

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

(Please indicate) State Agency: Utah for FY 2017

Food delivery and food instrument (FI) (*Food instrument* means a voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods) accountability and control involve the production, issuance, redemption, and monitoring of automated and manual food instruments through retail systems and the delivery of WIC Program foods by non-retail methods, i.e., home delivery and direct distribution.

### Retail Food Delivery Systems

**A. Food Instrument Control Overview - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), and (a)(14)(xii):** describe the policies and procedures used by the State agency in producing, monitoring and accounting for the use of food instruments.

**B. Food Instrument Pick-up and Transaction - 246.4(a)(11)(iii) and (a)(14)(vi):** describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.

**C. Food Instrument Redemption and Disposition - 246.4(a)(14)(vi):** describe the procedures used to reconcile food instruments as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments as either validly issued, lost/stolen/damaged, expired, duplicate, or not matching issuance records.

**D. Manual Food Instruments - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi) and (a)(14)(ix):** describe the procedures for issuing and accounting for manual food instruments, including the procedures for documentation and disposition.

**E. Special Food Instrument Issuance Accommodations - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), (a)(14)(ix), (a)(14)(xiv) and (a)(21):** describe alternatives to participant food instrument pick-up for issuance (e.g., mail or electronic issuance) and how the integrity of program services and fiscal accountability is ensured.

**F. Vendor Cost Containment System Certification - 246.4(a)(14)(xv), 246.12(g)(4)(vi):** describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

### Non-Retail Food Delivery Systems

**G. Home Food Delivery Systems - 246.4(a)(11)(iii), 246.4(a)(14)(i), (a)(14)(vi), (a)(14)(vii) and (a)(14)(xii):** describe how the State agency's home delivery system operates including but not limited to the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries and ensuring safe food delivery of WIC foods, if applicable.

**H. Direct Distribution Food Delivery Systems - 246.4(a)(11)(iii), (a)(14)(i), and (a)(14)(vi), (a)(14)(vii), and (a)(14)(xii):** describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of food safety, as applicable.

### Electronic Benefit Transfer (EBT) Implementation and Management

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

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**A. Food Delivery and Food Instrument Control Overview**

**1. Food Instruments - General**

**a. The State agency uses the following types of FIs (check all that apply):**

- Automated-point of certification
- Manual-individual prescription
- Pre-printed manual-standard prescription
- Automated-central generation
- EBT
- Other (specify): \_\_\_\_\_

**b. The State agency conducts FI inventories (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):**

- | <b>Automated - EBT Cards</b>                    | <b>Physical - Paper FIs</b>                     |
|---|---|
| <input type="checkbox"/> Daily/perpetually      | <input type="checkbox"/> Daily                  |
| <input type="checkbox"/> Other (specify): _____ | <input checked="" type="checkbox"/> S Weekly    |
|   | <input type="checkbox"/> L Monthly              |
|   | <input type="checkbox"/> Other (specify): _____ |

**c. The FI contains/allows for the following information (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Not applicable                                    | <input checked="" type="checkbox"/> Local agency identifier       |
| <input checked="" type="checkbox"/> Participant WIC ID number              | <input checked="" type="checkbox"/> Vendor/farmer endorsement     |
| <input checked="" type="checkbox"/> Countersignature for participant/proxy | <input checked="" type="checkbox"/> Authorized supplemental foods |
| <input checked="" type="checkbox"/> First date of use                      | <input checked="" type="checkbox"/> Last date of use              |
| <input checked="" type="checkbox"/> Redemption period                      | <input checked="" type="checkbox"/> Serial number                 |
| <input checked="" type="checkbox"/> Purchase price                         | <input checked="" type="checkbox"/> Signature space               |

**Provide a facsimile or FI in Appendix or cite Procedure Manual:**  
See Section III, I. Vendor Management, Appendix, Check Data Fields

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**d. The EBT system allows for the following (check all that apply):**

- A unique and sequential number benefit issuance identifier
- Each EBT purchase is matched to an authorized vendor, farmer, or farmers' market prior to authorizing payment per 7 CFR 246.12(x)(3)
- System contains authorized supplemental foods
- System contains first and last dates of use for electronic benefits

**e. The State agency provides a toll-free number for participant/vendor/farmer inquiries on:**

- Paper Food Instrument     Cash-value voucher     EBT Card/Sleeve     None

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

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**2. Food Instrument Accountability**

**a. FIs are delivered to local agencies by:**

- State agency staff                       Local agency staff

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**A. Food Delivery and Food Instrument Control Overview**

- US Postal Service                       On-demand printing
- Contracted service (e.g., UPS, Purolator, etc.)
- Other (specify): Check paper is delivered by state staff or FedEx, all check data print on demand on blank stock.

**b. FIs (blank stock and preprinted ready for issuance) are delivered to the local agency (check all that apply):**

**Blank**

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify): As needed approx 3 mos.

**Preprinted**

- Not applicable
- Weekly
- Twice a month
- Once a month
- Once every two months
- Other (specify): \_\_\_\_\_

**c. The State agency uses the following procedures to ensure that unclaimed FIs are not being used fraudulently (check all that apply):**

- Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants
- Local agencies conduct an initial review to void food instruments for participants known to have been terminated from the Program
- Inventories of food instruments are not conducted by the same local agency staff responsible for issuing/voiding food instruments
- Procedures are in place to ensure the proper disposal of unused/duplicate/voided FIs
- Other (specify): \_\_\_\_\_

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

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**3. The State agency has established food delivery procedures in cases of natural disaster and emergencies for the following (check all that apply):**

- Manual Issuance                       Automated issuance
- Mailing                                       Home food delivery
- Direct distribution                       Other (specify): \_\_\_\_\_

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

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**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**B. Food Instrument Pick-up**

**2. The State agency's proxy policy includes the following:**

- Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs for all homeless WIC participants in a facility
- Limits proxy to a specified number of FI pick-ups
- Limits proxy to a minimum age
- Limits proxy assignment to local WIC staff
- Other (specify): \_\_\_\_\_

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

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**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**C. Food Instrument Redemption and Disposition**

**1. Food Instrument Disposition Procedures**

**a. The State agency system assures 100% disposition of all issued FIs**

Yes     No

**If no, specify the circumstances that prevent 100% disposition:**

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**b. Local agencies are supplied with a report on the final disposition of its FIs:**

Yes (specify period): Daily, Monthly     No

**c. The State agency monitors each local agency's:**

- Number of manual FIs utilized
- Number of unclaimed FIs
- Number of voided FIs
- Number of redeemed FIs with no issuance record

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

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**2. Unclaimed, Voided, Prorated FIs**

**a. The State agency requires local agencies to return "unclaimed/not picked up" FIs:**

Not applicable     Daily     Weekly     Monthly

Other (specify): \_\_\_\_\_

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**b. The State agency requires local agencies to return "voided" FIs:**

Not applicable     Daily     Weekly     Monthly

Other (specify): Shredded on site

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

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**3. Lost/Stolen/Damaged Food Instruments**

**a. The State agency requires local agencies to report lost/stolen/damaged FIs to (check all that apply):**

State agency     Police department     State agency's banking institution

EBT Coordinator

Other (specify): Entered in the system, which notifies the state and the bank.

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**b. Replacement/duplicate FIs Issuance**

**(1) Replacement/duplicate FIs are issued when FIs are reported lost:**

No

Depends on the circumstances

Yes (If FIs are reissued, it is done):

Immediately

Following notification of State agency/bank agency

After a 7 day waiting period (specify number of days)

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**C. Food Instrument Redemption and Disposition**

**(2) Replacement/duplicate FIs are issued when FIs are reported stolen:**

- No
- Depends on the circumstances
- Yes (If FIs are reissued, it is done):
  - Immediately
  - Following notification of State agency/bank agency
  - After a \_\_\_\_\_ day waiting period (specify number of days)

**(3) Replacement/duplicate FIs are issued when FIs are reported damaged:**

- No
- Depends on the circumstances
- Yes (If FIs are reissued, it is done):
  - Immediately
  - Following notification of State agency/bank agency
  - After a \_\_\_\_\_ day waiting period (specify number of days)

**c. Is a police report required before replacement benefits are issued when reported stolen?**

- Yes
- No

**d. The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen/damaged FIs (check all that apply):**

- Stops payment on the lost/stolen/damaged FIs
- Notifies vendor or farmer
- Other (specify): Checks are automatically voided, the bank reports any redeemed voided checks, an investigation occurs, a claim is made regarding any excess benefits.

**Please provide a copy/citation of the State agency's policy and procedures that ensure that lost/stolen FIs cannot be redeemed OR lost/stolen/damaged EBT cards will be replaced and associated benefits transferred (7 CFR 246.4(a)(14)(xix)).**

See Section II, IX. Food Benefit Accountability, Reconciling Checks- Lost Checks, Redeemed Voided Checks

**e. The local agency documents in the participant's file that replacement FIs were issued:**

- Yes     No

**f. If it is established that lost/stolen/damaged FIs are transacted by the participant who reported them lost/stolen/damaged, the following actions are taken:**

- A claim for cash repayment is issued to participant
- Participant is disqualified; specify the period of time: (if full repayment is not made) < \$100=month, > \$100=year
- Participant receives a warning
- Other (specify): \_\_\_\_\_

**g. If lost/stolen/damaged FIs are transacted by someone other than the participant, the following actions are taken, check all that apply:**

- Reported to police for investigation
- State agency or local agency does an investigation

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**C. Food Instrument Redemption and Disposition**

State agency or local agency notifies the participant

Other (specify): \_\_\_\_\_

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

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**h. The State agency monitors the level of reported lost/stolen/damaged FIs by local agency:**

Yes  No

**4. Food Instrument Redemption Screening (7 CFR 246.12(k)(1))**

**a. Describe in detail how the State agency sets maximum allowable reimbursement levels for for payment of food instruments (including whether the State agency uses vendors' shelf prices to set maximum reimbursement levels and how reimbursement levels are linked to competitive price criteria). If the State agency sets maximum allowable reimbursement levels differently for above-50-percent vendors and regular vendors, please explain the different methods used.**

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**(1) The State agency establishes maximum allowable reimbursement levels for:**

(a) Each peer group  Yes  No

(b) Each food instrument or food category  Yes  No

(c) Other (please specify): \_\_\_\_\_  Yes  No

**(2) The State agency establishes maximum allowable reimbursement levels using:**

(a) Standard deviations  Yes  No

If yes, specify the standard deviation number and explain how the State agency determined the standard deviation it used is appropriate:

3

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(b) A percentage above the average redemption amount  Yes  No

If yes, specify the percentage and explain how the State agency determined that this percentage is appropriate.

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(c) Other (please specify): \_\_\_\_\_  Yes  No

**(3) The maximum allowable reimbursement levels include a factor to reflect:**

Yes  No Wholesale price fluctuations; explain:

Yes  No Inflation; explain:

Yes  No Other (please specify): \_\_\_\_\_

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**b. The State agency screens FI through a pre-edit (before payment) or post-edit (after payment) process to detect the following:**

Not Applicable	Pre-Edit Screen	Post-Edit Screen	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price exceeds price limitations (FI only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase price missing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Altered purchase price
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendor/farmer identification missing

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**C. Food Instrument Redemption and Disposition**

- |                          |                                     |                          |  |
|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Invalid/counterfeit vendor/farmer identification |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transacted before specified period               |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transacted after specified period                |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Redeemed after specified period                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Altered dates                                    |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Missing signature                                |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Mismatched signature                             |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Altered signature                                |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Other (specify): _____                           |

**c. When the payment amount on a food instrument exceeds the maximum allowable reimbursement amount, what action does the State agency take?**

- Reimburses the vendor for amounts up to the maximum allowable reimbursement amount
- Reimburses the vendor at the peer group average
- Rejects the food instrument, but allow the vendor to resubmit
- Rejects the food instrument without allowing the vendor to resubmit
- Other (please specify): State must review transaction before a replacement checks is issued to vendor

**d. Where pre-edit screens are used, the proportion of FIs reviewed includes:**

- All FIs
- Percentage of FI ( \_\_\_\_\_ %)
- Other (please specify): \_\_\_\_\_

**e. The edit system(s) that use(s) maximum allowable reimbursement levels to screen for vendor overcharges rejects food instruments based on:**

- | <b>Pre-Edit</b>                     | <b>Post-Edit</b>         |                                     |
|-------------------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Not To Exceed or Maximum Prices     |
| <input type="checkbox"/>            | <input type="checkbox"/> | Percentage above average ( _____ %) |
| <input type="checkbox"/>            | <input type="checkbox"/> | Amount above average (\$ _____ )    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Other (specify): _____              |

**f. The following actions are used to control against unauthorized stores redeeming FIs:**

- Provide up-to-date list of authorized vendors to participants at certification and/or FI issuance
- Recover vendor/farmer/farmers' market stamp when vendor/farmer/farmers' market is no longer authorized
- Conduct compliance buy to verify if unauthorized store redeems FIs
- State agency or its banking institution checks vendor/farmer/farmers' market ID numbers on food instruments submitted for redemption against the authorized vendor/farmer/farmers' market list before paying vendors/farmers/farmers' markets for FIs submitted for redemption
- Inform all participants who might use the unauthorized store
- Other (specify): \_\_\_\_\_

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

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**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**C. Food Instrument Redemption and Disposition**

**5. Price Lists**

**a. Price list information is routinely collected from vendors:**

Yes     No; Explain: \_\_\_\_\_ (Proceed to item #6)

**b. Price list data are collected:**

Real Time or Daily via EBT system     Monthly     Quarterly     Semiannually

Other (specify): \_\_\_\_\_

**c. Price data are collected by:**

State agency staff

Local agency staff

Reports are submitted by vendors

EBT system

Other (specify): \_\_\_\_\_

**d. The data collected has food prices for (check all that apply):**

All brands and sizes of supplemental foods

Highest price supplemental food items within food categories

Most commonly redeemed food items; please specify:

\_\_\_\_\_

All authorized vendors

A sample of authorized vendors (please describe the sampling method used):

\_\_\_\_\_

Other (specify): \_\_\_\_\_

**e. The State agency/local agency verifies price data provided by vendors:**

During routine monitoring visits

Does not verify on a routine basis

Other (explain): \_\_\_\_\_

If the vendor is identified as a high-risk vendor; please explain the method:

\_\_\_\_\_

**f. The State agency/local agency analyzes price data:**

Manually on a routine or as needed basis

On an Automatic Data Processing system and uses it to:

Generate estimated food instrument values

Help inform WIC staff on vendor selection decisions

Develop vendor peer groups

Flag individual food instruments that appear to be overcharges

Other (specify): \_\_\_\_\_

**6. System to Detect Suspected Overcharges**

**a. Does the State agency screen for suspected overcharges:**

Yes, vendor claims are issued for overcharges

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**C. Food Instrument Redemption and Disposition**

- No, the State agency makes price adjustments to food instruments submitted for redemption at amounts above edit limits.
- No, the State agency does not identify overcharges and/or issue claims for overcharges. (Proceed to section *D. Manual Food Instruments*.)
- Other (specify): \_\_\_\_\_

**b. The methods used to identify vendor overcharges are:**

- Comparison of vendor's reported prices to charged prices
- Comparison of redemption values of vendor with other vendors in the vendor's peer group
- Comparison of redemption values of vendor with all vendors
- Other (specify): \_\_\_\_\_

**c. To receive payment or justify and correct a claim for a price adjustment or vendor overcharge, the vendor must: (Check all that apply)**

- Provide an updated price list
- Provide written justification for the higher prices
- Provide receipts
- Other (specify): \_\_\_\_\_

**d. What action(s) is/are taken when a vendor overcharge occurs? (Check all that apply)**

- Routine monitoring or remedial vendor training is conducted
- Vendor is designated as high-risk and scheduled for compliance investigation
- Vendor is provided with a written warning of potential sanction for overcharging
- Vendor is terminated for cause
- Vendor is sanctioned
- Other (specify): \_\_\_\_\_

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

\_\_\_\_\_

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**D. Manual Food Instruments**

DOES NOT APPLY (PROCEED TO NEXT SECTION)

**1. Manual FIs Policy**

**a. Manual FIs are utilized for the following reasons:**

- New participants
- Automated FIs not available
- Mutilated automated FIs
- Wrong food package on automated FI
- Wrong dollar amount on automated FI
- Provide for the special needs of the homeless
- Food package tailoring
- Routine monitoring visits (i.e., educational buys) of vendors/farmers
- Compliance buys of vendors/farmers
- Special conditions, e.g., disasters
- Other (specify): \_\_\_\_\_

**b. The State agency requires the following for completing the manual FI register:**

- Participant/proxy signature       Local agency staff initials
- Date of FI pick-up                       Other (specify): \_\_\_\_\_

**c. Manual FIs have a "Not to Exceed Value" of:**

- Same dollar amount for all manual food instruments \$ \_\_\_\_\_
- Variable dollar amount depending on type of prescription on manual FI
- Variable dollar amount depending on participant category on manual FI
- No limit
- Other (specify): \_\_\_\_\_

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

\_\_\_\_\_

**2. Manual FI Documentation and Disposition**

**a. A report containing the serial numbers of manual FIs issued by local agencies is sent to the State agency:**

- Not applicable     Weekly     Monthly
- Other (specify): \_\_\_\_\_

**b. Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual FIs issued and redeemed but for which no participant record currently exists by utilizing:**

- Turnaround documents to establish valid certification records
- Telephone calls to the State/local agency on irregularities
- Other (specify): \_\_\_\_\_

**c. If the manual FI inventories do not achieve 100% reconciliation of all issued and unissued FIs, the local agency (check all that apply):**

- Reports the FI serial numbers to the State agency

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**D. Manual Food Instruments**

Provides the FI serial numbers to local vendors/farmers

Other (specify): \_\_\_\_\_

**(Provide a copy/citation of the State agency's prescribed procedures if the manual FI inventory cannot be reconciled.)**

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

\_\_\_\_\_

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**E. Special FI Issuance Accommodations**

**1. Alternative FI Issuance**

**a. The State agency has implemented the following FI issuance policy (check all that apply):**

- All participants are required to pick up FIs at the clinic or local agency, except in unusual circumstances
- Participants/proxies are required to show identification at FI card pick up
- FI cards are routinely mailed to participants except (1) when the participant is scheduled for nutrition education (including breastfeeding promotion and support activities) or a certification appointment and (2) in areas where SNAP benefits are not mailed, as these areas are known to have experienced high mail issuance losses
- Benefits are provided electronically to a location such as a grocery store under certain conditions; thus participants may not always pick up FIs at the clinic
- Other (specify): \_\_\_\_\_

**2. Mailing Policy/Procedures**

**a. The State agency provides local agencies with guidelines/procedures for mailing FIs to individual participants:**

- Yes     No

**b. Policy requires participants to pick up FIs whenever certification appointment is due or nutrition education (including breastfeeding promotion and support activities) is scheduled:**

- Yes     No

**c. The State agency has implemented the following policy regarding mailing FIs (check all that apply):**

- FIs are sent first class mail \*(first class is considered *regular* mail)
- FIs are sent registered mail
- FIs are sent certified mail
- FIs are sent restricted mail
- Return receipt is requested on FIs sent certified mail
- Envelope specifies, "Do not forward, return to sender" or "Do not forward, address correction requested"
- Other (specify): \_\_\_\_\_

**d. The State agency approves mailing FIs under the following conditions (check all that apply):**

	State-Wide	LA with SA Approval	Case by Case
Participant hardship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Travel-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Better clinic management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Participant convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(if other, specify): \_\_\_\_\_

**e. When mailing FIs, documentation of FI issuance is:**

- Signed by the participant at the following FI pick-up/visit
- Noted "mailed" and initialed/dated by local agency staff

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**E. Special FI Issuance Accommodations**

- Signed and dated by local agency staff after return receipt is received
  - Other (specify): Recorded as mailed in the MIS system
- 

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

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**3. Participants who receive FIs by mail are sent:**

- One month of FIs
- Two months of FIs
- Three months of FIs
- Other (specify): \_\_\_\_\_

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

See Section II, IX Food Benefit Accountability, Check Printing, Mailing of Checks

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## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### F. Vendor Cost Containment System Certification

If the State agency has authorized or plans to authorize any above-50% vendors, FNS must certify the State agency's vendor cost containment system. The State agency that has not yet received FNS certification must submit a request for certification/recertification that contains the following information.

DOES NOT APPLY (PROCEED TO SECTION G)

#### 1. Calculation of new competitive price levels

Describe how the State agency derived or will derive new competitive price levels for regular vendors, which exclude the prices of above-50-percent vendors.

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#### 2. Maximum allowable reimbursement levels for regular vendors and above-50-percent vendors

a. Explain how the State agency will ensure that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.

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b. The State agency plans to exempt above-50-percent vendors from the calculated competitive price criteria and maximum allowable reimbursement levels.

Yes  No If yes, how many vendors will be exempted? \_\_\_\_\_

Are these vendors needed to ensure participant access to supplemental foods?

Yes  No

c. The State agency applies peer-group-specific maximum allowable reimbursement levels to food instruments during the food instrument redemption process.

Yes  No If yes, describe the procedure or process used:

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3. Describe the State agency's methodology for grouping above-50-percent vendors in its peer group system (i.e., separately or in peer groups with regular vendors) and the criteria the State agency uses to identify comparable vendors for each group of above-50-percent vendors.

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4. The State agency plans to exempt *non-profit* above-50-percent vendors from competitive price criteria and maximum allowable reimbursement levels.

Yes  No If yes, provide the following information in detail :

a. Describe the reason the State agency has decided to exempt such vendors (i.e., the benefits to the program) and the number of non-profit vendors to be exempted.

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b. Describe the reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods.

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c. Does the State agency collect shelf prices from non-profit vendors?

Yes  No

d. Describe how the prices of the non-profit vendors compare to those of other vendors in their geographic area that are subject to competitive price criteria and allowable reimbursement levels.

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e. Describe how the State agency establishes the level of reimbursement for the non-profit above-50-percent vendors that it has exempted.

## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### F. Vendor Cost Containment System Certification

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5. **The State agency has fully implemented the competitive price criteria and maximum allowable reimbursement methodologies described in items 1 and 2 above.**

Yes     No

If the State agency has not fully implemented the revised competitive price and maximum allowable reimbursement methodologies, describe the current status of this effort and include the timetable for achieving full implementation.

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6. **The State agency plans to exempt *pharmacy* vendors from competitive price criteria and maximum allowable reimbursement levels.**

Yes     No

If yes, the State agency has confirmed that these pharmacies provide **only** exempt infant formula and/or WIC-eligible medical foods to program participants.

7. Does the State agency collect shelf prices from pharmacies that provide only exempt infant formula?

Yes     No

8. **Complete the three tables on the following pages to demonstrate that the State agency's procedure for establishing and implementing competitive price criteria and maximum allowable reimbursement levels ensures that average payments per food instrument or food item to above-50% vendors do not exceed average payments to regular vendors.**

9. **Please attach and cite of a copy of the report(s) that the State agency will use to monitor average payments per food instrument to above-50% vendors and regular vendors. If the State agency does not have such a report, describe the State agency's plans to develop and implement a report(s) for monitoring purposes, including the report contents or fields.**
-

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**  
**F. Vendor Cost Containment System Certification**

Table 1. Data for WIC Vendor Cost Containment Certification – Overview

Please provide the following information on the regular vendors and the above-50-percent vendors authorized by the State agency as of June 30th. If data are not available through June 30th, the State agency should enter data for the period for which data are available, replacing “June” with the month to which the data are applicable.

1. How many authorized regular vendors did the State agency have as of June 30th? (or month of: _____ )	1. _____
2. For all of these regular vendors combined, what was the total amount of WIC redemptions paid in June 30?	2. _____
3. How many above-50-percent vendors did the State agency have as of June 30th?	3. _____
a. Non-pharmacy above-50-percent vendors	a. _____
▪ Number of WIC-only stores	▪ _____
▪ Number of other types of above-50-percent vendors (excluding pharmacies)	▪ _____
b. Above-50-percent pharmacy vendors	b. _____
c. Total above-50-percent vendors (sum of a and b)	c. _____
4. What was the total amount of redemptions paid to these above-50-percent vendors as of June 30th?	4. _____
a. Non-pharmacy above-50-percent vendors	a. _____
b. Above-50-percent pharmacy vendors	b. _____
c. Total above-50-percent vendors (sum of a and b)	c. _____
5. How many peer groups of above-50-percent vendors (either separate peer groups or groups with regular vendors) has the State agency identified?	5. _____
6. How many above-50-percent vendors and regular vendors has the State agency authorized that do not meet competitive price criteria, but are needed to ensure participant access to supplemental foods?	6. above-50%: _____ regular vendors: _____

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**  
**F. Vendor Cost Containment System Certification**

*(Note: If the State agency has completed the peer group table in the Vendor Management section of this Guidance, skip the following table.)*

Table 2: Data for WIC Vendor Cost Containment Certification – Peer Group Structure

*Please describe all vendor peer groups and identify the regular vendors that are comparable to each group of above-50-percent vendors. The information provided should refer to the peer group system as structured to comply with regulatory vendor cost containment requirements.*

Peer Group No. (Col1)	Peer Group			Comparable Vendors Peer Group No. (from Col1) (Col6)
	Description (e.g., supermarkets, chain stores, pharmacies) (Column 2)	Number of Vendors in Peer Group		
		Regular Vendors (Col3)	Above-50% Vendors (Col4)	
1				
2				
3				
4				

**Instructions:**

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

Column 2 – Describe the vendors in the peer group.

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

Column 4 – Insert the number of above-50-percent vendors currently authorized.

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

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



## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

### F. Vendor Cost Containment System Certification

#### Instructions :

Begin by identifying the above-50-percent vendors to which the data in the chart refer. Insert the peer group number for the above-50-percent vendors and write it on the line at the top of the chart. All data in the chart should pertain only to the above-50-percent vendors in the peer group and the comparable regular vendors. Complete a separate table for each group of above-50-percent vendors and comparable regular vendors identified in the table 2.

Column 1 – Insert the food instrument (FI) type or number and list the foods included on the FI. Include no more than two infant formula food instrument types, but complete the chart using the next most frequently redeemed food instrument types.

Column 2 – For each type of FI identified in column 1, insert the number of food instruments redeemed (paid) in June (the calendar month). If the State agency implemented competitive price criteria and allowable reimbursement levels that comply with the new vendor cost containment requirements before June, then select the calendar month before the State agency applied the new competitive price criteria and allowable reimbursement levels.

Columns 3 & 4 – Insert the average food instrument redemption amount and the standard deviation for the above-50-percent vendors and for the regular vendors that the State agency has identified in Table 2 as comparable vendors. As an alternative to providing average payments to comparable regular vendors, the State agency may enter average payments to all regular vendors. If the State agency provides data for all regular vendors rather than average payment to comparable vendors, indicate this on the table or in the accompanying narrative.

Column 5 – Subtract the amount in column 4 from the amount in column 3 and enter the difference here. If the amount in column 3 is less than that in column 4, enter the difference as a negative dollar amount.

Column 6 – Insert the average food instrument redemption amount for above-50-percent vendors *after* the State agency has applied the revised competitive price criteria and allowable reimbursement levels. If the State agency has implemented new competitive price criteria and allowable reimbursement levels before submitting its request for certification to FNS, then the data in column 6 should be actual redemption data for the above-50-percent vendors and comparable regular vendors. Insert the calendar month(s) to which the data pertain. If the State agency does not have actual redemption data, then the State agency must estimate the new average redemption amounts.

Column 7 – Insert the average redemption amounts for the corresponding group of comparable vendors. If the State agency has not yet implemented its revised methodologies, insert the target date to which the estimated average redemption amounts would apply. In the narrative that accompanies this data, discuss in detail the rationale for the State agency's estimated average redemption amounts in columns 6 and 7. The average redemption amount for above-50-percent vendors may not exceed the average redemption amount for comparable vendors.

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**G. Home Food Delivery Systems**

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Home Food Delivery Systems Overview**

**a. Home delivery vendors include (check all that apply):**

- Dairies
- Private delivery service doing WIC business only
- Private delivery service
- Other (specify): \_\_\_\_\_

**b. Participants who receive home food delivery:**

- Are notified in writing of the types and quantities of foods
- Are issued FIs that they sign and provide to the vendor when the food is delivered
- Are delivered not more than a one-month supply of supplemental foods at any one time.
- Indicate by authorized signature on a FI, receipt or signature document, the supplemental foods received
- Other (specify): \_\_\_\_\_

**c. Supplemental foods may be delivered:**

- Only to the participant of record
- To the participant of record or proxy of record
- To any adult at home during time of delivery
- To anyone at home at the time of delivery
- Other (specify): \_\_\_\_\_

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

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**2. Documentation**

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

- Weekly
- Monthly reconciliation of the signed FIs or other signed receipts or signature documents from participant or proxies.
- Other (specify): \_\_\_\_\_

**b. Signatures of participants who sign the food receipt document/FIs are compared to the signature on file.**

- No
- Yes, sample
- Yes, 100%

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

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**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**H. Direct Distribution Food Delivery Systems**

	<b>Local Agency</b>	<b>Other Sources</b>
Home delivery	<input type="checkbox"/>	<input type="checkbox"/>
Cost-free transportation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

(if other, specify): \_\_\_\_\_

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

\_\_\_\_\_

**3. Warehouse Insurance and Inspections**

**a. Insurance for the warehouse covers (check all that apply):**

- Theft     Fire     Infestation     Spoilage
- Other (specify): \_\_\_\_\_

**b. Warehouses are inspected by a public authority responsible for enforcing:**

- Fire safety laws and regulations (specify date and grade of last inspection): \_\_\_\_\_
- Sanitation laws and regulations (specify date and grade of last inspection): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

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

\_\_\_\_\_

**4. Monitoring and Inventory Control**

**Please describe the State agency’s methods for ensuring WIC supplemental foods are under proper inventory control (separation of duties for intake and inventory; stock rotation; performance of perpetual and physical inventory duties; reconciliation against issuance records; etc.).**

**IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL**

**I. Electronic Benefit Transfer (EBT)**

**1. Is EBT implemented statewide?**

- Yes (*Proceed to question 2*)
- No (*Continue to 1.a.*)

**a. Does the State agency have an active EBT Project as of July 31, 2016?**

- Yes
- No

**b. Does the State agency follow APD requirements for EBT management and reporting?**

- Yes
- No

**c. Does the State plan to meet the October 1, 2020 EBT implementation deadline?**

- Yes
- No

**2. What is the State agency policy for permitting replacement cards and transfer of balances per 7 CFR 246.12(bb)(2)?**

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**3. What are the State agency procedures for providing customer service during non-business hours for EBT cards per 7 CFR 246.12(bb)(3)?**

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**4. Does the State agency use the formula for EBT terminal minimum lane coverage in 7 CFR 246.12(z)?**

- Yes
- No

**a. If no, please provide the date of the approval as describe the FNS approved alternative installation formula as required per 7 CFR 246.12(z)(2).**

**5. Does the State agency use the NUPC database?**

- Yes
- No