participant during:**
- ☒ The calendar month
 - ☐ The computer system cycle month
 - ☐ Other (specify): [Click or tap here to enter text.](#)
- 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): [Click or tap here to enter text.](#)
- 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): [Click or tap here to enter text.](#)
 - ☒ 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

VI. FOOD FUNDS MANAGEMENT

☒ Other (specify): N/A. Refer to Policy 3.04.

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): Policy 3.04, Caseload Management

2. Participation by Priority

a. Priority level is a critical data field in the State agency's computer system.

☒ Yes ☐ No

b. The State computer system automatically assigns priority level based on the enrollee's nutritional risk condition.

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☐ Yes ☒ No

3. Participation by Local Agency

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

☒ Yes ☐ No ☐ N/A

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation): Policy 3.04, Caseload Management

VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency: Pennsylvania** for **FY: 2025**

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 disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

A. **No-Show Rate** – 7 CFR 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** – 7 CFR 246.4(a)(5)(i) and (13): describe how the State agency assigns and manages local agency caseload allocations.

C. **Caseload Monitoring** – 7 CFR 246.4(a)(5)(i): describe the information and procedures used by the State agency to monitor caseload.

D. **Benefit Targeting** – 7 CFR 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** – 7 CFR 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. **Caseload Management Strategies** – 7 CFR 246.16(c)(2)(ii), 7 CFR 246.4(a)(11)(i); 246.7(f)(1),(2); 246.7(h)(3)(i): describe the policies and procedures used to manage caseload during a funding shortage, lapse in appropriations, or other WIC funding circumstances.

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 current participants
 - ☒ 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 State agency has no separate local agencies, attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program 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 one additional certification appointment.
 - ☒ If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
 - ☐ Postcard
 - ☐ Letter
 - ☐ Email
 - ☐ Text
 - ☒ A second appointment is provided upon request from the applicant.
 - ☐ Other [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): P&P 1.04 Local Agency Monitoring

VII. CASELOAD MANAGEMENT

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

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): P&P 1.04 Local Agency Monitoring

B. Allocation of Caseload

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

[Click or tap here to enter text.](#)

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

VII. CASELOAD MANAGEMENT

- ☒ Other (identify): Number of eligible participants currently served by each local agency.

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):

P&P 3.04 Caseload Management

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. P&P 3.04
Caseload Management

4. If it appears that during the course of the program year all funds will be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):

- ☐ The State agency does not reallocate caseload mid year
☒ Same basis as for initial allocation of caseload
☒ Local agency participation levels
☐ Local agency high priority participation
☐ Waiting lists
☒ Other (specify): Local agencies may request additional funding based on an increase in caseload. If warranted, and funding is available, the request is granted. P&P 3.04 Caseload Management

5. 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

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- ☐ Local agency high priority participation
- ☐ Waiting lists
- ☐ Successful special projects
- ☐ Other (specify): [Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

6. 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):

Policy 3.04 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 type="checkbox"/> No-show rates | <input type="checkbox"/> Food costs per participant |
| <input type="checkbox"/> Food costs by area | <input type="checkbox"/> Other (specify): Click or tap here to enter text. |

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

VII - Appendix B – Estimate of Statewide Participation_FF25

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): [Click or tap here to enter text.](#)

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

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[Click or tap here to enter text.](#)

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

- ☒ Monthly
- ☐ Quarterly
- ☐ Other (specify): [Click or tap here to enter text.](#)
- ☐ Not applicable

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

[Click or tap here to enter text.](#)

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): Participants receiving SNAP or TANF

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

[Click or tap here to enter text.](#)

b. The local agency or State agency, when the State agency 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): Health Care Providers, Early Education facilities

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

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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): SA will follow up continually with local agencies on their progress.

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): [Click or tap here to enter text.](#)

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

VII - Appendix A – WIC Eligible Populations Table 2023

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): [Click or tap here to enter text.](#)

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 checked="" type="checkbox"/> Radio
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Posters
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Letters
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Brochures/pamphlets
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Television
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Social Media (Twitter, Facebook, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other (specify): Bus/Transit ads

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

- ☒ English
- ☒ Spanish
- ☒ Vietnamese
- ☐ Tribal Language(s)
- ☒ Other (specify): Haitian, Arabic, Burmese, Chinese, Nepali, Russian, Somali, Swahili

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
- ☒ Food Banks
- ☒ Head Start Centers
- ☐ Other (specify): [Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekend hours, walk-in basis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Expedited clinic procedures for working participants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evening/weekend nutrition education

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classes

☐☐☒

Other (specify): [Click or tap here to enter text.](#)

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

☐☒☐

Special clinic hours to accommodate travel time to clinic sites

☐☒☐

Use of mobile clinics to rural areas

☐☒☐

Food instrument/cash value voucher mailing procedures
Specifically designed for rural participants

☐☒☐

Special appointment/scheduling procedures for rural participants who
do not have access to public transportation

☐☐☒

Special food instrument/cash value voucher issuance cycles for rural
participants (check one): ☐ 2 months issuance, ☐ 3 months issuance

☐☐☒

Other (specify): [Click or tap here to enter text.](#)

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

☐☒☐

Formal coordination with rural/migrant health centers

☐☒☐

Special outreach activities aimed at migrants

☐☒☐

Special clinic hours/locations to service migrant populations

☐☐☒

Expedited appointment procedures to accommodate migrant families

☐☒☐

Special food instrument/cash value voucher issuance cycles for migrant
families (check one): ☐ 2 months issuance; ☐ 3 months issuance

☐☐☒

Other (specify): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#) ☒ No

e. The State agency requires [all, some, none] local agencies to implement the following proceedings

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to facilitate service to homeless families/individuals (check all that apply):

All Some None

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Undertake regular and ongoing outreach to homeless individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into communal food service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Establish, to the extent practicable, plans to ensure that the three conditions in 7 CFR 246.7(m)(1)(i) regarding homeless facilities are met |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other (specify): Click or tap here to enter text. |

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

Policy 3.09 Services to Special Populations

3. Unserved Geographical Areas

- a. **How does the State agency prioritize areas defined as underserved geographic areas in descending order?** Pennsylvania Department of Health, Division of Health Informatics Target Population By County and GIS mapping of clinics.
- b. **Please list unserved geographic areas or attach a list to appendix:** [Click or tap here to enter text.](#)
- ☒ No current unserved areas (check if applicable)

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

[Click or tap here to enter text.](#)

4. Underserved Geographic Areas

- a. **The State agency has a list on file of served and/or underserved geographic areas including the number of newly potential applicants, the priority level currently being served, and participation.**
- ☐ Yes ☒ No

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- 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 ☐

agencies

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
PA WIC Enrollment & Clinic Info (arcgis.com) IV- Appendix D – Active Clinics

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 State agency/ITO explanation of how the State agency without local agencies addresses underserved or partially served areas:

[Click or tap here to enter text.](#)

F. Caseload Management Strategies.

For FY 2025, Section F. 1 is required. Sections F. 2-5 are optional and allow State agencies to anticipate any potential impacts due to funding shortages or lapse in funding. State agencies should review the below strategies and consider any necessary policy changes, where appropriate.

1. Waiting List Management and Procedures

- a. The State agency has specific policies/procedures for the establishment and maintenance of waiting lists, which are used by all local agencies.

☒ Yes ☐ No

- b. 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

- c. The State agency routinely monitors waiting lists.

☐ Yes ☐ No ☒ No, for the current Fiscal Year, the State agency does not have a waiting list.

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d. 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): [Click or tap here to enter text.](#)
- ☒ Other (specify): Priority

e. 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): Pre-screening is discouraged but is allowed if it facilitates caseload management and expedites provision of benefits to participants.

f. Waiting lists are maintained:

- ☒ Manually
- ☐ Automated system linked to State agency's central system
- ☐ Automated system, stand alone at some/all local agencies

g. Telephone requests for placement on the waiting list are accepted.

- ☒ Yes
- ☐ No

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

- ☒ Name
- ☐ Address
- ☒ Phone number(s)
- ☒ Date placed on waiting list
- ☒ Category
- ☒ Priority
- ☐ Nutritional risk
- ☐ Income eligibility status
- ☐ Method of application
- ☒ Date applicant notified of placement on the waiting list
- ☒ Other (specify): Date of Birth, Date of Delivery and VOC Expiration Date.

i. The State agency requires local agencies to provide information on other food

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assistance programs to applicants who are placed on a waiting list. If the State agency has no local agencies, it provides the information.

☒ Yes ☐ No

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

Policy 3.04 Caseload Management

2. Allowable Cost Saving Strategies (Optional)

a. Does the State agency have policies and procedures to control cost when funding is insufficient relative to projected costs?

☐ Yes ☒ No

b. Does the State agency use any of the following policies and procedures? (select all that apply):

- ☐ Modified approved food list
- ☐ Least expensive brands (LEB)
- ☒ Economical container size and packaging
- ☐ Other, please specify: [Click or tap here to enter text.](#)

c. During funding shortfalls/to control costs, the State agency requires local agencies to certify participants for the minimum period specified in regulations. [7 CFR 246.7\(g\)\(1\)](#)

☐ Yes ☒ No

If yes, please describe or attach applicable policies and procedures. [Click or tap here to enter text.](#)

d. During funding shortfalls/to control costs, the State agency requires local agencies to shorten certifications on a case-by-case basis. [7 CFR 246.7\(g\)\(2\)](#)

☐ Yes ☒ No

If yes, please describe the case-by-case basis scenario or attach applicable policies and procedures. [Click or tap here to enter text.](#)

e. The State agency uses targeted outreach to serve participants most in need to control cost. [7 CFR 246.4\(a\)\(7\)](#) and [7 CFR 246.6\(f\)](#).

☐ Yes ☒ No

If yes, please describe the process used to determine which group of participants are most in need or attach applicable policies and procedures. [Click or tap here to enter text.](#)

3. Mid-Certification Benefit Discontinuation During Funding Shortfalls (Optional)

a. The State agency has specific policies/procedures for establishing and implementing mid-certification benefit discontinuation due to funding shortfalls, which are used by all local agencies.

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☐ Yes ☒ No

If yes, please describe the process used to determine how mid certification benefits will be discontinued or attach applicable policies and procedures. [Click or tap here to enter text.](#)

- b. If a State agency experiences a funding shortfall where it is unable to maintain its current level of participation for the remainder of the fiscal year and has explored all other alternative actions, the State agency will instruct local agencies to begin mid-certification benefit discontinuation by: (Select all that apply)**

- ☐ Mid-certification disqualification of program participants
☐ Withholding of benefits for program participants

- c. The mid-certification benefit discontinuation action must affect the least possible number of participants and be directed first at those where their nutritional and health status is at least risk. When implementing mid-certification benefit discontinuation due to funding shortfalls, State agencies will select participants by: (Select all that apply)**

- ☐ Selecting participants in reverse order from the nutritional risk priority system.
☐ Selecting participants who were certified due to possible regression in nutritional status, especially if original eligibility was based on a lower priority condition.
☐ Selecting participants who have only one month left in their certification periods.
☐ Selecting participants at higher income ranges.
☐ Other: specify: [Click or tap here to enter text.](#)

- d. Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will notify FNS.**

☐ Yes ☐ No

- e. Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will provide FNS the following information:**

- ☐ A summary description of the alternative policies and procedures explored or used prior to implementing any adverse action.
☐ An explanation of how the planned action is intended to meet the criteria of affecting the least number of people and also the lowest priority persons to bring caseload in line with available resources.
☐ Other: specify: [Click or tap here to enter text.](#)

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4. During funding shortfalls, the State agency authorizes local agencies to disqualify participants in the middle of a certification period for failure to pick up food instruments. (Optional)

☐ Yes ☐ No ☒ N/A, the State agency already authorizes local agency to disqualify participants for failure to pick up food instruments/CVV during normal operations.

If yes, please indicate the number of months before a participant is disqualified or attach applicable policies and procedures. [Click or tap here to enter text.](#)

5. Competitive Vendor Selection Strategies. (Optional)

- a. During funding shortfalls/to control costs, does the State agency have procedures to adjust their vendor cost containment policies, including their competitive price selection criteria and/or maximum allowable reimbursement levels?

☐ Yes ☒ No

- b. During funding shortfalls/to control costs, does the State agency have procedures to adjust their vendor authorization policies (outside of cost containment), including application periods, selection criteria, and limiting criteria?

☐ Yes ☒ No

- c. If the State agency answered “yes” to either a or b: During funding shortfalls/To control costs, does the State agency reassesses vendors using the updated vendor authorization policies and selection criteria, including cost containment?

☐ Yes ☐ No

- d. During funding shortfalls/to control costs, does the State agency have procedures to assess the effectiveness of their above-50-percent vendor population to ensure continued oversight of cost neutrality assessment?

☐ Yes ☒ No

VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

(Please indicate) **State Agency: Pennsylvania** for **FY 2025**

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 disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

A. Eligibility Determination and Documentation - 7 CFR 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 - 7 CFR 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 - 7 CFR 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 - 7 CFR 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 - 7 CFR 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 - 7 CFR 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**

H. **Procedures, and Sanction System - 7 CFR 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.

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 ☐ Statewide or ☐ at local agency (check one), a common income application or certification form with (check all that apply):**

☒ No other benefit programs ☐ Medicaid

☐ TANF ☐ SNAP

☐ Maternal and Child Health (MCH) ☐ Other reduced-price health care program(s)

☐ Other (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

P&P 3.06 Program Eligibility

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): [Click or tap here to enter text.](#)

- b. **The State agency has reciprocal agreements concerning residency with other State agencies**

☐ Yes; list States: West Virginia, Maryland, Delaware, Washington D.C., New Jersey, Ohio, Virginia, New York and Seneca Nation Indian Tribe Organization.

☒ No

Describe any reciprocal agreements: [Click or tap here to enter text.](#)

- 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): Persons residing in schools, maternity homes, temporary shelters, or any other residential facilities where meals are provided as part of the usual services are eligible to participate in the program if they meet program eligibility criteria

d. The State agency allows the following as proof of identity; please select all that apply.

- ☒ Driver's license
- ☒ Passport
- ☒ State issued identification card
- ☒ Employer issued identity card
- ☒ Documentation from participation in a means-tested program.
- ☒ Other (please list all that are accepted) Student ID, voter registration card, birth certificate, social security card, and crib card.

e. The State agency requires physical presence of the applicant or a valid exception to be documented:

- ☒ Yes except for the following condition(s): [7 CFR 246.7\(o\)\(2\)](#)
 - ☒ 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, bedrest or serious illness exacerbated by coming into 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 status presents a barrier to bringing the infant or child into 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): Breastfeeding mothers up to one year past termination of pregnancy.

4. Income Limits for Eligibility

a. The State agency gross income limit for income eligibility is at or below 185% of the federal poverty 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: [Click or tap here to enter text. %](#))
- ☐ No, with local agency variation
(specify State maximum percent of poverty: [Click or tap here to enter text. %](#))

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Policy 3.06, Program Eligibility; Policy 3.08, TeleWIC Services**

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): VIII - Appendix A - FY 2025 Income Guidelines

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 [7 CFR 246.7\(d\)\(2\)\(vi\)](#):

	<u>Poverty Level</u>
<input checked="" type="checkbox"/> TANF (specify State "percent of poverty")	185.00%
<input checked="" type="checkbox"/> SNAP	185.00%
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	185.00%
<input checked="" type="checkbox"/> Pregnant women and infants	185.00%
<input checked="" type="checkbox"/> Children	133.00%
<input checked="" type="checkbox"/> Other categorically eligible women	250.00%

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 Meals	Click or tap here to enter text.%
<input type="checkbox"/> Supplemental Security Income (SSI)	Click or tap here to enter text.%

☐ Other State-provided health insurance (specify State "percent of poverty" maximum [Click or tap here to enter text.](#) %)[Click or tap here to enter text.](#)%

☐ Food Distribution Program on Indian Reservations (FDPIR) [Click or tap here to enter text.](#)%

☒ Other (specify): LIHEAP (Heating assistance) 150%

- 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]: Medicaid, SNAP, TANF and LIHEAP)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Policy 3.06, Program Eligibility

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 agency 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): [Click or tap here to enter text.](#)

- b. **Exceptions to income documentation are made for the following: [7 CFR 246.7\(d\)\(2\)\(v\)\(C\)](#)**

☒ 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): For above situations, the applicant is required to sign and date a State agency developed Affirmation form

- c. **If the applicant does not supply the necessary documentation at the certification appointment, local agencies are generally instructed to do the following:**

☐ Certification process is terminated, and no food instruments/cash-value vouchers are provided; appointment rescheduled.

☒ Temporary certification (not to exceed 30 days) 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): [Click or tap here to enter text.](#)

d. **The State agency requires ☐ State-wide, or ☐ at local agency discretion (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): Self-employment; pension/retirement; worker's compensation; income from estates/trusts or rental income; alimony/child support; contributions; student financial assistance; net royalties

e. **The State agency has specific policies that define actions to be taken at a mid-certification appointment if a participant's income eligibility changes.**

☒ Yes; Please specify: Policy 3.06: Once an applicant is participating in the WIC program, that person must provide documentation of household income at all recertification visits and when there is a significant increase in income. The LA must reassess a participant's income eligibility during the current certification period if the LA receives information indicating the participants household income has changed. Such assessments are not required if the change is reported within the last 90 days of the certification period. Adjunctively eligible WIC participants may not be disqualified from the WIC Program solely because they, or certain family members, no longer participate in one of the specified programs. Such participants may be Disqualified only after their income eligibility has been reassessed using traditional income eligibility screening. The LA must Disqualify a participant and any other household members currently receiving WIC benefits at any time they are determined eligible. Applicants found ineligible for the WIC program because economic criteria are not met shall be given a Notice of Ineligibility along with an explanation of their rights and directed to other potential sources of food assistance.

☐ No

f. **The State agency allows documentation of alternate income procedures for Indian or Indian**

Health Service (IHS) operated local agencies.

☐ Yes ☐ No ☒ Not Applicable

- g. **The State agency has a specific policy that addresses income from benefits provided by a State-administered programs.**

☒ Yes ☐ No

- h. **The State agency has a 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):

Policy 3.06, Program Eligibility

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):

~~P&P 3.06, Program Eligibility~~

Policy 3.06, Program Eligibility

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):

Policy 3.06, Program Eligibility

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):
Policy 3.06, Program Eligibility

10. The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.

☒ Yes ☐ No (if no, why not): [Click or tap here to enter text.](#)

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):
Policy 3.06, Program Eligibility

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Policy 3.06, Program Eligibility

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 since 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 options are exhausted. The State agency ensures its policy and procedures comply with this requirement:

☒ Yes ☐ No

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):

Can certify for:

Qualification

Priorities

Priorities I-III

All

RD or Masters Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input type="checkbox"/>

Other (Specify): Based on Policy 3.02, Local Agency Staffing: Those with a Home Economics/Family Consumer Sciences, Public Health, or other bachelor's degree in health sciences must have a minor in nutrition to qualify as a CPA. Competent Paraprofessional Authorities (CPPAs) are trained to conduct WIC certifications, including nutrition risk determination, and are permitted to provide WIC services for participants who are not considered high-risk. Should a CPPA conduct an appointment for a participant who is determined to be high-risk or is already high-risk, a CPA must review the Care Plan and provide additional participant services when necessary.

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
- ☐ Use data from a state Health Information Exchange (including access to medical referral data via a participant/physician portal)
- ☐ Use data from a trusted partner trained in taking accurate measurements. Please list or attach partners the state agency accepts data from (list doesn't need to be all-inclusive):

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 risk 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 Agency Plan.

d. The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.

- ☐ Yes (list criteria): Click or tap here to enter text.
- ☒ No

e. Hematological risk determination: CFR 246.7(e)1(i)(A)

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.
- ☐ A shorter (less than 90 days) timeframe for collection of data past certification. Please specify the shorter timeframe Click or tap here to enter text.

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 7 CFR 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 or 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): Click or tap here to enter text.

(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 and 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 review

☐ Other (specify): Click or tap here to enter text.

(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 messaging is the priority, but we refer to Dietary Guidelines for Americans, MyPlate, AAP, USDA Infant Feeding Guide, USDA Breastfeeding Policy & Guidance.

☐ No (explain): Click or tap here to enter text.

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):

Policy 5.00, Nutrition and Risk Assessment; VIII - Appendix B - FY 2024 Risk Revision Tracking; VIII - Appendix C - Nutrition Interview Required Questions; VIII - Appendix D - Risk Crosswalk Table

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): Click or tap here to enter text.

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 Click or tap here to enter text. is recorded (maximum number is 10 criteria)

☐ Local agency personnel decide how many and which criteria are recorded

☐ Other (specify): Click or tap here to enter text.

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): Click or tap here to enter text.

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):

Policy 5.00, Nutrition and Risk Assessment

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):

VII – Appendix B – FFY 2024 Risk Revision Tracking

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):

M SNAP	Click or tap here to enter text.	Rural/migrant health centers
M TANF	Click or tap here to enter text.	Hospitals
M Medicaid	Click or tap here to enter text.	Childhood immunization

[Click or tap here to enter text.](#) SSI

[Click or tap here to enter text.](#) Immunization registries

[Click or tap here to enter text.](#) EPSDT

[Click or tap here to enter text.](#) Well-child programs

[Click or tap here to enter text.](#) MCH programs [Click or tap here to enter text.](#) Child protective services

[Click or tap here to enter text.](#) Family planning [Click or tap here to enter text.](#) IHS facilities

[Click or tap here to enter text.](#) Private physicians

[Click or tap here to enter text.](#) Children with special health care needs program(s)

M_Other (specify): Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Mortality Review Committee (MMRC), Newborn Screening, CHIP, and School Breakfast and Lunch Programs.

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):

☒ SNAP

☒ TANF

☒ SSI

Program

☒ Medicaid

☒ CHIP

☐ IHS facilities

☒ MCH (clinics/facilities)

☒ Early and Periodic Screening,
Diagnostic and Treatment (EPSDT)

☒ Family planning

☒ Prenatal care

☒ Postnatal care

☒ Immunization

☒ Dental services

☒ Private physicians

☒ Children with special health care needs

☒ Schools

☒ Expanded Food and Nutrition Education

(EFNEP)

☒ Other food assistance program (TEFAP, FDPIR, CSFP, etc.)

☒ Breastfeeding promotion

☒ Child protective services

☒ Head Start

☒ Early Head Start

☒ Healthy Start

☒ Substance abuse program

☒ Child abuse counseling

☒ Foster care agencies

☒ Homeless facilities

☒ Mental health services

- ☒ Hospitals
- ☒ Well-child programs
- ☐ Other (specify): [Click or tap here to enter text.](#)
- ☒ Rural/migrant health centers
- ☒ Lead Screening

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
[Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)
- ☒ Other nutrition services (specify): Breastfeeding Support
- ☐ EPSDT Program
- ☒ Children's Health Insurance programs (s)
- ☒ Other (specify): Immunizations, Lead Testing, Mental Health Services, Smoking Cessation

b. The referral methods used by local agencies to other health and social service programs include (check all that apply, and indicate whether the method selected is the primary method of referral):

- | | Primary |
|---|--------------------------|
| <input checked="" type="checkbox"/> State agency-developed referral forms | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Local agency-developed referral form | <input type="checkbox"/> |
| <input type="checkbox"/> Telephone call to referring agency | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Verbal referral to participants | <input type="checkbox"/> |
| <input type="checkbox"/> Automated client/participant information exchange | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Written literature on referral programs | <input 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 type="checkbox"/> |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other (specify): Needs are determined during the nutrition assessment process to ensure | |

individualized referrals by need



- c. **Methods used by other health and social service programs to refer clients to the WIC Program include (check all that apply, and indicate whether the method selected is the primary method of referral):**

	Primary
<input checked="" type="checkbox"/> WIC Program referral form	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Health/social program referral form	<input type="checkbox"/>
<input checked="" type="checkbox"/> Telephone call	<input type="checkbox"/>
<input checked="" type="checkbox"/> Verbal referral	<input type="checkbox"/>
<input type="checkbox"/> Automated client/participant information exchange	<input type="checkbox"/>
<input checked="" type="checkbox"/> Written literature on the WIC Program	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): Click or tap here to enter text.	

- 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): LIHEAP

☐ 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):
Policy 3.00, Clinic Operations; Policy 6.01, Local Agency Outreach Activities; Policy 6.02,
Participant Referral System.**

- 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): [Click or tap here to enter text.](#)

- j. The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established.**

☒ Yes ☐ No

- k. The State agency ensures that when WIC is at maximum caseload, the State agency notifies FNS of any waiting lists established.**

☒ Yes ☐ No

- l. The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:**

- ☒ Food banks
- ☒ Food pantries
- ☒ Soup kitchens
- ☒ SNAP
- ☒ The Emergency Food Assistance Program (TEFAP)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Other (specify): [Click or tap here to enter text.](#)

- 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): [Click or tap here to enter text.](#)

☐ Using another program or entity to screen and refer WIC children using a documented immunization history; (specify):[Click or tap here to enter text.](#); **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:

[Click or tap here to enter text.](#)

The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.

☒ Yes ☐ No

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: Infants under six months of age

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):
Policy 3.05, Processing Standards and VOCs**

2. Processing Standards

a. Processing standards begin when the applicant (check all that apply):

- ☒ Calls the local agency to request benefits
- ☒ Visits the local agency in person
- ☒ Makes a written request for benefits
- ☒ Makes a request for benefits via an application portal

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):
Policy 3.05, Processing Standards and VOCs; Online pre-applications are also processed according to the date the email is received**

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): Mid-cert appointment (referred to as a Health Evaluation appointment) is required for all WIC types with a one-year certification period

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
- In cases where there is difficulty in appointment scheduling.

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
[Click or tap here to enter text.](#)

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
- ☐ Other (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
[Click or tap here to enter text.](#)

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): Participants relocating out of state during certification period

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Policy 3.05, Processing Standards and VOCs

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): Anthropometrics, blood work and date of last FIs issued

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

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):
Policy 3.05, Processing Standards and VOC's

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:

X Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): Policy 1.02, Abuse and Fraud Prevention and Investigation

☐ No

b. The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in 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): Policy 1.02, Abuse and Fraud Prevention and Investigation

☐ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Policy 1.02, Abuse and Fraud Prevention and Investigation;

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: [Click or tap here to enter text.](#)

e. **The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:**

☒ Yes ☐ No; explain: [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Policy 1.02, Abuse and Fraud Prevention and Investigation

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): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Policy 3.06 Program Eligibility

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): [Click or tap here to enter text.](#)

d. Appeal hearings are held at:

- ☐ WIC State agency parent agency
- ☐ Other State agency or hearing board (specify): [Click or tap here to enter text.](#)
- ☐ Local WIC agency
- ☒ Other (specify): Mutually agreed upon location conducted by an impartial official.

e. Statewide fair hearing procedures include (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Request for hearing | <input checked="" type="checkbox"/> Local agency responsibilities |
| <input checked="" type="checkbox"/> Denial or dismissal of request | <input checked="" type="checkbox"/> Continuation of benefits |
| <input type="checkbox"/> Rules of procedure | <input checked="" type="checkbox"/> Responsibilities of hearing official |
| <input checked="" type="checkbox"/> Fair hearing decision | <input type="checkbox"/> Other (specify): Click or tap here to enter text. |
| <input type="checkbox"/> 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): Participants can express their request for a fair hearing verbally or in writing.

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):
Policy 1.02, Abuse and Fraud Prevention and Investigation; PA Code 1111.1 Participant Appeals**

X. MONITORING AND AUDITS

(Please indicate) **State Agency: Pennsylvania** for FY 2025

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 disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

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). Skip this section if the State agency has no local agency(ies)**

a. **Local agencies/clinics monitored: (If State agency has one local agency, specify the date it was last monitored.**

22 Number of local agencies

13 Number of local agencies monitored last annual period

25 Number of clinics monitored last annual period

13 Number of local agencies to be monitored this current annual period

25 Number of clinics to be monitored this current annual period

Specify last annual period, from: 10/1/2023 to 9/30/2024 (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: 10/1/2024 to 9/30/2025 (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:**

X. MONITORING AND AUDITS

- ☐ No-shows by category
- ☒ Administrative costs claimed
- ☒ Financial reports
- ☐ Priorities served
- ☒ Caseload
- ☐ Racial/ethnicity
- ☐ Staff/participant ratios
- ☒ Participant nutrition surveillance data for participants in that local agency/clinic
- ☒ Other (specify): Exempt Infant Formula and WIC-Eligible
Nutritional issuance compliance

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): Policy 1.03, Local Agency 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:
X – Appendix A – Program Review Handbooks**

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): [Click or tap here to enter text.](#)

X. MONITORING AND AUDITS

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): [Click or tap here to enter text.](#)

c. Specialists in the following areas monitor the areas of their expertise:

- ☒ Certification and eligibility determination
- ☐ Caseload management
- ☒ Nutrition service
- ☒ 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): [Click or tap here to enter text.](#)

X. MONITORING AND AUDITS

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: X – Appendix B – Program Monitoring Tools

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): The State agency provides monitoring tools to the local agencies; however, it is not mandated that the State-provided tools be used. Other internal monitoring tools which are consistent with the State-provided tools are acceptable.

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: X – Appendix B – Program Monitoring Tools

X. MONITORING AND AUDITS

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): Policy 1.03, Local Agency Monitoring; Policy 4.01, Retail Store Quality Assurance

X. MONITORING AND AUDITS

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): Identify training and technical assistance needs across the state.

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): Policy 1.03, Local Agency Monitoring

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- 2023:45. See X – Appendix C – Single Audit Reports Received During SFY 22-24.

- | 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. |
|--|------------|-----------------|---|
|--|------------|-----------------|---|

X. MONITORING AND AUDITS

If additional audits were conducted, please provide separately.

- c. **Entities not audited and reason (e.g., local office is not a subrecipient local agency, non-federal entity did not expend \$750,000 or more in Federal funds during the fiscal year, etc.)**

**Entities not audited (includes
both State and local agencies)**

Reason Entity Not Audited

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): Policy 2.04, Audit of Local Agencies; X – Appendix C – WIC Single Audit Reports Received During SFY 22-24

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

X. MONITORING AND AUDITS

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): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): X - Appendix C - WIC Single Audit Reports Received During SFY 22-24.

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: Bureau of Audits

b. Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:

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☐ 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): [Click or tap here to enter text.](#)

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): SFY2022-2024

d. **The State agency ensures WIC participation in the 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): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): Policy 1.05, Information System Management

XI. CIVIL RIGHTS

(Please indicate) State Agency: Pennsylvania for FY 2025

The Civil Rights section of the State Plan covers 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 disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

- A. [Administration - 7 CFR 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 - 7 CFR 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 - 7 CFR 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 - 7 CFR 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 - 7 CFR 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"/>
Presentation by staff other than WIC Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify: [Click or tap here to enter text.](#)

- b. Civil rights training is provided annually

State agency staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Local agency staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

- c. Civil rights training includes the following:

	State Agency	Local Agency
Collection and use of racial/ethnic data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Effective public notification systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance review techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resolution of noncompliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for language assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conflict resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If other, specify: [Click or tap here to enter text.](#)

DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): Policy 1.07 Civil Rights

XI. CIVIL RIGHTS

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): Policy 1.07 Civil Rights

3. The State agency's policy for reasonable accommodation includes the most up-to-date 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): Policy 3.00 Clinic Operations

B. Public Notification Requirements and Nondiscrimination

1. Public Notification

a. The State agency requires its local agencies to include the [nondiscrimination statement](#) and civil rights complaint procedure on the following (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Outreach letters to the general public | <input checked="" type="checkbox"/> Radio announcements |
| <input checked="" type="checkbox"/> Program information letters | <input checked="" type="checkbox"/> Publications |
| <input checked="" type="checkbox"/> Program information brochures | <input checked="" type="checkbox"/> Posters |
| <input checked="" type="checkbox"/> Program information bulletins | <input checked="" type="checkbox"/> Newsletters |
| <input checked="" type="checkbox"/> Newspaper announcements | <input checked="" type="checkbox"/> Referral material |
| <input checked="" type="checkbox"/> Internet | <input checked="" type="checkbox"/> Television announcements |

XI. CIVIL RIGHTS

- ☐ Letters of invitation in the public hearing process
- ☒ Certification forms to be signed by participants
- ☒ Application forms (including computer-based forms)
- ☐ Other (specify): [Click or tap here to enter text.](#)

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 or locations
- ☒ Other (specify): Visibly posted in each clinic in areas frequented by applicants and endorsers

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 statement |
| <input checked="" type="checkbox"/> | <input checked="" 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): Policy 1.07 Civil

XI. CIVIL RIGHTS

Rights and Policy 6.01 Local Agency Outreach Activities

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.
- ☐ In circumstances where the applicant completes WIC certification using an online application Tool, the rights and responsibilities and the nondiscrimination statement is available in the language most spoken by the applicant.

b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

M	VT	PT	BS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> English
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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): See XI – Appendix A – Propio Language
Poster			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tribal (specify): Click or tap here to enter text.
<input type="checkbox"/>			<input type="checkbox"/> Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sign language Interpreter

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☐ ☐ ☐ ☐ Other languages (specify): [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): XI - Appendix A - Ad Astra and Propio Language Posters (Local Agencies are required to use Ad Astra as a primary language service provider and Propio as a secondary Language Services provider.) – Policy 1.07 Civil Rights; Policy 6.01 Local Agency Outreach Activities; and Policy 5.00 Nutrition and Risk Assessment

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): Civil Rights reviews are done in conjunction with the administrative & nutrition program reviews of the clinics

b. The State agency reviews all its local agencies for civil rights compliance with the Civil Rights requirements when it does its reviews.

☒ Yes ☐ No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): Policy 1.03 Local Agency Monitoring and Policy 1.07 Civil Rights

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 applications | <input checked="" type="checkbox"/> Review of waiting lists |
| <input checked="" type="checkbox"/> Review of denied applications | <input type="checkbox"/> Other (specify): Click or tap here to enter text. |
| <input checked="" type="checkbox"/> Review of complaints | |
| <input checked="" type="checkbox"/> Review of participant surveys | |
| <input checked="" type="checkbox"/> Participant interviews | |

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 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): Policy 1.07 Civil Rights

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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 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 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): Policy 1.07 Civil Rights

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): Visual Identification is done when an individual does not identify and because an answer is needed for our system.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): Policy 1.07 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.

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- ☒ WIC Program applicants and participants are informed that they can file their complaints directly with the U.S. Department of Agriculture or directly with the FNS HQ Civil Rights Division, their State agency, or their local agency. However, the local/State agency must then forward their complaint either directly to the FNS HQ Civil Rights Division or the U.S. Department of Agriculture.
- ☒ All local agency staff are trained in discrimination complaint procedures.
- ☒ All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex (including gender identity and sexual orientation), 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): Policy 1.07 Civil Rights

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): Policy 1.07 Civil Rights

3. The State agency 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.

4. The State agency transfers complaints immediately upon receipt to the FNS HQ Civil Rights Division if no FNS-approved complaint procedure timeline is in place.

Yes ☐ No ☐ If no, specify [Click or tap here to enter text.](#)

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): Policy 1.07 Civil

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Rights