



Alaska WIC Policy

Chapter 8: Caseload Management

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Policy Title	GOAL OF CASELOAD MANAGEMENT	Item	GOAL OF CASELOAD MANAGEMENT
Policy Number	CLM 1.0	Effective Date	June 30, 2012 (re-formatted)

Purpose

To define the term “caseload management” and identify caseload management as a WIC Program goal.

Authority

State WIC Office

Policy

Goal of Caseload Management

One of the most challenging aspects of the WIC Program is finding the right blend of strategies to successfully manage caseloads and meet funding obligations. The goal of good caseload management is to deliver, within available resources, appropriately prescribed food packages and nutrition services to the maximum number of persons most in need.



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Policy Title	ACCESS TO SERVICES	Item	CLINIC HOURS AND STAFFING AVAILABILITY
Policy Number	CLM 1.1	Effective Date	June, 2018

Purpose

To ensure participant access to WIC services and minimizing hardship for the population that requires non-traditional services. Therefore, local agencies must make every effort to identify and reduce barriers that prohibit enrollment and service to eligible and potentially eligible participants.

Authority Federal Regulations: 7CFR Ch 246.7 and State WIC Office

Policy

Permanent and satellite clinics make up the composition of local agency WIC service sites for WIC clients. Permanent WIC clinics constitute a static clinic site, serving the general public during standard times and days of the week. Satellite clinics are service areas that support the operation of the WIC local agency but are not considered primary clinics in the agency. The satellite clinics can be rotating in location, days and times available for WIC business. Examples of satellite clinics are sites visited during village travel, service provision to special populations such as the Infant Learning Program or a church serving primarily migrant populations. Migrant populations are individuals (and family members) employed seasonally in agriculture, logging, or fishing occupations, who have established temporary residence for the purpose of such employment.

To ensure that potential applicants and WIC participants have access to services, WIC local agencies serving greater than 500 clients / month must be open five days per week, eight hours/day. Satellite clinics may have reduced hours depending on caseload. Local agencies, permanent, and satellite clinics are encouraged to offer extended or weekend hours to meet the needs of working families or through appointments outside standard working hours, as needed.

Local agency/clinics are encouraged to be available (i.e. through staggered schedule) during lunch hours to accommodate applicants/ participants who are employed.

Hours of operation for satellite clinics should complement the permanent clinic. Any local agency with more than one clinic site is responsible for updating those staff with policy changes, management findings and other required changes in the WIC program.

If satellite clinics are being considered to replace existing permanent clinics, the hours of operation should be commensurate with the original WIC service plan as included in the grant application. When considering opening a satellite clinic, the local agency must consider the following factors to justify the need to pursue the project: number of potential eligible surrounding the clinic, anticipated staffing, location of other nearby WIC clinics, internet



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availability, outreach plan, and anticipated costs. Local WIC agencies must obtain prior written approval from the State 60 days before opening a clinic.

Clinic Closure: See page 31 of this section.

WIC Appointments versus Walk-In Services:

Clinic staff shall reasonably accommodate all applicant and participant requests for appointments at the clinic regardless of whether the clinic provides by appointment or walk-in based services. If a clinic has exclusively “walk-in” schedules the option for appointments shall be available to participants who may need them. Clerks and front desk staff should not discourage one type of WIC service over another but inform clients of their options to schedule an appointment or to walk-in for WIC services when needed. One option is not “better” than another from a clinic perspective but should be the client’s preference and need for receiving their WIC services that is accommodated.

Key Staff: WIC Coordinators, WIC Assistant Coordinators, CPAs and office assistant are expected to be physically present at the local agency or satellite clinic site to facilitate WIC processes, clinic flow and supervise staff, as needed. On-site staffing helps cover staff gaps during scheduled vacations and unexpected employee illnesses in addition to the day-to-day WIC duties such as seeing participants face to face. Any exception to this policy requires approval by the State WIC office prior to implementation.

Notification of Clinic Changes

Circumstances such as travel, meetings and illness may necessitate an occasional change to standard office hours. If your clinic or clinic staff have a temporary change in their availability, notification should occur which includes updating outgoing phone messages, email accounts and posting door signs of the closure or temporary absence from work. Alternate contacts should be included in the notifications so clients, other WIC agencies, vendors and state staff have a means to contact someone in cases of emergency.

Local Agency Coordinator’s phone messages should always include days of the week and times they are available and provide a contact name and number for immediate assistance in the event they are unavailable. Out of the office emails should include days of absence and a contact number for immediate assistance.

WIC agency clinics shall remain open and accessible each week of the fiscal year.



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Policy Title	MISSED CERTIFICATION APPOINTMENTS AND WARRANT PICK-UPS: NO-SHOWS	Item	MISSED CERTIFICATION APPOINTMENTS AND WARRANT PICK-UPS: NO-SHOWS
Policy Number	CLM 1.1.1	Effective Date	June 30, 2012 (re-formatted)

Purpose

To define the term “no-show” and alert Local Agencies of the requirement to monitor and track WIC participants who have missed their WIC appointments.

Authority

State WIC Office based on:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits- Nutrition Education
 - 246.11(e)(4)
 - page 400 (documentation portion)

State WIC Office: (no show rate, corrective action plan)

Policy

Missed Certification Appointments and Warrant Pick-Ups (No-Shows)

It is important that all WIC participants receive their full benefits each month. Any currently certified participant who does not come to the WIC clinic to receive their warrants and nutrition education is identified as a “no-show”. Each agency must monitor their no-show level, by monitoring the Participation vs. Enrollment Monthly report in the SPIRIT State Office reports section. Compare the local agency Participation vs. Enrollment report against the statewide Participation v. Enrollment report. The local agency should strive to meet or exceed the statewide average. If an agency’s rate is lower than the statewide average per quarter, a documented corrective action plan (CAP) must be developed to identify why participants are not returning to clinic, and how to reduce the Local Agency’s no-show rate. The CAP is described in the local agency’s quarterly report.

If a participant or family misses an initial certification, subsequent certification or nutrition education appointment, attempt to reschedule the participant to ensure the participant receives needed services. Follow-up calls, postcards, emails, texts, or letters to participants that have missed their appointments should be used in an attempt to reschedule appointments. For walk-in clinics a no-show procedure should be in place to identify participants whose services are overdue and a plan to contact the participant via one of the methods mentioned above.



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Policy Title	NO-SHOW PREVENTION: APPOINTMENT REMINDERS	Item	NO-SHOW PREVENTION: APPOINTMENT REMINDERS
Policy Number	CLM 1.1.2	Effective Date	June 30, 2012 (re-formatted)

Purpose

To provide recommended procedures for reminding WIC participants that they have an upcoming WIC appointment scheduled.

Authority

State WIC Office

Policy

No-Show Prevention: Appointment Reminders

WIC appointments are usually made several months in advance. Appointment reminders are a good way to reduce no-shows.

The following procedures are recommended for use by Local Agencies to reduce no-shows:

When an appointment is made for a participant, ask him or her to write his or her current address on the front of a postcard, and to fill out the back of a postcard which is printed as follows:

You have a clinic appointment at:

(Clinic address - preprinted)

on _____ at _____

If you cannot keep this appointment, please call (clinic phone # - preprinted) at least 24 hours in advance to schedule a new appointment.

To preserve confidentiality, do not use “WIC” on either side of the postcard. File the postcards by appointment dates, and mail them several days before appointments.

Some participants may have moved by the time their appointment postcard is sent, but may receive their postcards.

- Involve staff in taking action to reduce no-shows.
- The day prior to a participant’s appointment, call the applicant to confirm date and time.



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- Collect email addresses in SPIRIT to do mass email reminders for appointment reminders. Do not enter the email address into SPIRIT if the client does not want email correspondence from WIC.



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Policy Title	PREGNANT WOMEN WHO MISS FIRST APPOINTMENT	Item	PREGNANT WOMEN WHO MISS FIRST APPOINTMENT
Policy Number	CLM 1.1.3	Effective Date	June 30, 2012 (re-formatted)

Purpose

To inform Local Agencies of the requirement to contact any pregnant woman who misses her initial WIC certification appointment and attempt to reschedule her.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility- Certification of Participants
 - 246.7(b)(5)
 - page 366

Policy

Pregnant Women Who Miss First Appointment

Each Local Agency must attempt to contact (by phone or by mail) each pregnant woman who misses her first appointment to apply for participation in the program in order to reschedule the appointment. This requirement applies to initial certification only and does not apply to missed appointments for WIC warrant pick up or to missed appointments at subsequent applications. To facilitate attempts to contact these women if an initial certification appointment is missed, Local Agencies must request an address and telephone number of each pregnant woman at the time of the initial contact.



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Policy Title	ALLOCATION AND MONITORING CASELOAD	Item	ALLOCATION AND MONITORING CASELOAD: CASELOAD PERFORMANCE STANDARD: CASELOAD COMPLIANCE DECISION TOOL
Policy Number	CLM 1.2	Effective Date	June 30, 2012 (re-formatted)

Purpose

To inform Local Agencies of the requirement that they maintain caseload at the level assigned by the State WIC Office.

Authority

State WIC Office plan based on:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart B- State and Local Agency Eligibility- State Plan
 - 246.4(a)(13)
 - page 359 (state plan requirement)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart E- State Agency Provisions- Distribution of Funds
 - 246.16(c)(2)(i)
 - page 427 (state share target funding)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart E- State Agency Provisions- Distribution of Funds
 - 246.16(e)(2)(i)
 - page 430 (performance standard)

Policy

Allocation and Monitoring Caseload

SPIRIT enables assignment of caseload by local agency. State office staff can use “Assigned Caseload” to monitor caseload performance in real-time via the State Office module. Staff can run the “Actual Enrollment Versus Caseload Assigned” report to monitor Active and Enrolled Participation. LAs will have access to the report as needed.

Local WIC programs shall maintain caseload levels that meet their assigned caseload set by the State WIC Office. The goal is to achieve and maintain a caseload as close to $\geq 100\%$ as possible. Caseload assignments, and ultimately funding, can be impacted if Local Agencies are **either 97% below or 103% above** their caseload assignments.



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The purpose is to provide WIC services to as many eligible participants as possible by fully utilizing available resources in accordance with the federal regulations. This is supported by the USDA federal regulation: 7 CFR §246.16 (e) 2 Performance Standards.

Caseload Performance Standard

Assigned caseload is determined by the State WIC Office based on prior year averages. Caseload is also determined in part by available funding and may be redistributed if Local Agency Performance Standards are either 97% below or 103% above the assigned caseload. Minimally, Performance Standards will be updated annually along with the Local Agency's grant approval.

Caseload Compliance Decision Tool

Triage tool used to help the State WIC office monitor caseload variations and assist Local Agency clinics to reach or maintain their assigned Caseload Performance Standard.



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Policy Title	PARTICIPATION MONITORING AND REPORTS	Item	PARTICIPATION MONITORING AND REPORTS: ACTIVE AND ENROLLED PARTICIPATION: NO-SHOW RATE
Policy Number	CLM 1.2.1	Effective Date	June 30, 2012 (re-formatted)

Purpose

To explain caseload in terms of “active” versus “enrolled” participation, and identify the AKWIC reports that provide Local Agencies with their actual monthly caseload values.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Definitions
 - 246.2
 - page 353 (participation)

State WIC Office: AKWIC Reporting and No-Show Rates

Policy

Participation Monitoring and Reports

Enrolled Participation

The number of participants listed as enrolled in the SPIRIT system that are eligible for food instruments but did not receive them. Report CLD 005 “Enrollment Monthly” for enrolled participation in the SPIRIT system and accessed through the State Office module.

Active Participation

The number of participants listed as active in the SPIRIT system for which food instruments are printed each month by the Local Agency WIC office. Report “CLD 026 Reported Participation WIC – Monthly Unduplicated” reports active participation in the SPIRIT system and accessed through the State Office module.

The State WIC Office and Local Agencies will monitor the number of active participants (participants who received warrants for redemption in that month) on a monthly basis. This will be compared to each Local Agency’s caseload Performance Standard. The SPIRIT participation reports are available after the 18th of the month or after the “end-of-month” processes are run; whichever is earliest.

No- Show Rate

If your agency uses the appointment scheduler, review the appointment no-show rate for the month. SPIRIT calculates this number by using data from the calendar functionality and clinic



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staff data input. Access report CLN019 “Kept vs. Missed Appointments” through the Clinic Module for statistics.

If your agency does not use the appointment scheduler each agency must monitor their no-show level, by monitoring the Participation vs. Enrollment Monthly report in the SPIRIT State Office reports section. Compare the local agency Participation vs. Enrollment report against the statewide Participation v. Enrollment report. The local agency should strive to meet or exceed the statewide average.

Technical assistance is offered by the State WIC Office to Local Agencies that have difficulty in meeting their caseload Performance Standard. If your agency caseload is $\leq 97\%$ of your Performance Standard, consider managing caseload through the following suggestions.

Local Agencies should consider the following factors in monitoring month-by-month caseload:

- The number of participants whose certification periods are expiring, by month, who will not be eligible for recertification.
- The number of participants whose certification periods are expiring, by month, who will be categorically eligible to be screened for recertification.
- Prior caseload, by month.
- The average number of appointments, by month, for applicants for certification and recertification. This average should be calculated for at least the past six months. Outreach activities which have the potential of increasing the number of applications.
- Seasonal fluctuations in average area incomes which, based on prior history, usually increase or decrease active caseload.
- Seasonal migration patterns, such as moves to summer fish camps, which, based on prior history, usually increase or decrease caseload.
- Begin efforts to increase caseload early in the fiscal year, then build throughout the year.
- Use State staff as a resource for technical assistance in interpreting reports and developing strategies.
- Talk with experienced coordinators to learn how they have handled caseload changes and to learn more about the act of managing caseload.
- Analyze trends and patterns from past reports. Maintain and evaluate records that identify caseload fluctuations. For example, in evaluating records from past years there is a repeat pattern of a decrease in active participants during the second quarter of the state fiscal year; due to the release of the Alaskan Permanent Fund Dividend.
- Keep staff and agency managers informed about caseload performance, the implications of current trends and possible impact of changes in caseload. Involve them in making decisions.
- Develop strategies to achieve caseload goals. Take action and implement selected strategies. Maintain ongoing evaluations and reassess plans and goals as needed.
- Increase outreach activities.



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- Distribute WIC information to local stores, clinics, and agencies. Contact the State WIC Office for outreach materials.
- Pursue populations in need of increased services, such as Medicaid or DKC recipients, teen parents, Head Start families and isolated communities.
- Consider promotions via local newspapers and radio stations.
- Encourage word-of-mouth referrals.
- Increase the number of available appointments.
 - Review staffing patterns and activities.
 - Use volunteers or non-professional staff for support services, routine clerical tasks, and participant weighing and measuring, to increase availability of staff for certification appointments.
 - Streamline service to reduce length of time spent per participant so additional appointments can be scheduled. Analyze participant movement through the clinic.
 - Consider group certifications.
 - Share staff from other health department programs, local WIC programs, doctors' offices, or other agencies, to assist with certification.
- Increase accessibility to program services. Conduct participant surveys to identify barriers to services.
 - Extend clinic hours to include weekend, evening, early mornings, or lunch times.
 - Check availability of public transportation and free parking near clinic sites.
 - Provide adequate waiting room and clinic space to serve the number of participants being seen at each clinic site.
- Improve show rates.
 - Call participants the day before scheduled appointments.
 - Send reminder postcards.
 - Allow participants to select appointment dates and times that best serve their needs.
 - Contact participants to reschedule missed appointments.
 - Adjust appointment schedules to compensate for show rates by over-booking appointments.
 - Create an on-call list of participants who are willing and able to come in on short notice to fill appointment slots that become available when participants cancel.
 - Serve walk-in clients as a good business practice.
 - Have clients call when they need an appointment closer to the time their benefits run out. Be sure to have a good system to follow-up on clients that do not call back.
 - Your agency can utilize the service “One Call Now” which automatically calls, texts and emails clients reminders that upcoming appointments or benefits are about to expire. This is a time saving measure to reduce the administrative burden of each local agency having to make reminder calls to clients. Contact the State office if you need assistance to sign up for this program.



Alaska WIC Policy

Policy Title	LOCAL AGENCY BENEFIT TARGETING PLAN	Item	PARTICIPATION MONITORING AND REPORTS: PARTICIPANT SURVEYS
Policy Number	CLM 2.0	Effective Date	January 3, 2013

Purpose

To explain caseload in terms of “active” versus “enrolled” participation, and identify the SPIRIT reports that provide Local Agencies with their actual monthly caseload values.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Definitions
 - 246.2
 - page 353 (participation)

State WIC Office: SPIRIT Reporting and No-Show Rates

Policy

Participation Monitoring and Reports

“No-Show” rates in SPIRIT are calculated based upon kept versus missed appointment for each appointment type. The “Kept vs Missed Appointments” report found in the Clinic Module lists appointment types, the number of kept and missed appointments, along with the percent of kept appointments. Agencies are encouraged to monitor this report and to keep their percent “kept appointments” as high as possible.



Alaska WIC Policy

Policy Title	LOCAL AGENCY BENEFIT TARGETING PLAN	Item	LOCAL AGENCY BENEFIT TARGETING PLAN: PUBLIC AWARENESS
Policy Number	CLM 2.1	Effective Date	June 30, 2012 (re-formatted)

Purpose

To describe the requirement that Local Agencies develop an outreach plan to increase public awareness and participation in the WIC Program.

Authority

State WIC Office plan based on:

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart B- State and Local Agency Eligibility- State Plan
 - 246.4(a)(7-8)
 - page 358

WIC Nutrition Services Standards: Standard 21, Program Outreach and Marketing (October 2011, page 43)

Policy

Local Agency Benefit Targeting Plan

Local Agencies are required to develop an outreach plan to implement a public awareness program which encourages participation and informs all potentially eligible persons, particularly minorities and women in the early months of pregnancy, of the program. The public awareness system must advise participants of the protection against discrimination and describe the procedure for filing a complaint.

In targeting outreach efforts to pregnant women in their first trimester, clinics should include outreach to medical practices that serve pregnant women in Alaska. Places such as OB orientations, village health clinics, birthing centers, teen pregnant facilities or schools, Family and OB practices should receive brochures and posters about accessing WIC services. Outreach to these practices should occur at least once annually.

Local Agencies should use forms of communication such as letters, leaflets, brochures, bulletins, newspapers, and radio and television announcements to disseminate program information to the general public with emphasis on women in the early months of pregnancy, and minorities, and minority organizations.



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Information distributed to the public must advise potential participants, particularly minorities, women, the homeless, foster care givers, and grassroots organizations, of program availability and eligibility standards throughout the year. It must also inform potential participants of any significant program changes in the areas affected, such as revisions in income eligibility standards and the location of new clinics, as well as hours of service.

This information must be publicly announced by Local Agencies at least annually and must also be distributed to offices and organizations that deal with significant numbers of potentially eligible persons, including health and medical organizations, physicians, hospitals, and clinics, welfare and unemployment offices, social service agencies, farmworker organizations, foster care facilities, Indian tribal organizations, religious and community organizations in low income area, and WIC vendors.

Public Awareness

The public awareness program material should use photographs or other graphics to display participants of different races, colors, ages, sexes, disabilities, and national origins on program related information which conveys the message of equal opportunity.

It should also provide information and other materials such as applications, eligibility criteria and procedures for delivery of benefits in languages other than English, as needed.

All outreach information concerning program activities must contain the WIC non-discrimination statement.

Local Agencies are required to report on outreach efforts in their quarterly reports and their Logic Model. Outreach plans and activities are reviewed by State WIC Office staff in Local Agency Management Evaluations.



Alaska WIC Policy

Policy Title	OUTREACH	Item	OUTREACH
Policy Number	CLM 2.2	Effective Date	June, 2018

Purpose

Increase caseload through outreach to Division of Public Assistance’s (DPA’s eligible participants) data.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- State Plan - Outreach
 - 246.4
- Agreements with Local Agency
 - 246.6

WIC grantees have an opportunity to receive Medicaid, Denali KidCare, and SNAP client data from DPA in order to expand caseload by identifying individuals and families that would benefit from receiving WIC services.

In order to receive this confidential information, WIC grantees agree to abide by the signed WIC Data Exchange Agreement as part of the annual grant award process.

WIC clinics are restricted from using client information for purposes other than providing WIC services as outlined in the signed client Rights and Responsibilities form.



Alaska WIC Policy

Policy Title	MIGRANT OUTREACH	Item	MIGRANT OUTREACH
Policy Number	CLM 2.3	Effective Date	June 30, 2012 (re-formatted)

Purpose

To define the term “migrant” and describe their preferential enrollment as WIC Participants.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart A- General- Definitions
 - 246.2
 - page 352 (migrant)

Policy

Migrant Outreach

Migrant farm workers (individuals who move regularly in order to find farm work, such as harvesting crops) are not identified as a special population in this state. However, in Alaska there are a small number of loggers who work in the timber industry and seasonal cannery workers who work in the seafood industry. Approximately two-thirds of summer food processing employees are nonresidents.

Because the Alaska Department of Labor does not identify migrant workers as a special population, there is no data available for health planning. Alaska WIC Local Agencies will preferentially enroll a migrant who has been a WIC participant elsewhere, but migrants are not considered a special population in Alaska.

Local agencies must make efforts to conduct outreach where this population exists within their service areas as a means to increasing caseload as well as to provide needed services.



Alaska WIC Policy

Policy Title	ALASKA NATIVE OUTREACH	Item	ALASKA NATIVE OUTREACH
Policy Number	CLM 2.4	Effective Date	June 30, 2012 (re-formatted)

Purpose

To describe the State WIC Program’s effort to serve the Alaska Native population and to list those health agencies In Alaska, for which the health of Alaska Natives is their focus.

Authority

State WIC Office

Policy

Alaska Native Outreach

Fifteen percent of all Alaskans are American Indian, Eskimo, or Aleut. Many Alaska Natives live in remote villages which average less than 250 in population. These villages are scattered along the major river ways and coastal areas of Alaska, and are basic units of subsistence culture. This remoteness and sparseness of population makes it expensive and difficult to administer a program such as WIC in the “bush communities”. Costs are extremely high for salary, travel, communication, and equipment as well as training and maintaining part-time personnel. At the same time, Alaska Natives are at an elevated health risk compared to non-Natives, and many have less access to health services because they live in remote areas.

In order to improve the health status of Alaska Natives, every reasonable effort must be made to serve this population. The State WIC Office currently awards funds to ten health agencies that have the health of Alaska Natives as their primary focus (Norton Sound Regional Health Corporation, Southeast Alaska Regional Health Consortium, North Slope Borough Department of Health and Social Services, Yukon-Kuskokwim Health Corporation, Tanana Chiefs Conference, Bristol Bay Area Health Corporation, Kodiak Area Native Association, Copper River Basin, Cook Inlet Tribal Council, and the Aleutian/Pribilof Islands). All Local Agencies are required to do outreach to minority organizations to ensure that Alaska Natives are informed of program availability.



Alaska WIC Policy

Policy Title	OUTREACH TO OTHER MINORITIES	Item	OUTREACH TO OTHER MINORITIES
Policy Number	CLM 2.5	Effective Date	June 30, 2012 (re-formatted)

Purpose

To encourage Local Agencies to provide WIC outreach to all minority groups in Alaska.

Authority

State WIC Office

Policy

Outreach to Other Minorities

The population of other minorities in Alaska is growing. Significant numbers of Hispanics, African Americans and Asian/Pacific Islanders are now residents of the state. Local Agencies should make special efforts to reach these populations using outreach methods which are appropriate to such populations, such as through churches or community groups.



Alaska WIC Policy

Policy Title	WAIT LIST POLICY	Item	WAIT LIST: POLICY
Policy Number	CLM 3.0	Effective Date	June 30, 2012 (re-formatted)

Purpose

To provide the policy for serving WIC participants when the State WIC Office experiences a funding shortage and initiates a “wait list”.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility- Certification of Participants
 - 246.7(f)(1)
 - page 375

Policy

Wait List Policy

Waiting lists will be established and maintained when current active caseloads and/or Local Agency caseload projections indicate that food expenditures may exceed available funds, or when food fund reductions in the Alaska WIC grant from the USDA are anticipated.

If the State WIC Office experiences food funding shortages, it will notify Local Agencies that waiting lists of persons applying for services must be kept. In no case can an applicant who requests placement on a waiting list be denied inclusion. Individuals may visit the Local Agency or make a telephone request for placement on the waiting list. Applicants for recertification screening should be placed on the same waiting list as new applicants (i.e., recertifications do not take priority over new applicants). Persons placed on a waiting list should receive notification of their placement on the waiting list within 20 days of the time that she/he applies for services.



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Policy Title	WAIT LIST PROCEDURES	Item	WAIT LIST PROCEDURES: ALASKA WAIT LIST PROCEDURES: SUMMARY OF WIC PRIORITIES
Policy Number	CLM 3.1	Effective Date	June 30, 2012 (re-formatted)

Purpose

To provide procedures Local Agencies should follow when a wait list has been implemented.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility- Certification of Participants
 - 246.7(f)(1)
 - page 375

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility- Certification of Participants
 - 246.7(e)(4)(i-vii)
 - page 374-375 (priority system)

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility- Certification of Participants
 - 246.7(k)(3)
 - page 379 (VOC's)

Policy

Wait List Procedures

The number of active participants who can be served will be projected by the State WIC Office, based on current and projected caseload, and food fund availability. Current numbers of active participants in each priority group will be analyzed, and will be used in determining the numbers of new applicants or participants applying for recertification who must be placed on waiting lists. Waiting list designations will begin with the lowest priority group currently being served, and will progress upward through priority groups, depending on the cut in active caseload which may be necessary. Subprioritization within priority groups will be employed if necessary.

Uniform Waiting List

Persons transferring from another WIC clinic who are still within a certification period. When an opening occurs, transferring participants must be served ahead of all other applicants on the waiting list for their priority group, regardless of their priority. If the certification period has expired, they are to be treated as all other applicants for certification.



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Alaska WIC Waiting Lists Procedures

1. WIC clients whose certification period has not expired will continue to receive WIC warrants until the end of their certification period. At the end of their current certification period, they will need to be re-certified and be placed on the waiting list.
2. New applicants and clients needing re-certification should be placed on the same waiting list. Re-certifications do not take priority over new applicants. Both are required to be certified, to determine nutritional risk and to assign a Priority. Clients being placed on waiting lists should be evaluated for priority by assessing application, height, weight, and hemoglobin value if applicable. Once an opening is available and a client comes off the wait list, checks can be printed and mailed to the client to help with clinic flow and efficiencies.
3. Persons transferring from another WIC clinic who are still within a certification period must be served ahead of all other applicants on the waiting list for their priority group, regardless of their priority. If the certification period has expired, they are to be treated as all other applicants for certification.
4. The following is a simplified summary of Alaska WIC Priorities, See Alaska WIC Policy and Procedures for more specific details *Priorities by Risk Factors and Participants' Categories* in your WIC Risk Code Manual, Rev. 10.2007.

Summary of Alaska WIC Priorities

Priority I: PG, BF, and I

- Anthropometric, hematological or documented nutrition related medical conditions

Priority II: I

- Infant of a WIC mom up to 6 months
- Infant of a non WIC mom with documented Nutritional Risks During pregnancy detectable by Anthropometric, Hematological or nutrition related medical conditions

Priority III: C and PP

- Anthropometric, hematological or documented medical conditions

Priority IV: PG, BF, and I

- Failure to Meet Dietary Guidelines; Presumptive Eligibility; Regression
- Homeless or Migrant; Recipient of Abuse, and Other Nutritional Risks



Alaska WIC Policy

Priority V: C

- Failure to Meet Dietary Guidelines
- Homeless or Migrant; Recipient of Abuse, and Other Nutritional Risks

Priority VI: PP

- Failure to Meet Dietary Guidelines, Other Nutritional Risk, Regression; Homeless or Migrant; Recipient of Abuse

Priority VII: C

- Regression

Variable Priority: Breastfeeding Dyad

- If breastfeeding women and infant's priorities differ assign the highest priority to both

Once a Priority is established, the client can be placed in a waiting list. Since the computer system may not assign the correct priority in all cases, verify priorities using above references.

5. Local Agencies must maintain a written Waiting List and it shall include:

- The person's name
- Address or phone number
- Status (client type) and
- Date the client was placed on the Waiting List.
- Priority

Additional tracking information is optional. Farmers Market warrants may be issued to eligible clients on waiting lists. A sample Wait List form is available at the end of this Chapter.

6. Clients placed on Waiting List shall be notified of their placement within 20 days of the time that she/he applies for services. Explain to the client that their name will be placed on the waiting list for that priority. Inform the client that we will be contacting them as soon as the State WIC Office tells Local Agencies to begin serving their priority.
7. Provide the participant with the necessary referrals and community resource list to help assist them during this unfortunate time. No Local Agency variations will be permitted without written prior State WIC Office approval. Local Agencies will place an applicant on a waiting list only after categorical eligibility and nutritional risk have been established. The State WIC Office will monitor the number of applicants on waiting lists for each Local Agency on a monthly basis.

Alaska WIC Wait List Information

Guardian Name/ Client Name	Address/ Phone	Transfer (Yes or No)	Date Wait listed	Client Type	Priority	Risk #	Income Eligible (Yes or No)	Method of Application	Date Notified	Term Date

Policy Title	WAIT LIST REDUCTION	Item	WAIT LIST REDUCTION
Policy Number	CLM 3.2	Effective Date	June 30, 2012 (re-formatted)

Purpose

To provide guidance to Local Agencies when wait list restrictions have been lifted, and eligible participants may again be provided WIC services.

Authority

Federal Regulations: 7CFR Ch. II (1-1-12 Edition)

- Subpart C- Participant Eligibility- Certification of Participants
 - 246.7(f)(1)
 - page 375

Policy

Waiting List Reduction

If additional food funds become available, the number of applicants, by priority group, who can be added to the statewide caseload, will be projected by the State WIC Office. Local Agencies will be notified of the number of applicants who can be certified, by priority group. Applicants in each priority group that can now be certified will be certified based on the amount of time they have been on the waiting list. It is recognized that it is much harder for a Local Agency to build caseload than to cut caseload, so a decision to implement the waiting list policy will only be made after very careful consideration.

Policy Title	BREASTFEEDING SUPPORT AND ENPR'S DURING TEMPORARY URBAN STAYS	Item	BREASTFEEDING SUPPORT AND ENPR'S DURING TEMPORARY URBAN STAYS
Policy Number	CLM 4.1	Effective Date	March 2017

Purpose

To provide guidelines for providing breastfeeding support and/or an ENPR, for WIC participants who must transfer from a rural to an urban clinic on a temporary basis.

Authority

State WIC Office

Policy

Breastfeeding Support During Temporary Urban Stays

For clients needing breast pumps and breastfeeding support while in the urban area:

1. Assess breast pump needs of the client.
2. If the client requires a breast pump, assess long-term need for the pump.
3. If needed, issue the electric breast pump or breastfeeding support services to the client.
An option to issue a "Pump-In-Style" in lieu of an electric pump maybe considered if there is a concern of returning the multi-user electric pump to the local WIC agency.
4. If a multi-user pump is issued, request that the client not take the electric breast pump out of the urban area. Contact the client's "home" WIC office to arrange for a pump loan from there and have them transfer the client back to their WIC office.
5. Advise the client to call their WIC office once they return home to arrange for follow up.

ENPR's During Temporary Urban Stays

For clients needing special medical formulas that require an ENPR form:

1. Urban clinics should sign up infants that require a special medical formula that requires an ENPR form for approval.
2. Process the paper work for the ENPR and issue one month of vouchers to the infant.
3. Scan the ENPR form into SPIRIT.
4. Advise the client to call the WIC office once they return home to arrange for follow up.

Policy Title	CLINIC CLOSURES	Item	CLINIC CLOSURES
Policy Number	CLM 5.0	Effective Date	July 9, 2013

Purpose

To provide guidance for permanently closing WIC Local Agency or WIC clinic(s).

Authority

State WIC Office

Policy

Local agency or clinic closures should be thoroughly planned and allow time to notify clients about their future WIC service provision. This policy establishes procedures to follow when closing a local agency or clinic. Depending upon the circumstances surrounding the closure, more or different guidance may be necessary and local agencies are encouraged to contact the State WIC office for assistance.

Signed grant agreements with local agencies dictate that WIC services shall be provided through the fiscal year the grant is approved for. Therefore if a local agency plans to discontinue WIC services it will be July 1st, after the close of the current grant year which the agency has the signed grant agreement. Adequate planning ensures that clients know where their services will be provided from and services should continue without the client experiencing any disruption. Local agencies must have State Office approval before closing any clinic. The state office must be notified at least 90 days in advance and approves the clinic closure prior to the clinic implementing any steps in the closure process.

Clients should be notified within a timely manner to allow for a seamless transfer to their next WIC clinic. Ideally a three (3) month lead time would give clients adequate time to adjust to the change. Notification to WIC clients should be in writing and contain at minimum information on the date the current clinic will close, option of clinic(s) the client could receive services from including name of the WIC Clinic, physical address (and mailing address if different than physical address) and phone number. All current clients should be notified receiving their vouchers. Work with the WIC agency that will be receiving these WIC clients to help make the transition smooth and as transparent to the WIC client as possible.

Provide services to WIC clients up until the WIC office closes its door. As a transition to office closure try to provide anticipatory services to the client as far out as you are allowed by federal regulation.

At a minimum, the WIC participant record, signed warrant receipts, or clients' forms with client information such as an ENPR or breast pump loan form must be retained at the appropriate Local Agency clinic site for one year after termination of the participant from the program. In addition, the file must be archived for an additional two years. In total the documents must be kept for

three years. Records should be accessible during the three year period for auditing purposes. Stored records should be organized, clearly marked, and labeled by state fiscal year and files alphabetical by guardian name within the storage box.

If boxes are shipped to another location they should be sent with a postal tracking service. If boxes are moved to another clinic location the boxes should be secured at all times. Prior to office closure all records should be reviewed and those outside of the retention schedule should be disposed of in a secure manner to protect any confidential information.

Items purchased with WIC funding will need to be accounted for and inventoried prior to transfer. Lost, unaccounted for items need to be rectified prior to the closure.

Contact the new WIC office along with the State WIC office to discuss transfer of equipment and supplies. Inventory records should be updated at the new agency receiving any equipment and forwarded to the State WIC office to keep on record. To dispose of nonfunctioning equipment use the State of Alaska's Property Salvage/Destruction Request form (found at: http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/Admin/Forms/outdated_WIC_equipment.pdf).