(Please indicate) State Agency: Utah for FY	2018
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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

A. Food Delivery and Food Instrument Control Overview

1.	Food Instruments - General	
a.	The State agency uses the following type	s of Fls (check all that apply):
	Automated-point of certification	
	Manual-individual prescription	
	Pre-printed manual-standard prescription	n
	Automated-central generation	
	☐ EBT	
	Other (specify):	
b.	The State agency conducts FI inventories appropriate column to designate primary	(Place an S=[State agency] or L=[Local agency] under the responsibility):
	Automated - EBT Cards	Physical - Paper FIs
	Daily/perpetually	Daily
	Other (specify):	S_ Weekly
		_L Monthly
		Other (specify):
C.	The FI contains/allows for the following in	nformation (check all that apply):
	☐ Not applicable	□ Local agency identifier
	□ Participant WIC ID number	
	Countersignature for participant/proxy	Authorized supplemental foods
		□ Last date of use
	□ Redemption period	Serial number ■ Serial number
	□ Purchase price	
Pro	ovide a facsimile of FI in Appendix or cite F	Procedure Manual:
	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 au per 7 CFR 246.12(x)(3)	athorized vendor, farmer, or farmers' market prior to authorizing payment
	☐ System contains authorized supplement	al foods
	System contains first and last dates of u	se for electronic benefits
e.	The State agency provides a toll-free num	nber for participant/vendor/farmer inquiries on:
	Paper Food Instrument Cash-value	ue voucher EBT Card/Sleeve None
ΑD	DITIONAL DETAIL: Food Delivery Append	ix and/or Procedure Manual (citation):
2.	Food Instrument Accountability	
a.	FIs are delivered to local agencies by:	
	State agency staff □ Loc Loc	eal agency staff

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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** Preprinted Not applicable Not applicable Weekly Weekly Twice a month Twice a month Once a month Once a month Once every two months Once every two months Other (specify): as needed every 3-4 mos Other (specify): 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): 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 Home food delivery Other (specify): Direct distribution

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

B. Food Instrument Pick-up

1.	Food Instrument Pick-Up Policy and Procedures	

a.	Food instruments are issued by (check all that app	oly):		
		All Locals	Most Locals	Some Locals	
	Local agency director				
	Local agency nutritionist			\boxtimes	
	Local agency paraprofessional			\boxtimes	
	Clerical staff		\boxtimes		
	Other (specify):				
b.	The State agency utilizes a partici	pant identificatio	n card:		
		No			
	If yes, issuance is controlled num	erically and each	card is accounte	d for:	
	☐ Yes ⊠ No				
C.	The State agency requires the foll instruments:	owing proof of re	eceipt when issuir	ng automated food	
	□ Participant/parent/caretaker/prox	xy signature block	on register confirm	ing receipt	
	☐ Carbon copy of food instrument				
	Local agency staff initials				
	□ Date of food instrument pick-up				
	Stub with participant signature o	r initials			
	Other (specify):				
d.	The State agency has a policy to p	ororate food pack	cages for the follo	wing:	
	∠ Late FI pick-up	Certification	due to expire withi	n 30 days	
	Mid-month certification	Other (spec	ify): 15 days notice	of termination	
e.	The State agency requires local a training in (check all that apply):	gency staff to pro	ovide each new pa	rticipant/parent/caretaker/p	roxy with
	Authorized vendors/farmers	⊠ Selecting W	IC-approved foods		
		Signature or Signature or	n Fls		
	Use of proxy	Reporting p	roblems/requesting	assistance	
	Participant violations (i.e. selling	or offering to sell	WIC benefits)		
	Other (specify):				
f.	The State agency requires local avendors/farmers/farmers' markets		ovide participants	with a list of authorized	
	☐ Yes ⊠ No				
g.	The State agency permits a partic farmers' market in the State:	ipant to transact	food instruments	with any authorized vendor	or farmer/
AD	DITIONAL DETAIL: Food Delivery	Appendix and/or	Procedure Manua	I (citation):	

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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):
ΑC	DITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

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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:			
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			
AD	DITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):			
2.	Unclaimed, Voided, Prorated Fls			
a.	The State agency requires local agencies to return "unclaimed/not picked up" Fls:			
	Not applicable			
	Other (specify):			
b.	The State agency requires local agencies to return "voided" FIs:			
	☐ Not applicable ☐ Daily ☐ Weekly ☐ Monthly			
	Other (specify): Shredded on site			
AD	DDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):			
3.	Lost/Stolen/Damaged Food Instruments			
a.	The State agency requires local agencies to report lost/stolen/damaged FIs to (check all that apply):			
	☐ EBT Coordinator			
	Other (specify): Entered in the system, which notifies the state and the bank.			
b.	Replacement/duplicate Fls Issuance			
	(1) Replacement/duplicate FIs are issued when FIs are reported <u>lost</u> :			
	□ No			
	Depends on the circumstances			
	Immediately			
	Following notification of State agency/bank agency			
	After a 7 day waiting period (specify number of days)			

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C. Food Instrument Redemption and Disposition

	(2) Replacement/duplicate FIs are issued when FIs are reported stolen:
	☐ No
	Depends on the circumstances
	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 <u>damaged</u> :
	□ No
	Depends on the circumstances
	Following notification of State agency/bank agency
	After a day waiting period (specify number of days)
Э.	Is a police report required before replacement benefits are issued when reported stolen?
	□ 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 Fls 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
€.	The local agency documents in the participant's file that replacement FIs were issued:
	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

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C.	C. Food Instrument Redemption and Disposition					
	State agency o ■	r local agency	notifies the	participant		
	Other (specify):	:				
AD	DITIONAL DETAIL:	: Food Deliver	/ Appendi	x and/or Procedure Manual (citation	on):	
h.	The State agency ☐ Yes ☑ No		evel of rep	ported lost/stolen/damaged Fls by	local agenc	y:
4.	Food Instrument F	Redemntion Sc	reening (7 CFR 246 12(k)(1))		
a.	Describe in late the court of t				maximum teria). If the State	
	(1) The State agei	ncy establishe	s maximu	m allowable reimbursement levels	for:	
	(a) Each peer	group			⊠ Yes	□ No
	(b) Each food	instrument or	food cate	gory	⊠ Yes	□ No
	(c) Other (plea	se specify): _			Yes	☐ No
	(2) The State agei	ncy establishe	s maximu	m allowable reimbursement levels	s using:	
	(a) Standard d	leviations 🛚	Yes	☐ No		
	If yes, specify the standard deviation number and explain how the State agency determined the standard deviation it used is appropriate:				determined the	
		cify the perce	_	edemption amount	No ermined that	t this percentage is
	(c) Other (plea	se specify): _				_ Yes No
	(3) The maximum	allowable reir	nburseme	nt levels include a factor to reflect	t:	
	☐ Yes ⊠ No	Wholesale	price fluctu	uations; explain:		
	☐ Yes ⊠ No	Inflation; ex	plain:			
	☐ Yes ☐ No	Other (plea	se specify)):		
b.	The State agency detect the following		ough a pre	e-edit (before payment) or post-ed	it (after payı	ment) process to
		Pre-Edit Screen	Post-Edit Screen	t		
				Purchase price exceeds price limits	ations (FI onl	y)
		\boxtimes		Purchase price missing		
		\boxtimes		Altered purchase price		
		\boxtimes		Vendor/farmer identification missing	g	

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C. Food Instrument Redemption and Disposition Invalid/counterfeit vendor/farmer identification \boxtimes XTransacted before specified period X Transacted after specified period Redeemed after specified period \boxtimes Altered dates Missing signature Mismatched signature Altered signature XOther (specify): 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 check is issued to vendor d. Where pre-edit screens are used, the proportion of FIs reviewed includes: Percentage of FI (%) Other (please specify): The edit system(s) that use(s) maximum allowable reimbursement levels to screen for vendor overcharges rejects food instruments based on: Pre-Edit Post-Edit X Not To Exceed or Maximum Prices Percentage above average (%) Amount above average (\$ Other (specify): The following actions are used to control against unauthorized stores redeeming Fls: 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):

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

C. Food Instrument Redemption and Disposition

5.	Price Lists	
a.	Price list information is routinely collected from vendors:	
		(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):	
	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	
	☐ 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	

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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 <i>D. Manual Food Instruments</i> .
		Other (specify):
b.	The	e methods used to identify vendor overcharges are:
		Comparison of vendor's reported prices to charged prices
	\boxtimes	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.		receive payment or justify and correct a claim for a price adjustment or vendor overcharge, the vendor st: (Check all that apply)
		Provide an updated price list
		Provide written justification for the higher prices
	\boxtimes	Provide receipts
		Other (specify):
d.	Wh	at action(s) is/are taken when a vendor overcharge occurs? (Check all that apply)
	\boxtimes	Routine monitoring or remedial vendor training is conducted
	\boxtimes	Vendor is designated as high-risk and scheduled for compliance investigation
	\boxtimes	Vendor is provided with a written warning of potential sanction for overcharging
		Vendor is terminated for cause
	\boxtimes	Vendor is sanctioned
		Other (specify):
ΑD	DITI	ONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

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D. Manual Food Instruments DOES NOT APPLY (PROCEED TO NEXT SECTION) 1. Manual FIs Policy 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): 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): Manual FI Documentation and Disposition 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):

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Reports the FI serial numbers to the State agency

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

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E. Special FI Issuance Accommodations

1.	Alternative FI Issuance				
a.	The State agency has implemented the following FI issuance policy (check all that apply):				
		ired to pick up Fl	s at the clinic or local agency	, except in unusual ci	rcumstances
	□ Participants/proxies are	required to show	identification at FI card pick	up	
	(including breastfeeding	promotion and s	nts except (1) when the partic support activities) or a certifica areas are known to have exp	ation appointment and	d (2) in areas where
	Benefits are provided el participants may not alw	•	ocation such as a grocery sto at the clinic	ore under certain cond	ditions; thus
	Other (specify):				
2.	Mailing Policy/Procedures	3			
a.	• • • •	s local agencies	with guidelines/procedure	s for mailing Fls to i	ndividual
	participants:				
b.			whenever certification appupers whenever certification appupers activities) is schedu		nutrition education
		oromotion and s	upport activities) is scried	neu.	
^		lomented the fe	llowing policy regarding m	ailing Ela (abaak all (that apply).
C.			llowing policy regarding ma	alling FIS (Check all)	тат арргу):
	<u> </u>	,	considered <i>regular</i> mail)		
	☐ FIs are sent registered r☐ FIs are sent certified ma				
	FIs are sent certified ma				
	Return receipt is reques		ertified mail		
			irn to sender" or "Do not forw	vard address correction	on requested"
	Other (specify):	riot ioi waid, ieto	in to sender of boriotion	aru, address correction	in requested
d.		se mailing Fle un	nder the following condition	ns (chack all that any	alv):
u.	The State agency approve	State-Wide	LA with SA Approval	Case by Case	ory).
	Participant hardship				
	Travel-related issues			\boxtimes	
	Better clinic management				
	Participant safety		П	\boxtimes	
	Participant convenience		П		
	Cost effectiveness		П		
	Other				
	(if other, specify):				
е.	When mailing Fls, docume	entation of FI iss	suance is:		
	Signed by the participar				
	☐ Noted "mailed" and initia	alad/datad by loc	al agency staff		

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IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL E. Special FI Issuance Accommodations

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F. Vendor Cost Containment System Certification

vendors that it has exempted.

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.

\boxtimes	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.
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.
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:
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.
4.	The State agency plans to exempt <i>non-profit</i> 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.
b.	Describe the reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods.
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.
e.	Describe how the State agency establishes the level of reimbursement for the non-profit above-50-percent

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F. Vendor Cost Containment System Certification

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. The State agency plans to exempt <i>pharmacy</i> vendors from competitive price criteria and maximum allowable reimbursement levels. 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. 6. The State agency plans to exempt <i>pharmacy</i> 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,	5.	The State agency has fully implemented the competitive price criteria and maximum allowable reimbursement methodologies described in items 1 and 2 above.
methodologies, describe the current status of this effort and include the timetable for achieving full implementation. 6. The State agency plans to exempt <i>pharmacy</i> 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,		☐ Yes ☐ No
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. Does the State agency collect shelf prices from pharmacies that provide only exempt infant formula? Yes No 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. 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,		
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,	6.	The State agency plans to exempt <i>pharmacy</i> vendors from competitive price criteria and maximum allowable reimbursement levels.
 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, 		☐ Yes ☐ No
 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, 		If yes, the State agency has confirmed that these pharmacies provide only exempt infant formula and/or WIC-eligible medical foods to program participants.
 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, 	7.	Does the State agency collect shelf prices from pharmacies that provide only exempt infant formula?
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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,	8.	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
	9.	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,

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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 authorized regular vendors, what was the total amount of WIC redemptions paid as of 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 <u>not</u> meet competitive price criteria, but are needed to ensure participant access to supplemental foods?	6. above-50%: regular vendors:

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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						
		Number o	Number of Vendors in Peer Group			
Peer Group No. (Col1)	Description (e.g., supermarkets, chain stores, pharmacies) (Column 2)	Regular Vendors (Col3)	Above- 50% Vendors (Col4)	Total (Col5)	Vendors Peer Group No. (from Col1) (Col6)	
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.

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F. Vendor Cost Containment System Certification

Table 3: Data for WIC Vendor Cost Containment Certification – Average Payments to Vendors

Using the format below, provide the latest available redemption data for the ten (10) most frequently redeemed food instrument types. Then indicate how these amounts have changed or will change with the implementation of the revised competitive price criteria and allowable reimbursement amounts. Prepare a separate table for each group of above-50-percent vendors identified in Table 2.

Chart for: Above-50-Percent Vendors in Peer Group No.

Food Instrument Type/Number	Number of Food Instruments Redeemed (2)	Average Redemption Price and Standard Deviation Per FI or item for (Insert Month & Year):				Difference in Average Redemption Prices Between	Average Redemption Price Per Food Instrument or Food Item for (Insert Month &Year):		
and Description (1)		Above-50% Vendors (3)		Comparable Regular Vendors (4)		Above-50% Vendors and Comparable	Above-50% Vendors	Comparable Regular Vendors	
		Price	Std. Dev.	Price	Std. Dev.	Regular Vendors (5)	(6)	(7)	

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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.

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G. Home Food Delivery Systems DOES NOT APPLY (PROCEED TO NEXT SECTION) 1. Home Food Delivery Systems Overview 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): 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): Documentation 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. Yes, sample Yes, 100% ☐ No ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

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H. Direct Distribution Food Delivery Systems

DOES NOT APPLY 1. Direct Distribution Food Delivery - General The State agency uses a direct distribution food delivery system to: Distribute all of its WIC Program foods Distribute only exempt infant formula and/or medical foods Distribute (specify): b. The State agency uses: Warehouse not used One central warehouse, deliveries directly to local agencies One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies Other (specify): c. Warehouses are operated by: State agency Local agency Other state or public agency Under contract with a private business Other (specify): d. Warehouses used for storage of WIC foods are also used to store other FNS program commodities (Please specify which commodities): Specify commodities: Yes No ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): 2. Food Distribution Foods are distributed to participants: Grocery store fashion Pre-packaged Other (specify): b. Participants receiving food are required to sign: A register once for all foods received A register/form for each food item received Other (specify): c. Foods are distributed to participants: Monthly Not to exceed a one-month supply at any one time to any participant Other (specify): d. Participants with limited access to facilities used for distribution have available to them:

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Services provided by:

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H. Direct Distribution Food Delivery Systems

	Local Agency	Other Sources			
Home delivery					
Cost-free transportation					
Other					
(if other, specify):					
DITIONAL DETAIL: Food De	elivery Append	ix: and/or Proced	ure Manual (c	itation):	
Warehouse Insurance and	Inspections				
Insurance for the warehous	se covers (che	ck all that apply):			
Theft Fire	Infestation [Spoilage			
Other (specify):					
Warehouses are inspected	by a public au	ıthority responsib	le for enforcir	ıg:	
Fire safety laws and regu	ulations (specify	date and grade of	last inspection	ı):	
Sanitation laws and regu	lations (specify	date and grade of	last inspection):	
	Cost-free transportation Other (if other, specify): DITIONAL DETAIL: Food De Warehouse Insurance and Insurance for the warehous Theft Fire Other (specify): Warehouses are inspected Fire safety laws and regu	Agency Home delivery Cost-free transportation Other (if other, specify): DITIONAL DETAIL: Food Delivery Append Warehouse Insurance and Inspections Insurance for the warehouse covers (che Theft Fire Infestation Other (specify): Warehouses are inspected by a public au Fire safety laws and regulations (specify)	Agency Sources Home delivery	Agency Sources Home delivery	Agency Sources Home delivery

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.).

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I. Electronic Benefit Transfer (EBT) 1. Is EBT implemented statewide? Yes (Proceed to guestion 2) No (Continue to 1.a.) a. Does the State agency have an active EBT Project as of July 31, 2016? X Yes ☐ No b. Does the State agency follow APD requirements for EBT management and reporting? ☐ No c. Does the State plan to meet the October 1, 2020 EBT implementation deadline? X Yes 2. What is the State agency policy for permitting replacement cards and transfer of balances per 7 CFR 246.12(bb)(2)? Policy not yet developed. 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)? Procedures not yet developed 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

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