

## VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency:** Utah for FY 2017

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.

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

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

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

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

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

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### A. No-Show Rate

1. **Policies and Procedures for Missed Certification Appointments and Food Instrument/Cash Value Voucher Pick-Up (No-Shows)**
  - a. **The State agency has specific policies and procedures to ensure follow-up of no-shows for (check all that apply):**
    - Initial certification for any potential participant
    - Subsequent certifications for high-risk participants
    - Subsequent certification for any current participant
    - Food instrument/cash value voucher pick-up
    - Food instrument/cash value voucher/cash value benefit non-redemption
    - State agency has no specific policies and procedures for no-show follow-up
  - b. **The local agency attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):**
    - At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number
    - If the applicant misses her first certification appointment, an attempt is made to contact her by:
      - Telephone
      - Mail
      - Email
      - Text
    - If contact is established, she is offered one additional certification appointment.
    - If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
      - Postcard
      - Letter
      - Email
      - Text
    - A second appointment is provided upon request from the applicant.
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

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

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### A. No-Show Rate

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): \_\_\_\_\_

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### B. Allocation of Caseload

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

All local health departments are authorized as local agencies and serve all residents of their county/district.

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

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

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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)

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### B. Allocation of Caseload

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

Yes     No

If No, explain why not:

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

The State agency does not reallocate caseload mid-year

Same basis as for initial allocation of caseload

Local agency participation levels

Local agency high priority participation

Waiting lists

Successful special projects

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

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

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

Yes     No

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

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

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### C. Caseload Monitoring

1. The State agency's caseload monitoring process includes the review of the following data (check all that apply):

Participation levels/rates     High-risk participant levels/rates

No-show rates     Food costs per participant

Food costs by area     Other (specify): \_\_\_\_\_

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### C. Caseload Monitoring

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

- Manual reports submitted by local agencies
- ADP system-generated reports (If utilized please attach a description of each report and how they are used)
- On-site reviews
- Other (specify): \_\_\_\_\_

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

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

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### D. Benefit Targeting

1. Development and Monitoring of State Agency Targeting Plans

a. The State agency has a plan to inform the following classes of individuals of the availability of program benefits (check all that apply):

- Pregnant women, with special emphasis on pregnant women in the early months of pregnancy
- High risk postpartum women (e.g., teenagers)
- Parents/Caregivers of Priority I & II infants
- Migrants
- Homeless persons/families
- Incarcerated pregnant women
- Institutionalized persons
- Other (specify): \_\_\_\_\_

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b. The local agency 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): Multiple

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### D. Benefit Targeting

c. The State agency ensures that benefits are targeted to those at greatest risk by limiting the use of regression as a nutrition risk criterion to only once after a certification period.

Yes     No

d. In addition to, or in lieu of, State-developed plans, the State agency encourages/permits local agencies to develop their own targeting plans.

Yes     No     Not Applicable

e. If yes, the State agency assures the appropriateness/quality of local agency targeting plans by:

Requiring local agencies to submit plans for State agency approval

Review plans during local agency reviews

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

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): \_\_\_\_\_

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

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### E. Outreach Policies and Procedures

#### 1. Outreach Policies, Procedures and Materials

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

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): \_\_\_\_\_

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

**State Agency**

**Local Agency**

Newspapers

Radio

Posters

Letters

Brochures/pamphlets

Television

Other (specify): Public Health Department Websites, other media is often used.

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### E. Outreach Policies and Procedures

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

- English
- Spanish
- Vietnamese
- Tribal Language(s)
- Other (specify): \_\_\_\_\_

**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
- Other (specify): \_\_\_\_\_

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## 2. Accessibility to Special Populations

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

All	Some	None	
<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, walk-in basis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expedited clinic procedures for working participants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evening/weekend nutrition education classes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>All agencies provide extended hours in the regular schedule or upon request.</u>

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### E. Outreach Policies and Procedures

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

All	Some	None	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special clinic hours to accommodate travel time to clinic sites
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use of mobile clinics to rural areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for rural participants
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Special appointment/scheduling procedures for rural participants who do not have access to public transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Special food instrument/cash value voucher issuance cycles for rural participants (check one): <input type="checkbox"/> 2 months, <input type="checkbox"/> 3 months issuance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>Satellite clinic sites in rural areas</u>

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

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

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

Yes (If yes, please identify the State agencies with whom formal agreements exist): \_\_\_\_\_

No

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

All	Some	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undertake regular and ongoing outreach to homeless individuals
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

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**E. Outreach Policies and Procedures**

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

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**3. Unserved Geographical Areas**

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

None

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

No current unserved areas (check if applicable)

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

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**4. Underserved Geographic Areas**

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

N/A

No current underserved areas (check if applicable)

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

Yes  No

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

Yes  No, an update list is provided in the Appendix

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

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**5. The State agency has a plan to:**

Inform nonparticipating local agencies of the Program and the availability of technical assistance in implementation

Encourage potential local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served

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### F. Waiting List Management

#### Waiting List Management and Procedures

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

Yes     No

2. **Waiting list procedures are uniform throughout the State.**

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

3. **The State agency routinely monitors waiting lists.**

Yes     No

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

No subprioritization permitted                       Income  
 Nutrition risk     Age  
 Point system  
 Special target populations (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

5. **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): \_\_\_\_\_

6. **Waiting lists are maintained:**

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

7. **Telephone requests for placement on the waiting list are accepted.**

Yes     No

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### F. Waiting List Management

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

- 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): \_\_\_\_\_

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

- Yes     No

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

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